

Eden Supported Living Limited

Blackwell Road

Inspection report

156e Blackwell Road
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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

This announced inspection took place on 8 October 2018 by one inspector. Blackwell Road is a bungalow on the outskirts of the village of Huthwaite. The service offers personal and social care to one person with a learning disability with associated conditions and behaviour that may challenge others.

The accommodation consisted of a lounge, a kitchen and one bedroom. There was a bedroom for staff to use to sleep in at the service. The bungalow had a private entry and garden for the person to use.

At our last inspection in January 2016 we rated the service, good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Blackwell Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service remained safe. People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained risk assessments to show how to reduce harm. Staff understood their responsibilities should they suspect abuse was taking place and knew how to report any concerns they had. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed safely and staff had received training to help ensure people had their medicines when these were needed. The provider reviewed how the service was managed to ensure any lessons were learnt and improvements were made.

The care people received remained effective. People received consistent care from a small team of staff who knew and understood their needs. They received care and support from staff who were trained and confident to meet their individual needs.

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 support this practice. People made decisions about their care and staff helped them to understand the information they needed to make informed decisions. Staff sought people's consent before they provided care and they were helped to make decisions which were in their best interests. Where people's liberty was restricted, this had been done lawfully to safeguard them.

People chose what they wanted to eat and drink and were helped to prepare meals and supported to

maintain a balanced diet. People were assisted to maintain good health and to obtain treatment when they needed it. The service had effective relationships with healthcare professionals, which ensured people received the care and treatment they needed in a timely manner.

The service remained caring. People were supported with patience, consideration and kindness and staff respected them and the decisions they made. Information was available to ensure people could make informed choices and understood information what was important to them. People were supported to maintain relationships with their friends and families.

The service remained responsive. People's care was regularly reviewed and amended as necessary to ensure it reflected their changing support needs. People could choose how to spend their time and get involved with activities that interested them. People and their relatives were encouraged and supported to express their views about the care and support provided and staff were responsive to their comments and any concerns.

The service remained well led. The provider and registered manager assessed and monitored the quality of care to ensure standards were met and maintained. The provider had an ongoing action plan that showed how the service was continually improving. They understood the requirements of their registration with us and informed us of information that we needed to know.

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 remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well led.

Good ●

Blackwell Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 8 October 2018 and was announced. The provider was given four days' notice because the location provides a specific service and we wanted to make sure people and staff were available to speak with us. One inspector carried out this inspection.

We reviewed information we held about the service. This included statutory notifications the registered manager had sent us and information received from people that used the service. A statutory notification is information about important events which the provider is required to send to us by law.

We used a range of different methods to help us understand people's experience. We made telephone calls with two staff and spoke with one relative. We also spoke with the registered manager and regional quality manager. We used this information to make a judgement about the service.

We looked at one person's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Is the service safe?

Our findings

The service had been designed to meet the very specific needs of the people who used the service and they had a team of staff to support their individual needs. They could choose the team of staff they wanted to provide any support to ensure they had positive relationships. One member of staff told us, "It's good that they can choose their own support. I think sometimes they get a bit tired of us and it's the same faces. We don't take it to heart if they want a change; we respect their decision." People received one to one support but to ensure any specific support needs were met or activities could take place, this could be reviewed to ensure two staff were available. One member of staff told us, "There's always one staff at all times, but if they need extra support, then we work around this so there are two of us here. It's always staff who they have picked to support them. It wouldn't work if they didn't know or like them. This is really important to them". The level of support was reviewed with them and people who commissioned the service to ensure it continued to meet their needs.

There was on-call management support from staff working within the small complex of bungalows on the same site and from senior managers. Due to their needs, staff always provided one-to-one support when they left the service to ensure their care and support needs were met in a safe and structured manner. Where they became unwell the staffing could be organised flexibly. One member of staff told us, "We are very aware of the triggers that may result in a decline in behaviour and we can respond quickly to provide additional support from staff that they know and trust." Another member of staff told us, "We have a really good close relationship and this means we notice the small things which indicate they may not be well, so we can respond at an early stage; often this means they don't always have such a steep decline in their health." People could choose the staff who supported them and who were included in their support team. Staff explained that this meant they could identify concerns quickly and work together as a team to resolve any issues.

