Eden Supported Living Limited

Rotherham Regional Office

Inspection report

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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

The Rotherham branch of Eden supported living provides 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 in the Rotherham and Dinnington area. Support packages are flexible and based on people's individual need. The service also supports people who do not receive personal care.

The inspection took place on 13 and 28 September 2017 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting community services. The service was previously inspected in April 2015 when no breaches of legal requirements were identified and the service was given a rating of 'Good'. At this inspection we found the service remained 'Good'.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for "Rotherham Regional Office" on our website at www.cqc.org.uk'.

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 [CQC] 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 and associated Regulations about how the service is run. However, the current registered manager had been promoted within the company and an acting manager had been recruited in June 2017. They told us they would be applying to register with CQC in the near future.

At the time of our inspection there were 11 people using the service who received personal care. We spoke on the telephone with two people who used the service and the parents of five people. When we asked them about their experiences of using the service they told us they were happy with the support staff provided, and overall were satisfied with how the service operated.

Systems were in place to keep people safe while maintaining their independence, People told us staff helped to make sure the environment was safe for people to live in, and supported them to access the community safely.

People's needs had been assessed before their care package commenced and where possible they, and the relatives, had been involved in formulating their support plans. Care records identified people's needs and preferences, as well as any risks associated with their care. Changes in their needs had been identified, and support plans amended to meet any changing needs or circumstances.

Where people needed assistance taking their medication this was administered in a timely way by staff who had been trained to carry out this role.

The service employed enough staff to meet the needs of people being supported. However, changes at the service had led to some staff being moved to different locations on a permanent or temporary basis to ensure the correct skill mix was available at each property. One parent told us they had raised this with staff as a concern. Managers told us the disruption had been kept to a minimum, but they would take into account people's comments.

Robust recruitment procedures ensured the right staff were employed to meet people's needs safely. Staff received training to administer medications safely both in their own homes and in the residential care home. New staff had completed a structured induction when they joined the service, followed by various specialist and refresher training.

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

Information about how to raise concerns was available, including in a pictorial [easy to read and understand] format. Complaints had been appropriately addressed and the majority of people told us they were confident that any concerns they raised would be dealt with swiftly.

The registered manager and the acting manager had a clear oversight of the service, and of the people who used it. People were encouraged to share their views about the quality of the care provided, to help drive up standards and influence change. Quality assurance systems were in place to monitor how the service operated and identify areas for improvement. This also gave the service an opportunity to learn from events and improve the service for people.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Rotherham Regional Office

Detailed findings

Background to this inspection

The inspection included a visit to the agency's office on 13 and 28 September 2017. To make sure key staff were available to assist in the inspection the provider was given short notice of the visit, as in line with our current methodology for inspecting domiciliary care agencies. An adult social care inspector conducted the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider had 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. We looked at information we held on the service and requested the views of other agencies that worked with the service such as service commissioners. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of the inspection there were 11 people using the service. We spoke on the telephone with two people who used the service and the parents of five people being supported by the service. We also considered the content of questionnaires returned to the registered provider. We spoke with the registered manager, regional director, acting manager, two team managers, the training and development manager and four care workers employed by the agency.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing two people's care records, including their, medication records, staff recruitment, training and support files, as well as minutes of meetings, quality audits and records demonstrating how the registered provider had gained people's views about the service provision.

Good

Is the service safe?

Our findings

The relatives we spoke with told us they felt their family members were supported safely both in their home, and in the community.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Managers were aware of the local authority's safeguarding adults procedures which aimed to make sure incidents were reported and investigated appropriately. Staff had received training in relation to safeguarding people. This was part of the provider's induction programme and staff we spoke with confirmed they also had to refresh this training on a regular basis. There was also a whistleblowing policy, which staff were aware of. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns.

Staff understood the importance of balancing safety while supporting people to make choices, so that they had control of their lives. We found care and support was planned and delivered in a way that ensured people's safety and welfare. Care files checked showed records were in place to monitor any specific areas where people were more at risk, such as accessing the community safely and moving people safely with a hoist. These clearly explained what action staff needed to take to protect people. Risk assessments had been regularly reviewed to ensure they continued to reflect people's changing needs.

We saw staff who were responsible for assisting people to take their medication had received training on this topic, and underwent periodic observational competency checks to make sure they were following the company policy. Protocols were in place for the management of medicines that were only taken 'when required' [PRN]. These helped to make sure people received this medication in an appropriate and timely manner. Overall medication administration records [MAR] had been completed satisfactorily. However, we noted that in one case a topical cream had not been consistently recorded on the MAR. When we spoke with the team manager they said the cream was only required on a PRN basis, but this was not clearly recorded on the MAR. A PRN protocol was in place which clearly stated what the cream as for and when to administer it. We also found staff had occasionally failed to sign the MAR to evidence they had completed the information entered regarding the medicines prescribed. The team manager said she would address these issues immediately. When we returned to the service on the second day these had been addressed.

