

Eden Supported Living Limited

Isaac Newton House

Inspection report

Isaac Newton House
127-129 Hemswell Avenue
Hull
HU9 5BS

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14 July 2022

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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

About the service

Isaac Newton House is a domiciliary care agency providing personal care and support to people in their own homes.

The service is registered to provide support to people who are living with learning disabilities or autistic spectrum disorder, mental Health, older people, people who misuse drugs and alcohol, physical disability, sensory Impairment and younger Adults.

Some people lived in a 'supported living' setting, where a small number of people lived together with support, so that they can live as independently as possible. At the time of our inspection the service was providing personal care to two people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People received a safe, effective, caring, responsive and well led service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and responded to them appropriately and sensitively. People's care, treatment and support plans reflected their range of needs and promoted their wellbeing.

Care plans were detailed and person-centred and provided clear guidance to staff on how to care for people effectively. Care plans were regularly reviewed and updated when required.

The service supported people in their own home. People were supported to keep their home safe, clean and to meet their sensory and physical needs. The communal areas were modern, and people had personalised their flats to reflect their preferences.

There was an effective quality monitoring system, which ensured checks and audits were carried out., People's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. The provider had oversight of the service and completed regular checks.

There were enough staff. Safe recruitment processes had been followed. Staff were trained and their skills

and knowledge checked through competency assessments.

People were protected from abuse and avoidable harm. Staff had completed training in how to safeguard people and risk assessments were completed to identify potential hazards. People received their medicine as prescribed. The registered manager closely monitored the use of any 'when required' medicine. These were managed in an individualised way.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The model of care and support provided to people maximised their choice, control and independence. People were involved in all aspects of their care and future planning. Care provided was centred around the person and promoted people's dignity, privacy and human rights. The ethos, values, attitudes and behaviours of the management team and support staff ensured people lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Isaac Newton House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes and to people living in a supported living setting, so that they can live 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.

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with seven members of staff including the registered manager, area manager, quality manager and four support workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the registered manager would address any concerns reported to them and make the required referrals to the local authority.
- One relative told us that they were satisfied their family member was safe and well cared for.
- The provider had a safeguarding policy in place. Where safeguarding concerns had been raised, thorough internal investigations had been completed

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care were assessed and monitored.
- Risk assessments and care plans were detailed and provided guidance for staff to respond to and manage risk effectively.
- Care plans included assessments in relation to people's specific medical conditions.
- Staff meeting minutes showed how staff discussed their concerns and used team discussions to learn lessons when things went wrong.

Staffing and recruitment

- There were enough staff to safely care and support people.
- Staff told us they felt there was enough staff to meet people's needs.
- Staff were recruited safely, and appropriate recruitment checks had been carried out to ensure they were of suitable character to work with vulnerable adults.

Using medicines safely

- Medicines were managed safely.
- Protocols to guide staff when 'as and when required' medicines should be administered were in place.
- Staff received training to administer medicines and had their competency checked.

Preventing and controlling infection

- The provider had policies and procedures in place to control and prevent the spread of infections.
- Staff wore appropriate personal protective equipment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned and delivered in line with current evidence-based guidance and best practice standards, which achieved good outcomes for people.
- Staff thoroughly assessed people's needs to ensure they received the right care and support.

Staff support: induction, training, skills and experience

- Staff were supported in their roles. Staff said they felt supported by the registered manager and received regular support and supervision. One staff member said "We have a great team, I have never felt so supported in a job role by both the team and the manager. I can go to the manager whenever I need something."
- New staff completed an induction to ensure they had the skills and knowledge to carry out their role. This included reading policies and procedures, completing training and shadowing other members of staff.
- Staff received training to ensure they had the knowledge and skills to carry out their roles. One staff member said "We are encouraged to keep up to date with our training, the training is really good. We have both in house and online training."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's nutrition and hydration needs were effectively met.
- Staff were aware of people's individual needs and preferences and worked with professionals such as dieticians to ensure people maintained a healthy balanced diet.
- Care plans clearly showed people's dietary requirements and followed professional's guidance.
- People had access to health care services and appropriate referrals to other professionals made when required.

Adapting service, design, decoration to meet people's needs

- The supported living setting provided a homely environment which met the needs of people. People were involved in making decisions about their environment.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Care plans reflected the principles of the MCA. Where restrictions were in place, appropriate DoLS applications had been made to the local authority.
- People's rights were protected, assessments had been completed when people lacked capacity and best interest meetings were held, which included professionals and significant others.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff always treated people with kindness and respect.
- Staff spoke passionately about providing high-quality care and showed genuine compassion for the people they supported.
- People appeared comfortable, relaxed, and happy in the home. We saw kind and meaningful interactions between staff and people.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people very well and anticipated their needs and preferences. We observed staff engaging with people and acting on their wishes.
- People and their relatives were involved and supported in making decisions about their care. One relative told us, "The manager will always ask my opinion and keep me informed with any changes in [family members] care, I feel really involved."

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect.
- We observed people being encouraged and supported to be independent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support specific to their needs and preferences.
- Care plans were personalised and included information about people's goals, skills, likes and dislikes. Staff used this information to support people in a way they preferred.
- Staff engaged people in meaningful activities. We observed staff supporting people to do what they wished. One person was going out into the community and another was being supported in their garden.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in care plans for staff to follow. A range of tools were used to communicate with people such as sign language and pictures.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support plans included engaging in the local community and supporting personal relationships.
- People followed their interests and took part in activities that had positive impacts on their lives and their overall well-being.

Improving care quality in response to complaints or concerns

- Processes were in place to investigate and respond to any complaints or concerns. Staff told us concerns were routinely dealt with and that they felt confident complaints would be addressed appropriately.

End of life care and support

- Processes were in place to ensure people received appropriate, personalised care at the end of their lives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to measure the quality of the service and support continuous improvement. The provider carried out regular audits of the service including accidents and incidents, medicines and training.
- The registered manager worked in an open and transparent way. Staff said the registered manager had a visible presence in the 'supported living' settings and people and staff freely approached them if they had any concerns.
- The registered manager understood their responsibilities relating to being registered with CQC and they reported significant events to us as required by law.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- Staff had a positive attitude to supporting people. There was a calm and relaxed atmosphere in the 'supported living' settings.
- Care was centred around the needs and preferences of people and staff were led by the pace of the individuals they were supporting.
- The registered manager and staff worked closely to build good working relationships with other agencies. They had established good relationships with local healthcare services and worked with them to achieve best outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Processes were in place to ensure any incidents, concerns and complaints were investigated and responded to.
- The registered manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.
- The service had good working relationships with the local authority and commissioners and shared information appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had regular review meetings with their staff and relevant professionals to review all areas of their support plans to ensure any barriers to leading a full life were avoided. One relative said "I am involved in all

the decisions and review of [family member's] care. The manager and staff include me in everything."

- Staff meetings were held regularly, and staff said they felt listened to and felt they could approach the registered manager for support at any time.