

Richmond Fellowship (The) Eden Community Services

Inspection report

Abbotts Bank
Friargate
Penrith
Cumbria
CA11 7XR

Tel: 01768868559
Website: www.richmondfellowship.org.uk

Date of inspection visit:
10 December 2018
12 December 2018

Date of publication:
30 January 2019

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

The inspection took place on 10 and 12 December 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that there was someone at the office to assist us with the inspection. This was our first inspection of the service.

Eden Community Services is a domiciliary care agency. The service provides care and support to people living in 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. It provides a service to older adults and younger adults with mental health issues. Not everyone using Eden Community Service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were two people receiving support with personal care.

There is a registered manager at the service. 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 told us the staff team were kind and caring. They spoke positively about the support provided by the service. We observed that there was a welcoming and friendly atmosphere at the service. The people we spoke to also commented on the friendliness of the service.

People had personalised support plans, health plans and activity plans to ensure their individual needs were met. People and their relatives, where appropriate, had been involved as much as possible in the care and support planning process. This helped to make sure their support was personalised to their needs and preferences.

Risks to people, including risks relating to the premises and equipment, were effectively assessed, monitored and reduced. Staff knew what to do in an emergency. There was a safe system to manage and administer medicines.

There were enough staff to meet people's needs and safe recruitment procedures were in place. Support workers had adequate training to meet people's needs and keep them safe.

People were supported with food, drink and shopping where this had been identified in their needs assessments. Health needs were addressed and people were supported to access these types of services when necessary.

People and their relatives said they felt safe at the service. People were supported by staff that knew them very well. Support workers were knowledgeable about what the signs of abuse might be and how they should report any concerns.

The management team were aware of their responsibilities with regards to keeping people safe (safeguarding) and worked with local authority, NHS and Police to address any concerns.

We saw and heard support workers treating people respectfully. People were encouraged to be as independent as possible. Social inclusion was encouraged. People were supported and encouraged to take part in social activities within the service as well as maintaining links with the community.

People were supported to have maximum choice and control of their lives as was assessed to be safe and staff supported them in the least restrictive way possible; all staff worked within the guidelines of the Mental Capacity Act 2005; the policies and systems in the service supported this practice.

Support workers said they felt well supported and that the management team were very approachable.

There were robust systems in place to monitor the quality and safety of the service. People's views were sought about the service through regular tenants' meetings and annual surveys.

People and their relatives told us they had not needed to raise any complaints about the service. There was a complaints procedure in place and people told us that they knew who to speak to if they were not happy with the service they received.

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.

There were systems and processes in place to help make sure people were safe.

Contingency plans were in place to help make sure the service could continue to support people in the event of an emergency.

Staff recruitment processes were robustly operated to help make sure only suitable people were employed at the service.

Is the service effective?

Good ●

The service was effective.

Support assessments were comprehensive and reflected people's needs and choices.

Documents could be produced in easy read, or other formats to help people be fully involved in all aspects of their support.

Staff received appropriate training to help keep their skills and knowledge up to date. Supervisions were undertaken on a regular basis.

Staff had a good understanding about consent and the application of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were supported and treated with respect and dignity.

Staff were provided with sufficient time to help them get to know people's individual choices and preferences.

People received consistent support from familiar staff.

Is the service responsive?

Good 

The service was responsive.

The differing needs of people were recognised, understood and responded to by the service.

People had support plans based on their assessed needs, personal preferences and expectations.

People had access to a variety of social and leisure activities.

Is the service well-led?

Good 

The service was well led.

There were clear and effective governance systems in place.

There were opportunities for people to comment on the service. People using the service and staff employed at the service, were involved in a meaningful way.

The management team were knowledgeable about identifying quality issues and there were plans in place to make improvements.

Eden Community Services

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 took place on 10 and 12 December 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be at the service to assist with the inspection.

We visited the office location to see the registered manager and office staff; and to review care records, policies and procedures.

The inspection team consisted of one adult social care inspector.

