

Eden Mencap Society

# Eden Mencap Society

## Inspection report

Ullswater House  
Duke Street  
Penrith  
Cumbria  
CA11 7LY

Tel: 01768892014

Website: [www.edenmencap.org.uk](http://www.edenmencap.org.uk)

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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

Eden Mencap Society is a domiciliary care agency. The service provides care and support to people living in five 'supported living' settings, so that they can live in their own home as independently as possible. Two people were also given support who were living in their own homes in the community. People's care and housing were 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 been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service

Since the last inspection the service had made improvements in a number of areas. These included: strengthening systems to protect people from harm and abuse; ensuring staff had a good working knowledge of the Mental Capacity Act 2005; and making sure checks on how service runs were more robust.

People were very happy with the support from Eden Mencap Society. They told us staff helped them to lead interesting lives of their choosing.

People felt safe and were protected from the risk of harm. People were supported to manage their medicines safely. Staff completed medication training and had their competency checked. There were sufficient numbers of staff who were safely recruited. Staff supported people to be independent whilst also managing risks. 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.

Care plans were person-centred and contained information about people's life history and their preferences. Staff were knowledgeable of people's care needs and the actions needed to reduce risks to people. They received training, supervision and appraisal to equip them for their role. People were supported by staff to access healthcare services. Staff provided good examples of occasions when they recognised a deterioration in people's health and had taken action.

Everyone told us staff were kind, caring and considerate and staff went to great lengths to help them live their lives to the full. They were supported by staff who met their equality, diversity and human rights. People's communication needs were recorded in care plans and they had numerous ways to engage in the running of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who used the service lived as full a life as possible and achieved the best possible outcomes that included control, choice and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. People were supported to be active citizens and to fully engage in the local community. This included part-time and full-time work.

The management of the service had been strengthened by the recruitment of a second registered manager to the senior team. The senior team had developed more robust systems for checking the quality and safety of the service and they had strengthened links with the organisation's trustees.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 17 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Eden Mencap Society

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in five 'supported living' settings, 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. This means that they 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 short notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection. We also needed information to help carry out parts of the inspection.

Inspection activity started on 7 November 2019 and ended on 15 November 2019. We visited the office location on both these dates.

#### What we did before 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. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided and visited one person in their own home. We also spoke to two people at their place of work and two people at a day service. We spoke with nine members of staff including the director, registered manager, care coordinator and three care workers. We reviewed a range of records. This included: five people's care and medication records, four staff files in relation to recruitment and staff supervision, and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. People's medicines were not always managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and safety were being better managed and were now being regularly reviewed.
- People's needs were communicated to staff and guidance on how to manage the risks posed to people. Staff spoke knowledgeably about the positive risk-taking model of working that gave a balance between keeping people safe whilst promoting their independence. This was used effectively when promoting road safety, giving people 'space' to have more time on their own and with awareness of safe and healthy sexual relationships.

Using medicines safely

- People's medication support needs were now being managed safely. The provider had ensured they were following safe protocols for the receipt, storage, administration and disposal of medicines. Staff had received training and regular updates.
- Senior staff checked the accuracy of people's medication administration records (MAR) in their homes and also carried out spot checks on staff and observed medicines being given.
- People spoke positively about the support they received with their medicines. One person told us, "My tablets are given to me by staff and this is done on time. They will help me to make sure I've always got enough tablets."

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to protect people from the risks of abuse and improper treatment. The provider had failed to have effective systems and processes to prevent abuse and report allegations. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered managers had reviewed and strengthened the policies and procedures for ensuring people were safeguarded from abuse. Staff had received safeguarding training and had a good understanding about the ways they could raise concerns. The registered managers were proactive in responding to any safeguarding concerns and took appropriate action, such as retraining of staff.
- People and relatives told us the service they received was safe and they had never had any concerns about the service or the support. One person said, "They make me feel safe; I have no worries at all."
- The service was a recognised safe place and reporting centre for hate crime. Hate Incident Reporting Centres are a safe, neutral location within the community where people can report hate crime or hate incidents without having to contact the Police directly. Anyone can use this facility regardless of whether they are a victim, witness or someone who is aware of information that needs to be reported. There were trained staff based at the centre to assist people with the reporting process.