Systems were in place to monitor medicines were managed appropriately. This included staff routinely completing weekly checks, which were then audited by managers. However, we noted the omission of information about the topical medication highlighted above had not been picked up by the person auditing the records. Relatives we spoke with felt staff enabled their family members to take their medication safely.

Records and staff comments indicated the company followed a robust recruitment process when employing new staff. Staff files contained evidence of face to face interviews, written references and a satisfactory criminal record check being obtained, to help employers make safer recruitment decisions. Staff confirmed they had completed a comprehensive induction, which included shadowing an experienced care worker and completing the company's mandatory training.

Overall we found there were sufficient staff employed, who had the correct knowledge and skills to meet people's needs. The registered manager told us they aimed to ensure each person was supported by a core team of staff, although this had been difficult over the previous few months due to the Dinnington flats being occupied and staff holidays. They said more staff were being recruited to fill any vacancies and they aimed to staff the agency at 10% over the required numbers, to cover for eventualities such as holidays. Staff confirmed that in recent months there had been an odd occasion when someone had called in sick, so one to one support had been postponed or there had been a staff member less for a short period of time. However, we found this was being addressed and managers had either arranged cover as soon as possible or provided the cover themselves.

The majority of the people we spoke with were happy with staffing arrangements, although one person said they had raised the issue of staff moving with a manager. Managers explained the importance of making sure each property had a good skill mix of staff to ensure each person's needs were met and said this was the main reason changes had been made. They said the disruption had been kept to a minimum, but they would take into account people's comments.

Good

Is the service effective?

Our findings

Relatives we spoke with were complimentary about the staff that supported their family members and said they felt they had received the training required to meet people's needs. One relative told us, "Overall they [staff] are very good. The staff are lovely. [Family member] thinks the world of the staff and they love her too." Another relative commented, "They [staff] are well trained, they manage [person using the service] moods well."

The registered manager described the new induction programme which had been recently introduced. This included each new member of staff being given an induction timetable and workbook to complete. This contained information about their role and completion of the registered provider's mandatory training, which included the protection of vulnerable people, medication administration, moving people safely, first aid and managing behaviour which may challenge. Staff also shadowed an experienced care worker until they were assessed as competent and confident in their role. Each new member of staff was also provided with a personal development file which contained the staff handbook, their job description and information about the company.

Where applicable we saw new staff had also completed, or were completing the 'Care Certificate,' along with other essential training. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The training matrix used to provide an oversight of all training completed or when refresher training was due was being changed as it was not operating accurately. However, records and staff comments indicated that staff had completed essential training and refresher courses. We also saw staff had been encouraged to undertake nationally recognised care courses, such as the diploma in care. We also saw staff had accessed courses specific to the people they supported, such as epilepsy and Percutaneous Endoscopic Gastrostomy [PEG]. The latter is a medical procedure which enables people to be fed through a PEG tube in their stomach due to difficulties in taking nourishment orally.

Staff we spoke with said they felt they had received the training and support they needed to carry out their job. They said some training was face to face, while other training involved completion of workbooks or e-learning. One care worker confirmed they had completed an induction and all the company's mandatory training adding, "When I started I completed two weeks training and six shadow shifts, and I have been told there is some more training coming up soon."

Periodic meeting on an individual or group basis had taken place had given staff the opportunity to talk about events that had taken place and discuss any issues which they needed support with. Staff we spoke with confirmed they had opportunities to discuss work practice and their individual development needs. They also described to us how they received regular supervision sessions and an annual appraisal of their work performance from their manager.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process. Where appropriate, decisions made in people's best interest were managed correctly and fully documented.

People we spoke with said they would feel comfortable discussing healthcare issues with staff as they arose. Staff described how they would appropriately support someone if they felt they needed medical attention. Relatives we spoke with described how staff supported people to attend hospital appointments, the dentist and the optician. Care files contained information about people's medical conditions and when to contact their GP.

People's files contained details about their nutritional needs. We saw agreed care packages required staff to either cook meals for people or support them to cook their own meals. Files contained information about each person's food preferences and dislikes. Relatives we spoke with described how staff also supported people to plan their meals and go food shopping. One relative told us, "Staff cook [family member's] meals. They make sure the food is cut up as they might choke."