Staff understood how people wanted to be supported and how to manage any associated risks. People were supported to take responsible risks and the staff helped them with living skills and to go out. The service was organised to enable them to take responsibility for their life and how they spent their time. Individual care and support plans incorporated personal and environmental risk assessments which identified potential risks and how these could be managed. The risk assessments were person specific, reflecting individual assessed needs and were regularly reviewed. The staff team were knowledgeable about potential risks and felt guidance was in place to help ensure any such risks were minimised and managed effectively. One member of staff told us, "As we are such a small team, we are very close and know how [Name] wants to be supported. We recognise when something significant may happen or is planned which can result in a change of behaviour. We work closely together so we can help prevent a decline and support them to stay well."

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people's safety were reported to the registered manager and local safeguarding team.

When new staff started working in the service, we saw recruitment checks were in place to ensure they were

suitable to work with people. These checks included requesting and checking references of the staffs' characters and their suitability to work and completing a police check.

Medicines were stored in the home and staff supported them to take it. Medicines were managed safely and consistently administered. All staff involved in administering medicines had received training. We saw the medicine administration records (MAR) for people who used the service had been correctly completed by staff when they gave people their medicines.

There were systems in place to review when things went wrong to ensure that lessons were learnt and that action was taken to minimise the re-occurrence. For example, staff told us that incident forms were completed where people became anxious and observation records were maintained to review if people did become distressed. These were reviewed as a team and consideration was given to how to reduce the possibility of incidents happening again and to make improvements with the care records. The provider had also reviewed the medicines policy to ensure that any new medicines received were scrutinised to ensure the prescription was accurate.

The home was clean and staff understood their responsibilities to keep it safe for people. Staff helped the person keep their home clean and styled in a way they wanted. Personal protective equipment was available for staff and people to use when needed and infection control was audited through the quality monitoring systems in place.

Is the service effective?

Our findings

People received care from staff who had the skills and knowledge to meet their needs effectively. New staff received an induction into the service and could get to know people before they worked with them independently. Staff completed the provider's training which was specific to the needs of people who used the service and was based on the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff working within a care environment. If further learning was identified, this was reviewed and discussed through staff supervision and appraisal.

Staff felt they had the necessary skills to support people and were provided with opportunities to gain further knowledge. Staff had received positive behavioural support training; this is a way of supporting people who display, or are at risk of displaying, behaviours which challenge services.

Staff explained how they worked together to help to recognise any triggers which may explain a potential decline in health. People had a positive behavioural support plan which had been designed to highlight how the staff team could deliver individualised proactive care, to reduce the likelihood of any complex behaviour happening. There were also primary and secondary preventive strategies to support them to manage their behaviour. One member of staff told us, "It's about supporting them in a way to reduce anxiety and preventing things going downhill. [Name] is so much more aware of how they feel. This is positive that they can sometimes manage their behaviour."

There was a flexible and relaxed approach to meal times and the person chose what they wanted to eat and were supported by staff to buy, prepare and cook any meals. One relative told us, "They help to make their own food too, which is great." The staff understood their dietary needs and how to support people to prepare meals accordingly. Where there were changes to the diet due to anxiety, staff explained how they prepared the meals to assist them to eat and stay well.

People were supported to maintain good health and had access to healthcare professionals, such as GPs, opticians and dentists, as required. We saw, where needed, people were supported to attend health appointments. Individual care plans contained records of appointments as well as any visits from healthcare professionals. Staff worked in conjunction with other professional disciplines to ensure people were supported effectively to maintain their health. One relative told us, "They make sure their health needs are met."

The home had been designed for the people and they had chosen how to decorate and style their home. The service was part of a small development of bungalows where people received staff support to live independently. People had lived in the home for many years and staff told us they were happy living there. People's choices and decisions were evident in the design and decoration of their home. They could access all areas of it with ease and it was decorated to their taste.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff understood their responsibilities in relation to the MCA and DoLS and understood the importance of consent and explained how they gained consent on a day-to-day basis. When unwell, people may lose capacity and assessments had been completed to determine how to act in their best interests. Restrictions were placed upon the person when anxious to ensure they were safe. A DoLS application had been authorised and reviewed to ensure that practices in the home remained safe and were in the person's best interests. We sat the DoLS had considered how they were kept safe in the least restrictive manner.