#### Staffing and recruitment; Preventing and controlling infection

- People were supported by sufficient numbers of staff to both keep them safe and to be supported to participate safely in the community. Safe recruitment processes were followed. The registered manager tried to match people with staff depending on their needs and the skills of staff.
- People told us that they nearly always had the same staff, they were reliable and turned up on time.
- Staff completed training in infection control. Staff had access to aprons and gloves to wear when supporting people with personal care or preparing food. This helped minimise the spread of infection.

#### Learning lessons when things go wrong

- The registered manager had reviewed the systems in place to analyse accidents and incidents and to look at ways of preventing a re-occurrence.



# 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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At the last inspection we found the provider was failing to apply the principles of the MCA. People who used the service were not always appropriately supported to make choices about their care needs and lifestyle. This was a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff assessed people's capacity to consent to and make decisions about their care. They ensured that where people lacked capacity to make specific decisions they followed best interest decision-making principles. People told us they had been involved in care planning and were supported to make decisions. The service involved health and social care professionals and other relevant parties, such as relatives in the best interest process when a person lacked capacity, and this was recorded.
- The registered managers had ensured staff received training updates on the MCA. Staff demonstrated a good understanding and were applying these principles in areas such as choice of healthcare treatments. The registered managers discussed with us how they were re-designing care plans so that people's abilities to make decisions, capacity and communication support needs were more clearly stated.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills needed to carry out their role effectively. People gave us positive feedback about how staff supported them.

Comments we received included, "The staff are brilliant" and "The staff help me to live my life how I want."

- Staff were well supported by both registered managers and care co-ordinator. Staff were supported through day to day contact, regular supervision and annual appraisals of their performance. Staff said they had opportunity to discuss any concerns, issues, work performance and development. One told us, "We can ask for any training and make suggestions. We are always listened to. This is the best place I've worked for support and training."

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

- Staff knew people's individual needs and preferences well. Staff assessed people's needs regularly and involved them in care planning to ensure their choices, preferences, and needs were met. Care plans were updated if people's needs changed. The service was pro-active in contacting health and social care professionals when a reassessment of need was considered a priority, for example when people's mobility deteriorated.

- The registered managers used recognised tools to assess people's needs and referenced good practice guidance and legislation. This helped to ensure people received effective and appropriate care which met their needs and protected their rights.

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

- The service empowered people to live healthier lives with guidance around healthy eating and supporting them to access healthcare services. The service worked closely with services such as GPs and speech and language therapists. Staff incorporated professional guidance into people's care plans. We saw examples where they had championed people's rights to have fair access to healthcare and treatments.

- People's nutritional needs were assessed and met by the service where this was an identified need. Staff sought professional guidance where people were at risk, for example with difficulties in swallowing. People told us they were supported by staff to make healthy choices. One person said, "Staff help me when I go shopping. I have some things as a treat now instead of every day."

- Staff made sure that people were well supported when transitioning between services, such as when going into hospital. Each person had a health action plan and a hospital passport to ensure consistency of care and support. Staff often stayed with people while they were in hospital to offer support.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 recognised the importance of upholding a person's right to equality, recognised diversity, and protected people's human rights. People received care and support from staff who knew and understood their history, likes, preferences, needs, hopes and goals.
- Staff received training on equality and diversity. This helped ensure staff were aware of their responsibilities in how to protect people from any type of discrimination. The service recruited staff using the key principles of respect, compassion, dignity in care and empowerment.
- Staff we spoke with and observed demonstrated caring qualities. We received a range of positive comments from people and relatives about how well people were treated. People told us they had formed good and trusting relationships with staff. One person told us, "The staff I have really support me well. Some have been chosen as they have the same interests as me. It's great as we go to concerts and horse racing together."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence and this was central to the ethos of the organisation. Staff supported people to make choices, to do what they could for themselves and to lead full lives of their choosing. One social worker told us, "I do feel that Eden Mencap strive to promote people's independence. They have worked well with people to achieve this by encouraging shared support and facilitating peer support rather than that of staff."
- The service was committed to developing people's life skills. One staff member told us, "It's really important to empower people and give them the opportunities to gain a sense of achievement and a feeling of self-worth. We all need this."
- People told us they were supported in a respectful and dignified manner. Staff knew how to promote people's privacy and dignity whilst providing care and support.

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

- Staff knew people's individual communication skills, abilities and preferences. There were a range of ways used to make sure people were able to say how they feel about the service. Staff knew they need to spend time with people to be caring and have concern for their wellbeing.
- People were involved in reviews of their care, for example during spot check visits or more formal reviews.
- People had access to information about local advocacy services available to them. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

At the last inspection we made a recommendation about improving how the service used communication methods with people. The provider had made improvements.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were explored and care plans contained clear instructions of how to ensure effective communication. Staff recognised the importance of giving people time to respond. Staff knew how best to communicate with people who may be anxious.
- The service had a collection of easy to read information booklets on health matters and support services. Staff used pictorial communication boards for people to help them know daily routines and which staff were on duty.

