

Embark Ltd

Embark Head 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 

Overall summary

We inspected Embark Head Office on 25 & 26 November 2015. The service provided supported living to people living in Burgess Hill and Haywards Heath. The service supported seven people at the time of our inspection. The service provided 24 hour support for adults with a learning disability. The Care Quality Commission inspects the care and support the service provides, but does not inspect the accommodation people live in.

This inspection was announced which meant people, the registered manager and staff knew we were coming shortly before we visited the service.

The service had a registered manager. A registered manager is a person who has registered with the 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 told us they felt safe and were happy living there. One person told us, "I feel safe and calm here. I can chill out. The staff help me to chill out." We saw people were aided by staff who knew them well, gave them individual support and looked at providing additional assistance as and when required.

The service had safeguarding policies and procedures in place. Staff were knowledgeable and trained in

Summary of findings

safeguarding and what action they should take if they suspected abuse was taking place. This helped protect people from the likelihood of abuse or neglect. Recruitment procedures were robust and only suitably vetted staff were employed to work in the service.

People and their relatives spoke positively of the service. They were complimentary about the caring, positive nature of the staff. We were told, “Staff are nice and friendly.” Staff respected people’s privacy and dignity and their individual preferences.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

Staff and the registered manager were knowledgeable about the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare.

Staff received training to support them with their role on a continuous basis to ensure they could meet people’s needs effectively.

The staff team were responsive to people’s social needs and supported people to maintain and foster interests and relationships that were important to them. People were central to the practices involved in the planning and reviews of their support.

People told us they were well supported to maintain their independence and their life skills with the support from staff. One person said, “I do the washing up. Tuesday is my day for my room clean. I can’t yet do my bed on my own but I have my rota and staff to help me finish it off .I’ve done my Christmas shopping already.”

People received regular assessments of their needs and any identified risks. Records were maintained in relation to people’s healthcare, for example when people were supported with making or attending GP appointments.

The registered manager undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

People were encouraged to express their views. People also said they felt listened to and any concerns or issues they raised were addressed. People, relatives and staff spoke positively about the registered manager. One person said, “The staff know me well. I like them. I also like the boss [named]. They have to do paperwork just like you’re doing now.”

Staff were asked for their opinions on the service and whether they were happy in their work. Staff enjoyed their work. They felt supported within their roles and described a caring management approach. They described how management were always available to discuss suggestions and address problems or concerns.

Summary of findings

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 was safe.

Good



People felt safe. There were appropriate numbers of well-trained and appropriately recruited staff available over twenty four hours to support them.

Staff were confident about what to do if someone was at risk of abuse and who to report it to. The registered manager assessed risks to individuals and gave staff clear guidelines on how to protect people.

Is the service effective?

The service was effective.

Good



Staff provided people with individual support to develop their skills so that they became more independent.

Staff and the registered manager were knowledgeable about the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink a healthy diet which met their dietary and health needs.

Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs

Is the service caring?

The service was caring.

Good



Staff knew people and their preferences.

Staff were respectful and polite when supporting people who used the service. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

Staff promoted people's privacy and dignity. Staff supported people to maintain relationships with their family and friends.

Is the service responsive?

The service was responsive.

Good



People's support was reviewed regularly. Where the need for change was identified, support plans were updated in consultation with people, significant people in their life such as family and key staff.

People received support as staff knew people well.

Summary of findings

Support plans were detailed, highly personalised and contained information to enable staff to meet people's needs.

Staff communicated with each other and the registered manager on a daily basis to ensure that information was shared about people's needs.

People and relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

Is the service well-led?

The service was well-led.

The culture of the service was open and friendly. Staff were supported and described a caring and open management approach.

There was an effective quality assurance process that audited processes and monitored outcomes experienced by people.

People, their relatives and professionals were routinely asked for their views of the service.

Good



Embark Head Office

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. The 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 home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 25 & 26 November 2015. The provider was given notice because the location provides a supported living service for adults who are often out during the day and we needed to be sure that someone would be in. It was carried out by an inspector.

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 they do well and improvements they plan to make. We contacted selected stakeholders including two

health and social care professionals, the local authority and the local GP surgery to obtain their views about the support provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who were supported by the service. We focused on speaking with people and also received feedback from staff. We were invited by people to spend time with them and we took time to observe how people and staff interacted. We spoke with three relatives of people.