Staff we spoke with were aware of people's individual dietary needs and described how risks, such as choking, were risk assessed and monitored.

Good

Is the service caring?

Our findings

Everyone we spoke with told us staff provided good care and support. They described staff as nice, caring, friendly and helpful. One relative told us, "When [family member] comes home she says 'when am I going back [to her home]'. They [staff] support her 24 hours a day and certainly promote her independence. Another relative described how they called staff twice a day to check how their family member had been. They said staff were always reassuring, understanding and caring.

All staff received information about the company's aims, values and principles of care. This was aimed at ensuring staff had the right approach to supporting people. They described how the company expected staff to behave, such as to be caring, compassionate, professional and responsive to people's needs. A dignity champion had been identified to promote dignity within the service. The registered manager said information was shared with staff at meetings and the champion aimed to lead by example. Staff we spoke with described how they provided support respectfully, while they maintained the person's dignity. This included enabling people to make choices and respecting their decisions.

The service supported people to express their views and be actively involved in making decisions about their care and support. Most of the relatives we spoke with told us they, and their family member, had been involved in developing a person centred support plan, but some people could not remember if they had been involved or not. However, people told us they were very satisfied with how staff delivered their or their family members care, and confirmed that it met their needs.

Care files we checked contained details about people's likes and dislikes, what was important to them and their abilities. For instance, one file highlighted that the person did not like loud noises or being in crowded places. It was clear that steps were being taken to make sure these sorts of places were avoided. Another plan told staff how with the assistance of photographs or pictures, they could help the person to select the meal they preferred.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. When we asked them how they knew what was important to the people they supported they said they read the care plans, which provided good information, and spoke with colleagues and families. Staff clearly described how they offered people choice, such as meal options and social activities.

Staff gave clear examples of how they would preserve people's dignity and privacy. One care worker told us, "When [person using the service] has a bath I usually stand outside the bathroom to give them some privacy. They call me when they need assistance, but they like to be as independent as possible."

The registered manager told us in the provider information return [PIR] that they were aiming to improve how end of life information was collated and said that staff would receive training in this subject. At the inspection they told us end of life was discussed as part of staff induction training and further training was planned to take place at company road shows, which would be cascaded to care staff. We also saw an end of life planning document was being introduced to record people's individual wishes and preferences.

People received information, such as the complaints procedure and the 'Service Users Guide', which told them how the service intended to operate, in an easy read format to help them make decisions and understand guidance.

Good

Is the service responsive?

Our findings

Everyone we spoke with was happy with the care and support staff delivered. One relative told us, "Overall it's [care provided] very good, the staff are lovely." Another relative described how staff supported their family member as they wished adding, "[Person using the service] is happy there."

An assessment of people's needs had been carried out prior to support being provided, and this information periodically reassessed to ensure changes were incorporated into support plans. Where possible people using the service had been involved in planning the care and support staff delivered. Relatives confirmed they had also been involved in person centred planning meetings.

Staff we spoke with confirmed, that each person had a care file in their home which identified the areas they needed support with, as well as any risks associated with their care. The files we sampled contained clear, detailed information about all aspects of the person's needs and preferences. For instance, they contained a section called 'Things you need to know about me' and information about the person's preferred routines. Support plans provided clear guidance to staff so they understood their role in supported each person, what was important to them and their hobbies and interests. We saw evidence of support plans and risk assessments being reviewed and updated when necessary, as well as who had been involved in the review.

Each person also had a 'working file' which contained a running record of the support staff had provided. For example, one file we looked at recorded that staff had cut the person's finger nails, while another entry detailed an appointment with the Speech and Language Team [SALT]. The file also contained a body map which had been used to report any changes in the person's skin, such as bruising.

People described to us how staff provided support to carry out daily living tasks, such as food shopping and cleaning, as well as leisure and social activities. One person using the service described how staff supported them to attend a day centre, while a relative we spoke with discussed the different social activities staff enabled people to take part in. For instance, they said people went out for meals, met relatives, followed their hobbies such as horse riding, and went on shopping trips. However, one relative said on the odd occasion their family member's one to one sessions with staff had been postponed due to lack of staff. When we spoke with the managers about this they said on the occasions when this had occurred an alternative time was normally arranged, but if a session was cancelled this was recorded and would not be charged for.

Records showed the provider worked responsively with external healthcare professionals, who were involved in people's care.