Prior to our inspection visit we reviewed the information we held about the service, for example notifications. A notification is information about important events which the service is required to send us by law. In addition, we contacted three health and social care professionals to ask about their views and experience of the service.

The provider was not asked to complete a Provider Information Return (PIR) on this occasion. A PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with one person who used the service and the relative of another, via telephone calls. We spoke with six members of staff employed at the service including a team leader and the registered manager.

We looked at the personnel records for two members of staff and reviewed the support plans of two people who used the service. We also looked at a sample of the policies, procedures and records relating to the safe operation of the service.

Following the inspection, we asked the registered manager to send us further information about the running of Eden Community Service. We received the information we requested.

Is the service safe?

Our findings

People told us that they felt the support they received was safe. One person said, "The staff know what they are doing. They always turn up and never let me down." Another person told us, "My relative is comfortable and safe with this service. I'm happy that they are there." They added, "There seems to be enough staff and my relative has the same support workers. However, it would be good to have 24 hour cover available at the service."

One social worker said, "My experience of working with this service has been excellent. The staff flag up appropriately where there are concerns such as safeguarding. There have been two instances that I can think of where risks presented in the shared living accommodation. The staff from the service have gone the extra mile to ensure the safety of the residents."

The service had safeguarding processes in place. Staff had received training to help them understand their responsibilities in keeping people safe. The staff we spoke with were able to describe some of their experiences. This helped to demonstrate their knowledge of safeguarding vulnerable adults.

People's support plans included detailed risk assessments to help ensure people were supported safely with their needs. The assessments had been reviewed and updated as people's needs changed or following an incident or accident. There were arrangements in place when staff could not gain access to flats, had concerns about people's welfare or adverse changes in people's behaviour.

There were systems in place to help keep staff safe too, particularly when they were working alone. One member of staff explained how the system worked and gave us examples of this.

The landlord was responsible for the condition and upkeep of the premises. However, the provider had contingency plans in place should an emergency occur that required the evacuation of the premises. This included the arrangements for alternative accommodation for service users, shortages of staff and adverse weather conditions. The registered manager carried out their own health and safety compliance checks each month. These checks directly related to the safe provision of the service.

Accident and incident records had been maintained at the service. The system for monitoring incidents was under review at the time of our inspection. The registered manager explained that the new system would help identify, more easily, when people had been involved in a series of accidents or incidents and prompt a review of assessments to help reduce the risks.

We looked at the way in which people were supported with their medicines. Support was provided only where this had been identified as part of the support plan. People's medicines were stored securely in the office area of the service. Although this was a somewhat restrictive practice, we found that appropriate assessments had been carried out by health and social care professionals. We observed people coming into the offices of the service to obtain their medicines. Most people could self-administer their medicines, staff merely prompted people and recorded whether they had been taken or not. Medication administration

records were completed as soon as people had taken their medicines. Support plans recorded the medication needs of people and included information about side effects and warnings. There were arrangements in place if people chose not to take their medicines, accidentally took the wrong medicines or were under the influence of alcohol.

We reviewed the staff recruitment processes in place at the service. We found that there were robust systems and checks in place to help make sure only suitable people were recruited. The checks included completion of application forms, references from previous employers and criminal record checks.

Staff at the service had completed training with regard to infection control and prevention. The risk assessment for the service identified that there was no one employed at the location with the skills and knowledge of infectious outbreaks and epidemic management. However, the registered manager explained that there were skilled and qualified people within the Richmond Fellowship organisation who would be able to provide advice and support if required. The risks around outbreaks had been assessed by the service as "low risk" due to people living in their own flats, thus making it easier to contain any spread of infections.

Is the service effective?

Our findings

One person told us, "The staff know what I expect of the service. I like that they help me access health care services and medical appointments."

One of the social workers we contacted thought that the service "communicated well" with them and delivered an effective service that met the "complex and changeable needs" of the people they supported. Another social worker said, "The staff know people very well and are quick to identify changes in needs. They will contact us for advice and are very good at following our guidance."