We looked at three sets of personal records. They included individual support plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 20 September 2013 and no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe when staff were present and provided them with support. One person told us, “I feel safe and calm here. I can chill out. The staff help me to chill out.” They said staff talked to them about how to keep safe when at home and out and about in the community.

There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Safeguarding was discussed on a regular basis with staff and recorded. This helped to ensure all staff were aware of the type of incidents that can arise and that they responded to these in a consistent way.

People’s support records showed risks in their daily lives had been discussed with them. Where risks had been identified, these had been assessed and information recorded. This was so staff would be aware of the risks and what to do to ensure people’s safety. People told us they were able to speak with one of the staff or management team if they had a concern. One person said, “If I had any worries I would talk to staff or to you [CQC inspector].” The registered manager said there was an on-call system in place; this meant people or staff could talk to one of the management team outside office hours.

Staff did not administer medicines to people but support was given to check with the person that they had taken their medicines. This helped to ensure the person did not come to any harm if they had not remembered it. For example, one person described how they needed support to check their medicine. Staff prompted the person and reminded them what was the safe and correct level of medicine. The registered manager said, “[The person] knows what their medicine is, where it is, why they take it and what would happen if they didn’t. [The person] has a little cup with 100ml on it and staff read off and sign when they have taken their medicine.”

Staff prompted people to take their medicines each day and this was recorded consistently. Staff were familiar with the provider’s policy on medicines. There was a clear audit trail of medicines received, administered and returned to

the pharmacy. This ensured medication processes were carried out using a safe and consistent approach. The service carried out regular audits of medicines to ensure they were correctly monitored and procedures were safe.

People told us they were supported by staff they were familiar with and who had got to know them well. They found this reassuring and told us it was easier to talk about any concerns they may have. One person said, “Staff know me. They are good because they are happy and they play football with me in the garden.” People had experience of trying new opportunities and taking steps to greater independence in their life knowing staff were there for support. The registered manager told us, “Staffing works well for people because they like the routine and consistency.”

They know who will be there and request certain staff for particular activities. So [named staff] works on a particular activities and adventurous things with [named person] because together they love trying out new things.”

The registered manager told us staff were flexible and available to provide people with support. Staffing rotas seen were determined by the levels of dependency of people who lived at the service. People were supported out and about in the community when they needed it and at home. There was 24 hour support available to people. Feedback from people and the staff indicated there were enough staff to ensure that people’s busy schedules were met as planned and people received a safe service.

Reports and guidance had been produced to ensure that events and incidents affecting people were followed up appropriately. We saw contingency plans had been produced which set out the action to take, for example if the person was involved in an accident or incident. Incidents involving people had been documented to provide a record of what had happened and the action taken to help prevent a reoccurrence. We saw from the minutes of meetings that information was being shared between staff and learning points arising from incidents were discussed.

Records showed a range of checks had been carried out on staff to determine their suitability for the work. For example, references had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record

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and indicates whether they were barred from working with vulnerable adults. Other checks had been made, for example in order to confirm an applicant's identity and their employment history.

Is the service effective?

Our findings

People we spoke with told us they received effective care because they were supported by staff who understood their needs and promoted their independence. One person said, “I like the staff, they listen to me. When I had a leak in my room I told [named member of staff] they called the landlord who called the plumber and they came out.”

We saw examples of how the team approach had been successful in terms of outcomes for people. An individualised programme of support enabled people to live happy, fulfilled lives while enjoying improved overall health. A person described their experience of support, they told us, “If am feeling upset or cross I can tell the staff.” Another person said, “Sometimes, if I don’t stay calm it’s because another person winds me up so I get a member of staff and they help me to sort it out.”

Training for staff was good and their requests for further training were well received. We were told the training covered a range of subjects relating to people’s support and health needs. Records confirmed training covered mandatory instruction, for example in safeguarding vulnerable adults, first aid and fire safety. The registered manager kept an overview of the provision of training across the service. This identified when staff were due to receive further training. Refresher training was arranged and this helped staff to maintain their knowledge to support people effectively.