The registered provider had a complaints policy and procedure which was given to each person when their care package commenced. It was written in plain English and gave timescales for the service to respond to any concerns raised. We also saw a pictorial version was available to assist people to understand the process. A system was in place to record all complaints, concerns and compliments received. Where concerns had been raised the records of the investigation and outcome, including any response letters sent

to the complainant, were maintained. However, it was difficult to separate the concerns raised by people receiving personal care from those just receiving social support, which was not a regulated service. The acting manager said she would look at ways to improve this in the future.

People we spoke with said they would feel confident raising any issues, which they felt would be taken seriously. The majority of people we spoke with told us communication between people using the service, relatives and staff was good, although one relative felt communication from management could be improved at times. This was discussed with the acting manager and a team manager who evidenced that responses had been sent to people when they raised concerns, but said they would provide the other information the person had requested as soon as possible.

Staff told us if they received any concerns about the services they would share the information with a manager. They also told us how they would raise concerns on behalf of people who felt unable to do so themselves.

Good

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, as required as a condition of provider's registration. They were supported in their post by a structured team consisting of a regional director and team managers. They also received support from various company departments such as the health and safety department and human resources, who supported the recruitment process.

At the time of our inspection the registered manager was in the process of deregistering as manager as she had been promoted within the company. An acting manager had been appointed in June 2017 and they were in the process of registering with the Commission. During this transition the managers had been working together to ensure a smooth transfer of responsibilities.

The acting manager said they had an open door policy to encourage people to talk to them. They also said they visited each property on a regular basis to audit records and talk to people about how things were working. The team managers we met told us they had the opportunity to share ideas and information with senior managers, as well as discuss any issues that arose.

The registered manager took an active role in the running of the service and had a good knowledge of the staff and the people who were supported by the service. We saw regular senior management meetings had taken place to discuss topics such as the outcome of surveys, new policies and training required. This information was then cascaded to team managers at their meetings, and on to care workers at 'house meetings'.

We found the registered provider promoted people's involvement in how the service operated. For example, there was a companywide newsletter which gave information about what was happening in the company and 'good news items', which highlighted topics such as the individual achievements of people using the service. We saw questionnaires and 'house meetings' had also been used to gain people's opinions. Relatives we spoke with knew who to contact in the office if they had any concerns, and told us they had regular contact with the team managers when they needed to. One parent told us, "They give a good service for [family member]. No faults whatsoever."

There was a system of staff meetings, supervision sessions, appraisals to enable staff to understand changes and developments within the organisation. Staff we spoke with told us they found these to be a helpful and effective way of discussing issues within their work. They said they felt well supported by the management team, with one care worker adding, "They are a good company to work for. It's good team work." Another member of staff told us, "I really enjoy it [working at the service]. The company is brilliant [to work for]." A third person commented, "It's got better. For example, rotas are out more often and having laptops in each property means we can communicate better via email." Staff confirmed they had also had the opportunity to share their views in an annual staff survey.

We saw the registered provider had used staff feedback to improve how they supported staff. For example,

following feedback from a staff survey the company had introduced a management course which we were told was open to all managers within the company, staff referred to this as 'Boot Camp'. The registered manager said it involved a two day intensive course followed by a six months programme to develop managers' knowledge of the business side of the company, and to help them move up the company structure

There was an electronic system used to monitor incidents and accidents. This enabled the registered provider to monitor and learn from untoward incidents and accidents.

There was a range of policies and procedures available to support the safe and effective running of the service. These had been reviewed and updated periodically. We saw policies were routinely discussed at meetings to ensure staff were kept up to date and understood how to put each policy into practice.

The provider had a system in place to check if the service was operating correctly and staff were following company polices. We found weekly and monthly checks were in place to monitor areas such as medication and financial transaction, plus topics such as health and safety were assessed periodically. The managers told us the company's quality assurance manager carried out periodic audits where they looked at specific areas. Areas for improvement had been identified in the audits we sampled, but we found action plans did not always identify timescales for completion, who was responsible for ensuring the work was carried out, or when they had been completed. We discussed this with the managers who said they would address this as soon as possible.

The company achieved the Investors in People ISO 9001:2008 in 2013 and we saw this had been re-audited in July 2017 and the company had reached the expected standard. ISO 9001:2008 specifies requirements for a quality management system where an organisation demonstrates its ability to consistently provide a service that meets customer and applicable statutory and regulatory requirements, and aims to enhance customer satisfaction through the effective application of the system in place.

Rotherham council told us they visited the service in February 2017 to carry out a 'Home Matters' review, at that time they identified three minor actions which needed addressing and three recommendations were made. When they revisited the service in August 2017 they were satisfied that these had been met, or they were making good progress towards the action. They told us the people they visited were happy with the service they received and staff appeared more settled since the last review.