One of the support workers we spoke with told us, "The communication and handover systems in place here are very good. I don't think I have ever come on shift and not known what was going on. We are given a lot of information about people's needs, particularly what to look out for if their mental health is declining."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. At the time of our inspection, no one using the service had been deprived of their liberty.

We checked whether the service was working within the principles of the MCA. There was a mental capacity policy and procedure which referred to relevant legislation and guidance. We saw that written consent was gained appropriately and we observed verbal consent being sought by staff for all support provided. We saw evidence within support plans that capacity and consent had been assessed where necessary, with input from relevant professionals or family.

Staff had undertaken MCA training and were aware of the need to work in a persons' best interests should they lack the capacity to make a specific decision.

We saw that people had comprehensive needs assessments and support plans in place. People had been involved in the assessment process. The assessments recorded information about the level and type of support people wanted and included the desired goals and outcomes. These documents had been produced in alternative formats where necessary to help people understand and remain involved in their support.

The provider had a comprehensive staff training programme in place, including an annual refresher training plan. Staff told us that they had received appropriate training to help them work safely and competently. People told us that they thought staff knew what they were doing and "seemed to have enough training." Staff were supported to attend staff meetings and supervisions sessions with their line manager. One member of staff told us, "We are provided with lots of opportunities for training, including specialist training

to help us meet the needs of the people we support. I have regular meetings with my line manager and I am able to discuss my work and feelings with them."

People were supported with eating and drinking, including shopping and meal preparation, where this had been identified in their needs assessment. There was a communal kitchen at the service and people were supported with learning to cook and healthy eating programmes. We saw one person being supported to carry out their food shopping on-line.

Is the service caring?

Our findings

People who used the service told us that the staff were kind and caring. One person said, "The staff supporting me are kind. They always ask me about the help I want. I am able to make choices and staff respect my opinion." A relative told us, "The staff are very respectful. (Name) can choose what they want to do and they have a very good relationship with the staff." One of the social workers told us, "I am happy with the way people are supported. There is continuity of care and people receive support from the same workers. The staff know people very well and are quick to identify changes."

The service primarily focuses on supporting and enabling people to become or maintain independent. The people we spoke with during the inspection confirmed that staff did not "take over" and supported them positively with their daily life and choices. Staff told us that there was a good team of workers at the service. One person said, "This is the best example of team working I have ever experienced. We are always given up to date written information about the people we support, but we always discuss the plan for the day with them anyway. We ask them and they tell us what they want to do."

The service had clear and robust policies and procedures in place with regards to privacy, dignity, equality, diversity and human rights. Staff had received training in these subjects and were able to demonstrate their skills.

It was evident from our discussions with the staff that they had a caring attitude and knew the people they supported, really well. During our visit to the offices of the service, we saw people freely coming in and out to speak to the staff on duty. There was a friendly and comfortable atmosphere. Staff provided answers, explanations and assistance to people appropriately and respectfully.

We saw that people were consulted about their views on the service and on events and activities that took place in the communal spaces of the service. Tenants meetings took place and people told us that the service regularly checked on their views of the service.

Is the service responsive?

Our findings

Social workers told us that the service was responsive. One social worker said, "They are responsive when we have identified where there are changes required to a person's support plan." Another told us, "If they (the service) have concerns about anything they will contact us straight away and keep us up to date with any changes to people's needs."

A relative we spoke with said, "I am more than confident that staff know how to support (Name) in various situations. The staff are very aware of and responsive towards my relative's needs."

We reviewed a sample of people's care needs assessment records during our visit to the offices. We found that support plans had been based on the needs assessments and through discussion and agreement with the person themselves. The plans were up to date and reflected the day to day and longer-term support people expected to receive. Individual goals had been identified to help people to achieve their potential.

The support plans were individual to each person's needs and expectations. They included activity planners to help people maintain their social skills and contact with the community, their families and friends. Important information was available so that staff could make sure people had access to health and social care professionals at all times. We saw that information was available in a variety of formats to help meet the communication needs of people using the service. The provider had started to develop policies and procedures about the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they understand.