Staff attended supervision meetings with the registered manager. The meetings provided staff with individual time to discuss their professional development and any concerns they may have about their work. Staff meetings were held and these provided the opportunity for staff to discuss and keep up to date with the range of issues about the people and the service itself. Spot checks were carried out to formally observe and evaluate the support provided to people. Staff were able to work regularly with the registered manager because of the size of the service, but the formal observation time gave the opportunity to provide supportive and insightful feedback on areas of practice with people. Records and feedback we received showed a structured approach to supporting staff. There was a plan for regular supervision meetings and records of each meeting held.

Policies were in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The registered manager was aware of DoLS and identified that DoLS can apply in supported living settings. Clear procedures were in place to enable staff to support the assessment of peoples' capacity, should there be concerns about their ability to make specific decisions for themselves.

Staff were knowledgeable about the legal requirements of the Mental Capacity Act 2005. They were aware this legislation protected the rights of people who lacked capacity to make decisions about their care and welfare. Staff checked that people were able to give consent to the support they received. This was reflected in the records we saw, for example people had been given the opportunity to read and sign their support plans to confirm their agreement to them.

People received assistance with preparing food and drinks. Information about this was recorded in people’s support plans. The rich and rewarding social aspect to preparing and, where appropriate, sharing food and drink was recognised and promoted within the service. People told us they looked forward to the opportunities for sharing that meal times offered. People told us, “I love my food. The staff help us choose the meals. On Monday evening, after I got in from Burnside day centre] I made curry for everyone, a big spicy curry.”

People were asked about their individual meals and choices. People made their own meals with support from staff when required. We asked if the food available was sufficient and nutritious. A person said, “I like my food.” They told us about the menu they put together to mark Halloween earlier in the month. It included such items as ‘Maggot Soup’, ‘Cow Pat Pie’ and ‘Brains and Eyeballs’. They laughed as they told us about their special menu. It indicated that people were encouraged to be independent and to try to make sure meal times were relaxed and enjoyed by everyone. The relative of a person said, “ [My relative] knows what is good for them to eat and drink. The staff have worked hard to promote the best possible healthy eating plan but [my relative] and the other young people have the choice.”

People received support to obtain services they needed in relation to their health and care. People’s healthcare needs

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were monitored and discussed with the person as part of the supported living planning process. This was documented in people's records. Support records seen confirmed visits to and from General Practitioners and

other healthcare professionals had been recorded. Staff understood the importance of signposting people to the other services they needed to stay healthy and to be able to live independently.

Is the service caring?

Our findings

People spoke positively about the staff who supported them and felt they had privacy, respect, dignity and support on a day to day basis. They told us the staff were friendly and helpful. People mentioned qualities in the staff they particularly liked, such as staff who were friendly and easy to get on with. The relative of one person said, “I can see how happy and fulfilled not only [my relative] but all the young people are. The staff are caring and know the guys so well. All input is fantastic.”

The feedback we received showed that good relationships had been established between staff and the people they provided support to. People said they felt staff knew them well and they appreciated this continuity and the consistency of support it provided. A person said, “The staff know me well. I like them.” Another person said, “I can chill out. The staff help me to chill out.”

People received support from staff in the way they wanted and which fitted in with their lifestyle. Support emphasised people’s abilities and personal goals. We saw that goals were phrased in people’s own words and backed up by pictorial prompts. For example, one person’s weekly targeted routines included ‘putting duvet cover on’, ‘sort money needed for the week’ and ‘share music and TV choices’. Guidelines to different areas of daily living related to assessed need. There was clear guidance for staff to follow, based on an in-depth knowledge of the person and what worked for them. For example, people were supported to consider how they could be active daily. One person showed us how they prepared for a visit to the gym at a nearby community leisure centre. They also had use of an exercise bike in their house.

People’s records included information about their personal circumstances and how they wished to be supported. The information had been added to and amended over time. It helped to give a good picture of people’s preferred routines and their interests and the things they did not like. The registered manager said, “With the exception of one person all the young people at each location have gone to school and college and grown up together. They are life long friends. I like to think we know people well but even so, it’s important that they are not with their housemates all the time.”

The registered manager and staff followed the principles of privacy in relation to maintaining and storing records. There were arrangements in place to store people’s support records, which included confidential information and medical histories. There were policies and procedures to protect people’s confidentiality. Support records were stored securely on either the provider’s computer system or in support files. Staff had a good understanding of privacy and confidentiality and had received training.