Is the service caring?

Our findings

People were supported by dedicated and compassionate staff who understood their individual care needs and how they wished their care to be provided and their needs to be met. Relatives reported they liked and felt comfortable with the staff. Relatives felt that there was friendly, respectful and good-natured interaction between staff and people. One relative told us, "I trust the staff. They really care about them and all the family. They've been very kind organising family trips and visits. It's lovely to be invited out to dinner and share meals together too." They added, "It's like a small family here and it's lovely to see the photographs that they send showing what they have been involved with."

The registered manager and staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be as independent as they wanted to be. We saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. Staff explained how people were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected. They were aware of how difficult it could be to make some decisions and their care was planned to reduce any anxiety decisions may cause.

The staff explained how they provided person-centred care and treated people with respect by ensuring they choose how they wanted to receive their support. The staff told us they respected people's decisions and promoted their rights to ensure decisions reflected their preferences. Staff respected people's right to privacy. The care was organised so they could have individual support but staff explained that they also liked time alone and they did not intrude and recognised this. One member of staff told us, "We're there to make sure they're safe and support them. This doesn't mean be next to them at all times. We have to respect their personal space and this is very important to them."

Staff supported people to maintain relationships with those closest to them. Relatives told us there were no restrictions on visiting their family member and said they always felt welcomed when they visited.

At the time of this inspection the provider was not supporting people with end of life care and therefore we have not reported on this.

Is the service responsive?

Our findings

Care was planned around people's needs and people were supported to pursue their interests and take part in social activities. One member of staff described how they recorded people's preferences so they could plan activities they would be interested in. They explained, "Planning and expectations can be a big trigger for a decline in behaviour. They tell us what they are interested in and we will plan that and then just before we go, we talk about where we are going. This means they have still had a choice of what to do or where to go, but we manage it in a way that keeps them safe and well."

The registered manager was aware of the Accessible Information Standard (AIS). Organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to people who supported them.

The registered manager had facilities to support people to develop their care records in an individual format and for information about the service to be provided in different formats to ensure people were aware of how the service could meet their needs. They had implemented pictorial formats of certain documents to provide information in a more meaningful way to people. There was a complaints procedure in place; including an accessible version with pictures to help people to understand it. People had a communication plan in an easy to read format to assist them to explain how they preferred to talk about important topics and express themselves. Relatives knew how to raise any concerns and were confident these would be addressed.

People had a care plan which had been developed to reflect their personal choices and preferences. These were regularly reviewed and updated to ensure they remained person-centred and accurately reflected any changes in condition or circumstances. The care plans also provided detailed guidance for staff about how to provide support in the way the individual preferred. The care records were reviewed with people where changes were needed, so it reflected their current circumstances. One relative told us, "I see copies of the care plans and get involved in all the reviews." Relatives told us that they felt informed about any potential changes and the staff listened and valued what they had to say. Relatives felt the staff knew people well and knew how they liked things to be done which helped when reviewing the care.

Is the service well-led?

Our findings

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

People's relatives spoke highly about the service provided and the dedication and commitment of the staff team. The registered manager assessed and monitored the staff's learning and development needs through regular meetings and working alongside them. They were proud of how the team provided support and spoke positively about how people were supported. The team of staff enjoyed working with each other and spoke enthusiastically about how they worked together to support people. One member of staff told us, "I couldn't imagine working anywhere else. I feel I am trusted and all the team have the same approach and respect people's decisions. We are here for them and not us. It's all about respecting and understanding each other."

Staff were aware of their roles and responsibilities to the people they supported. They spoke enthusiastically about how they promoted an open and inclusive culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that any issues raised would be listened to and acted upon, by the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality of the service and audits were undertaken by the registered manager and senior managers. The registered manager completed checks on support plans, medicines management and health and safety. Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed.

People were asked about the quality of the service and where improvements could be made and could comment on the quality of the service. The service was developed around their views about their home. For example, the provider listened to what they wanted and was currently reviewing how their home could be extended to have a different bedroom. Relatives could comment on whether they felt included in the management of the home and whether they were kept informed of any developments.

The registered manager had established effective links with health and social care agencies and worked in partnership with other professionals to ensure that people received the care and support they needed.

The provider and registered manager understood the responsibilities of their registration with us. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.