The registered manager told us about a new system that would be introduced next year. The system would enable people to write their own case notes, make additions to support plans and review other relevant documents. They said that this was still work in progress. Further work was needed to help ensure the right level of information was shared, whilst maintaining other aspects of confidentiality.

People had fixed times for support although the service tried to be flexible to people's needs wherever possible. Staff told us and we observed that support was provided as flexibly as possible. During our visit to the office we heard a person phone in and request a change to their planned service and staff were able to accommodate this. We heard another person speaking to staff about a medical appointment. Staff were looking at a way of supporting them with this, including getting the person to and from the appointment safely.

People who lived at the service were unrestricted. They were able to come and go as they pleased. We observed people going out into the community for shopping and leisure activities. Social events were also arranged at the service and took place in the communal areas, people could join in if they wished to do so. One relative said, "The staff do quite a lot with the people here. It's a great place and there are always social activities going on."

The service produced newsletters for tenants. The latest edition showed that staff were trying to arrange an outing for a Christmas meal, holding a Christmas meal at the service and reminding people of the forthcoming tenants meeting. The newsletter contained important contact information for people should they need support outside of office hours and what to do if they had a complaint.

The service had a formal complaint process in place. No one that we spoke to had ever needed to raise a concern, but they all knew who to speak to if they had a problem. We reviewed the complaints records at the service. One complaint had been made. We saw that this had been managed appropriately with actions and outcomes clearly detailed.

At the time of our visit there was no one using the service who required end of life care and support. However, if this level of support was required, the service would work with the community nurses and other specialist services according to the needs of the person concerned.

Is the service well-led?

Our findings

People told us that they thought the service was well-led. Staff spoke about the teamwork at the service and the support they received from the management team. One member of staff said, "The manager is very supportive and responsive with help when needed. It is very open here, I am able to discuss my work, my feelings and ways of making work better in general." A social worker told us, "I can confidently discuss any issues with the management team and be assured they would be dealt with appropriately."

We observed the relaxed atmosphere at the service, it was clear that people using the service were comfortable and confident to approach all staff, including the management team.

There were good systems in place to help maintain safety and oversight of the service, quality monitoring and improvements. The registered manager carried out regular visits to the service. Audits had been completed covering the five key areas of safety, medicines management, staffing, people using the service and record management. The audits demonstrated that service user records were reviewed. Any issues with accuracy or lack of information, for example, were identified and recorded. We found that such shortfalls were followed up by the registered manager via team leader meetings and the staff supervision process.

Compliance with health and safety matters were checked each month and included checks on the utilities, fire detection and prevention, infection control, kitchen safety and lone working protocols. Monthly and daily audits of fire safety, personal emergency evacuation plans, accidents and incidents were also maintained.

The registered manager told us about the organisation's quality self-assessment documents that were being introduced. These were based on the CQC key lines of enquiry (KLOEs). They were designed to help the service identify what they did well, where improvements could be made and develop plans for further improvement. Staff and people who used the service were involved in this process. The registered manager thought that further work was needed to ensure this process was fully effective. They were looking at ways to encourage people to become more involved in this, for example by using service user drop in sessions.

We were told that people were given the opportunity to comment on their satisfaction with the service. Staff and people using the service had taken part in satisfaction surveys. The most recent one for people using the service was currently being analysed prior to an updated report and action plan being produced. The staff survey had also recently been completed. The results showed that improvements to the service had been made, based on staff views and experiences. We saw that staff and team meetings took place. These gave staff the opportunity to discuss their work, incidents, lessons learned and preparation for formal inspections of the service.

The registered manager told us that they were well supported by the higher management team. They told us that they felt "listened to" and were "confident" that things were actioned in a timely manner. The registered manager told us about the training programmes available for staff and that they had access to best practice forums to help keep their knowledge up to date.