People’s privacy and dignity was respected and maintained. Staff worked with people and focused on people’s individual needs while respecting individuality and independence. This extended to how we heard staff speak respectfully about the people they supported. A highly personalised and holistic approach was adopted to support people and this was seen in the support provided by staff on a day to day basis. For example, one person told us about their full and active life which included attending day activities for part of the week, woodworking workshops, shopping and meeting up with friends. They showed us their bedroom and we could see how important their family and social life was to them. They said, “These are my family [pointing out the family pictures displayed around the room] and these are my football medals [showing the medallions proudly displayed] but this is my home for chilling out.”

Support records contained details that were important to people. People told us they made decisions about their lives and made lots of choices every day. Support plans helped people clearly set out their needs under such headings as, ‘What makes a good day/ bad day’ and ‘Who can help me make important decisions’. A relative said, “All the young people are individuals and they all have individual activities. Like any group of people they might need more support but Embark are able to anticipate and meet that need. It’s a moving goal as [my relative’s] needs change.”

People had meetings held in their service to discuss issues important to them. The meeting minutes showed these were held regularly and took as their starting point ideas suggested by people. For example, on the minutes of the last meeting it had items for discussion that included, ‘Getting ready for Christmas’ and ‘Targets’. Ideas and suggestions were followed to provide continuity for people. For example, people were asked to think of ideas for

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birthday presents. They were encouraged to think of suggestions and these ideas were captured and reproduced for the next meeting in picture format for ease of reference.

The registered manager also had other means in place for obtaining feedback. For example, people's views were

captured by the use of surveys. People also had access to advocacy services for people with a learning disability. This meant that people could pass on their views to a third party who were independent of the service.

Is the service responsive?

Our findings

People told us they could talk to staff about their support and any changes they wanted to be made. They told us they worked towards goals they had wanted to achieve. We saw a certificate and photograph of a charity fundraising climb over the O2 arena people had planned and participated in over the summer.

People liked the service because it provided support which was varied to meet their needs at the time. Staff told us they aimed to provide a service that was responsive and flexible to take account of people's individual circumstances. We were told about the support and advice people received about maintaining their physical, social and emotional wellbeing. A person described their experience of having a key worker. They asked us to look at their support plan with them, they were clearly very motivated to achieve what they had chosen to include in it. It included a one to one exercise plan with their keyworker, attending the gym and going to a local social group with and for other people with learning disabilities.

People led full social lives, participated in continuing education opportunities and were also active in the world of work. People's support plans creatively set out the support they required in order to meet their personal needs. There was in-depth information about what the person could do for themselves; the plans also identified the need for staff to check with the person whether certain tasks had been undertaken, and to prompt them if not. This approach promoted the person's independence whilst also helping to ensure they maintained their personal care routine. The positive outcomes for people were commented on by the relative of one person who said, "The support [my relative] receives is amazing. They love it. It is like an extended family. He likes them all and they all get involved. He does things that make them happy."

Plans set out the very different aspirations of the people living at the service. For example, they included aims to improve independence by going shopping, undertaking personal care tasks and attending day activities. Each goal showed the small incremental steps to achieving the aim. The steps or targets were marked as achieved as the person met and moved beyond them. They matched what the person and staff told us they had achieved, together. For example, one person worked towards greater

independence in doing household tasks. The plan acknowledged the challenges to achieving the aim and stated, '[the person] if prompted and then left to complete it themselves'.

Staff demonstrated a flexible approach to helping to meet people's changing support needs. Staff regularly met with people to talk about their needs and new things they wanted to do. Formal review meetings were held at least once a year but could be arranged more often in response to a particular concern or opportunity. Reviews focused on the level of support people needed to maintain their independence in a safe way. We were told of times when a person's support had increased as a result, for example to attend a planned new activity or event.

People received support from staff in different areas of their lives. This included prompting around personal care but also related to matters such as building and maintaining social relationships, dealing with finances and managing day to day affairs. People and their relatives were skilled and professional in how they provided support. People described their staff support and told us, "My key worker is amazing. I've done so much this year with him. He helped me with buying a new bike and now I'm having cycling lessons." Staff had developed communication skills to meet the additional needs of people.