### Improving care quality in response to complaints or concerns

At the last inspection we made a recommendation about improving how the complaints were managed. The provider had made improvements.

- The registered managers had updated the complaints policy and introduced a new recording and audit system. This was available in an easy to read version. There had been no complaints in the past year. The registered managers told us that any complaints would be taken seriously, learned from and improvements made.
- People we spoke to said that they felt happy to raise concerns and were confident that they would be resolved. One person told us, "I haven't needed to make a complaint but I know I can. I see the manager on a weekly basis and she always asks if I'm happy with things. I would tell her or any of the staff. I've had small things that have been sorted straight away."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this

service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

- People's care plans were personalised and written with people's input as much as possible. The plans documented their choices, needs and preferences and were reviewed when a person's needs changed. The registered managers told us of plans to make the care plans more goal focused to included short and longer-term goals with the actions for staff support.
- Social workers told us they thought the service practised a person-centred approach to people's care. One told us, "With their support people have flourished and become so much more confident. They take each person as an individual and develop their strengths. For some people this has resulted in a reduction of the care hours needed and for others has led to job opportunities."

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 were leading fulfilling and active lives and were supported to engage as full citizens within the local and wider community. They were able to be flexible and chose what they wanted to do on a day to day basis. People followed their own hobbies and interests. For example, the service and staff supported them to go to concerts, shopping, meals out, holidays and paid work.
- People were supported to maintain and develop relationships with friends and family. The service had arranged for healthy relationship and sexual well-being training courses for people who use the service and for staff.

End of life care and support

- There was no one receiving end of life care at the time of our inspection but people's future preferences and choices in relation to end of life care had been explored where possible.
- Some care plans included basic details about end of life plans, if people had expressed these wishes. Some people who had experienced a bereavement had been supported by staff and taken to the cemetery for important anniversaries.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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

At our last inspection the provider did not have effective systems and processes in place to ensure that the issues were identified and addressed in a timely manner. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were now more robust auditing systems in place to ensure the safety and quality of care and support given to people. The management team had developed a series of quality audits, with set timescales and actions so that important areas had great scrutiny. For example, the registered managers had allocated a board trustee with accounting experience to oversee finances and money matters.
- The registered managers understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.
- Since the last inspection a further registered manager had been recruited to oversee and lead on the supported living provision.

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 management team were aware of their duty of candour responsibilities.
- Relatives confirmed they were kept up to date about anything significant that happened to their relative. They told us they were never left wondering or concerned about what had happened and that the registered manager was pro-active in ensuring they had all the information about their relative.

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

- The organisation was proactive in developing person-centred care and increasing opportunities for people within their local and wider communities. One way this had been achieved was through the development of 4Eden resource centre and by setting up several work place initiatives in collaboration with local businesses. These projects had offered voluntary and work placements for people they supported.
- The registered managers and senior team had good working relationships with other providers and local

voluntary organisations. For example, they opened up training events to other organisations.

- People received a service from staff who worked in an open and friendly culture. People and staff said the senior management team were accessible and approachable and dealt effectively with any concerns they raised. Staff told us they felt valued and listened to and the management team gave them support to do their jobs well. One staff member said, "It's very well run here, very supportive atmosphere and we're always encouraged to talk any issues through."

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

- The registered managers had increased and improved the ways for people to be engaged in both their support and in the running of the organisation. People, relatives and staff told us they had opportunities to give feedback about the service. Regular meetings were held for both staff and people using the service to give people a voice and a say in the running of the organisation.
- The provider had ensured that people they supported were represented at board level and support them to attend AGMs. They also used questionnaires and surveys to gain feedback from people and staff. The registered manager confirmed that, where any concerns were identified, this was discussed with people who used the service and improvements were made.

Continuous learning and improving care;

- The registered managers had ensured the improvements required following the last inspection had been actioned. They told us, "We have improved our systems to ensure people receive consistent care and tightened up the process for recording of any concerns."
- The organisation was keen to provide high quality support and develop the service. For example, the registered managers had carried out checks to ensure that policies and procedures were based on good practice guidance such as those from National Institute for Clinical Excellence (NICE).