

Eden Supported Living Limited

Blackwell Road

Inspection report

156e Blackwell Road
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Nottinghamshire
NG17 2RF

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Date of inspection visit:
25 October 2023

Date of publication:
30 November 2023

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Blackwell Road is a residential care home providing personal care to up to a maximum of 1 person. The service provides support to a person who has a learning disability with associated conditions. At the time of our inspection 1 person was using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The person received the support they needed to lead a fulfilling and meaningful life. They were provided with support that kept them safe from harm, abuse and neglect, but encouraged independence. They received support with their medicines and staff knew how to identify and act when the person showed signs of anxiety. Staff knew how to support the person.

Right Care

The person received care that was appropriate to their needs and helped them to maintain good health. Their health was monitored, and they had access to health and social care services when needed. Staff had a thorough understanding of the person's care needs. Other health and social care professionals, relatives and the person themselves were consulted about decisions affecting the care provided.

Right Culture

There was a positive culture at this home. Staff were committed to providing the person with the opportunities to feel part of the community and to lead their life in their chosen way. The person was able to choose what staff they wanted to take them on activities and the provider's flexible approach to staff enabled this to happen. The person had a consistent team of staff, providing consistency and stability for the person. This has led to them achieving many positive outcomes in their life.

The person was 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.

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

Rating at last inspection

The last rating for this service was Good (14 November 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of Safe and Well-Led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Blackwell Road on our website at www.cqc.org.uk.

Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service well-led?

Good ●

The service was well-led.

Blackwell Road

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

The inspection team consisted of 2 inspectors.

Service and service type

Blackwell Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blackwell Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. 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 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 reviewed information we had received about the service since registration. We sought feedback from the local authority 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 used all this information to plan our inspection.

During the inspection

We spoke with the person who used the service, 2 relatives, 4 support workers, the registered manager, a trainee manager and the person's GP.

We reviewed a range of records. This included the person's care and support records, medication administration records and the daily notes recorded by care staff. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- The person was protected from abuse and avoidable harm.
- The person's relatives told us their family member was safe when staff supported them. One relative said, "I don't know what I would do without them. The care is good. It's an extended family feeling. I am well in touch with a couple of the carers."
- Staff had a good understanding of how to identify any concerns relating to the person's safety including possible signs of neglect or abuse. All knew how to report concerns both internally to management and externally to other relevant agencies if required. This helped to keep the person safe.
- The registered manager understood their responsibilities to act on any concerns about the person's safety.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure the person was safe. Staff took action to mitigate any identified risks
- The person received care and support that met their individual needs. Whilst the person's safety was the primary focus, staff did not place unnecessary restrictions on them. They were encouraged to lead their life to the full.
- There were detailed and regularly reviewed positive behaviour support and care plans in place, designed to give staff the guidance they needed to support the person safely if they showed signs of increased anxiety and distress. We reviewed these procedures and found them to be effective and focused on the person's safety. All decisions made were reviewed to ensure staff had followed procedure. The person had been consulted on how they would like staff to support them with reducing their anxieties. This was a safe and effective process.
- Plans were in place to support the person with visiting local shops and other amenities. The person had access to a vehicle and led an active life. They were supported by staff to feel a part of their local community. There was a positive and empowering culture.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- The person told us they liked the staff and could choose which staff they wanted to take them out. They jokingly told us about the playful nicknames they had given the staff who supported them.
- The provider had ensured the person had a consistent team of 10 staff who were available for the person for care and support within their home and to support them when they went to their chosen activities. This helped to ensure the person received consistent care and support from staff who understood the person's needs.
- The provider operated safe recruitment processes.

Using medicines safely

- The person was supported to receive their medicines safely.
- The person's medicines were stored safely. Records used to record when they had received their medicines, or if they had been refused, were comprehensively completed.
- When medicines were administered on 'as required' basis, protocols were in place for their safe and consistent administration. When medicines had been administered that could affect the person's behaviour, this process was always reviewed. We noted 1 of those medicines had recently been administered regularly. The provider had ensured health professionals were consulted and had agreed to the continued use of this medicine. We were satisfied this process had been managed effectively focused on the person's safety and wellbeing.

Preventing and controlling infection

- The person was protected from the risk of infection as staff were following safe infection prevention and control practices.
- The person took pride in having a clean house and received support from staff to keep their home clean.
- The person's home was clean, tidy, and free from any obvious infection control risks.

Visiting in Care Homes

- The person was able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- When an incident occurred there was a thorough investigation into the causes, the actions taken by staff and a review conducted to try to reduce the risk of recurrence.
- Safe procedures were in place to protect the person and others in periods of heightened anxiety and distress. This included how to support the person when showing signs of physical and/or verbal aggression. This helped to keep the person and others safe.

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 Mental Capacity Act (MCA). In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the service.
- A relative said, "When I do see [family member] it seems to be done on a professional friendship basis that they care for [family member.] It seems like a tight, cohesive network which they haven't really failed on. They do a great job."
- The provider had systems to provide person-centred care that achieved good outcomes for the person.
- The person told us they liked the staff, enjoyed living at the home and enjoyed being supported to do the things they wanted to do. The person told us they liked going to the gym with their chosen staff member and also liked to spend time with horses.
- The person showed us the things that were important to them in their home, this included pictures and paintings which they had chosen themselves. The person also enthusiastically told us about their favourite tv programme and lots of jovial chats with staff members took place. It was clear the person had a very positive relationship with the staff and lead a happy and fulfilling life.

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

- The provider understood their responsibilities under the duty of candour.
- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to those affected.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- Quality assurance processes were in place. These processes covered a wide range of areas such as care plans, medicines, infection control and staffing. Any issues were highlighted by the registered manager and action plans put in place. Actions were reviewed with senior management and the registered manager was held to account on their progress.
- The current registered manager was due to move to manage another service within the provider's group. They were supporting the new manager through a structured transition process. Both managers told us they felt supported by senior management and were looking forward to their new roles.
- Both managers understood the legal requirements and responsibilities of their roles. This included

ensuring relevant agencies were notified of reportable incidents such as safeguardings and serious injuries.

- Support staff had a thorough understanding of their role and how they contributed to providing the person with safe and effective care and support.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- A relative described the relationship they had with the management. "I trust them and I praise them. I feel relaxed with it at the moment. I would pressurise them if I wasn't happy." Another relative told us they had not met the registered manager in person but had attended 'virtual' meetings. They also said, "The management are going through changes at the moment but the right people are in the job and they do a good job."
- There was a culture of continued development and improvement. Staff were encouraged to develop their roles and gain further qualifications. There was a preferred process of promoting exceptional staff from within, consequently maintaining a consistent staffing team who understood the ethos of this service.
- Action plans were in place that recorded things that needed to be completed to improve the home or the person's care. These actions were reviewed regularly and where needed, senior management gave their views and recommendations. This ensured actions were completed and staff held accountable for completing them.

Working in partnership with others

- The provider worked in partnership with others.
- Where required the provider worked in partnership with a variety of health and social care professionals from several different agencies. There was a cohesive and joined up approach to ensuring the person always received the safe and effective care and support they needed to lead a happy, safe and meaningful life.