Relevant information was available when people's needs were being reviewed and the outcome of their support was evaluated. Daily entries were maintained by staff that reflected on people's well-being and the support they received. The reports helped to keep them up to date with people's needs. For example, reports helped update staff with people's lives when they returned to work after some time away. Other records were maintained in relation to people's healthcare, for example when people were supported with making or attending GP appointments. We were told staff shifts started with a handover but that they were also expected to read all communication book entries for any time they had been away. Handover meetings were a useful way of keeping up to date with changes in people's needs. The minutes showed that people's support and welfare were considered at meetings and any new risks or concerns were highlighted.

Reports and guidance had been produced to ensure that events and incidents affecting people were followed up appropriately. We saw contingency plans had been produced which set out the action to take, for example if

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the person was involved in an accident. Incidents involving people had been documented to provide a record of what had happened and the action taken to help prevent a reoccurrence. We saw from the minutes of meetings that information was being shared between staff and learning points arising from incidents were discussed.

People said they knew who to speak to if they had any concerns or complaints. We were told about meetings when people met with the staff and could raise any matters they were concerned about. People had information about making a complaint and who they could contact for advice in a format they could understand. The service had a

complaints procedure in both standard and easy read format for people to see. This included a tenants agreement that set out the responsibilities of the landlord and provider as well as their own responsibilities.

The registered manager informed us they worked closely with people and relatives to resolve any issues. We saw that they kept a record for complaints or concerns raised but that none had been received. One person told us, "I have never had to make a complaint, even about the little things. I can talk to [the registered manager] and I know it would be sorted out."

Is the service well-led?

Our findings

People and their relatives spoke highly of the service and the registered manager. A person told us, “The staff know me well. I like them. I also like the boss [named]. They have to do paperwork just like you’re doing now.” A relative said, “The manager is very good. She is approachable and works with the young people that she knows so well, which is so important.”

The service was small, with only seven people across the two locations and most of these people had known each other for a number of years. People appeared to have a close bond of friendship with each other. People, their relatives, management and staff reflected on the friendship that existed between people and made reference to the extended family feel of the service. One relative said, “I can’t fault the management. [My relative] is happier and more confident and as a group of people they are part of the community.”

The registered manager worked with staff to provide a good service. Staff were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of support. Comments included, “They lead by example in their work.”

The registered manager told us one of their core values was to have an open and transparent service. Within this culture people were placed at the centre of the service. They sought feedback from people and their relatives to enhance their service. Surveys were available in a pictorial format that enabled everyone to give their view. The results of the surveys were analysed and used to improve the service.

Staff were supported in their work. We heard that staff were provided with training and supervision. Supervision covered aspects such as; relationships within staff team and all people, key working role, training needs and where they felt they needed support. A member of staff provided the following feedback, “As a support worker, I have been supported a tremendous amount by the management who have been available twenty-four-seven and have been happy to deal with any issues as they arise day or night.”

Staff were able to discuss any issues with their manager or with the provider. There was a policy on whistleblowing, this meant staff were able to report any concerns they had about poor practice or wrong doing at work. The registered

manager described how they tried to create an atmosphere where it felt safe to raise concerns or issues. The registered manager was described as very approachable by everyone we spoke with. The relative of one person we spoke with said, “We can be in contact on a daily basis, for example on something as simple but critical as a change in the structure of [my relative’s] weekend. I know I can go to the [registered manager] at any time.”

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of support was not compromised. Where recommendations to improve practice had been suggested, they had been actioned.

We saw the service received a number of compliments. Relatives of people using the service told us they felt involved and were kept up to date by staff about their family members. A health care professional described the confidence they had, “The management team are very supportive and have built a strong, productive relationship with us.”

The registered manager was aware of the relatively new statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open & honest when untoward events occur. The registered manager was able to describe unintentional and unexpected scenarios that may lead to a person experiencing harm and was confident about the steps to be taken, including producing a written notification. They were able to demonstrate the steps they would take including providing support, truthful information and an apology if things had gone wrong.

The registered manager explained how they met their CQC registration requirements. They explained the process for submitting statutory notifications to the CQC to ensure that they were sent in a timely manner. This meant we had the most up to date information available about incidents that had occurred.

The registered manager was clear about their priorities within the team. These had focused on team building and on developing a consistent approach to supporting staff. Different ways of obtaining people’s views had also been established to ensure good feedback was obtained about

Is the service well-led?

the service. The registered manager was committed to on-going improvement in the service and was able to

describe key challenges, large and small, looking forward. Throughout the inspection process itself the registered manager was open and responsive to the issues we discussed.