

Eden Supported Services Ltd

# Eden Supported Services

## 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 Eden Supported Services on 9 December 2015. This was an announced inspection which meant that the provider knew we were visiting. This was because the location was a small care home for adults who are out during the day and we needed to be sure that someone would be in. The provider was given 48 hours' notice.

Eden Supported Services is a care home that provides accommodation and support with personal care for people with learning disabilities. The service is registered to provide care and support to three people.

The service did not have a registered manager in place at the time of our inspection. The manager of the service was still in the process of completing registration with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission 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.

At the time of our inspection, there were two people using the service. We found that people were cared for by

# Summary of findings

sufficient numbers of qualified and skilled staff. Staff also received one to one supervision and received regular training. People were supported to consent to care and the service operated in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which meant that their freedom was not restricted. The service had a quality check system in place when staff ended their shift and handed over to the next shift to ensure that medicines were administered safely and recorded accurately. This was particularly important if there was a lot of activity taking place in the service or in pressurised situations.

People were supported to eat and drink sufficient amounts and had choice over what they wanted to eat. People were supported to access healthcare professionals. People's finances were managed and audited regularly by staff so that people's money was kept safely and securely.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of

information setting out exactly how each person should be supported to ensure their needs were met. The support plans included risk assessments. Staff had good relationships with the people using the service. We observed interactions between staff and people living in the service. Staff were caring and respected people's wishes and their privacy. Staff supported them to attend meetings where they could express their views. People using the service pursued their own individual activities and interests, with the support of staff. The environment was safe and clear of any health and safety hazards.

There was a structure in place for the management of the service. People using the service, relatives and visitors could identify who the manager was. People felt comfortable sharing their views and speaking with the manager if they had any concerns. The manager demonstrated a good understanding of their role and responsibilities. Staff and people told us the manager was supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

# 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.

The service had whistleblowing and safeguarding procedures in place. Staff understood how to identify and report abuse.

People felt safe and staff were recruited appropriately. There was sufficient numbers of staff to meet people's needs.

Staff did not always record the intake of medicines correctly after prompting people to take their medication but the service had a system in place to check medicine recording at the end of each shift.

Good



### Is the service effective?

The service was effective. Staff received regular supervision and training which meant that they were supported in their roles.

The provider met the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards which helps to protect people's rights.

People's health and support needs were assessed and were reflected in their care records. People were supported to eat and drink healthy and nutritious meals that met their dietary needs.

Good



### Is the service caring?

The service was caring. People were happy at the service and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People were supported to maintain their independence.

Good



### Is the service responsive?

The service was responsive. People's individual choices and preferences were discussed with them.

We saw people's care plans were updated at scheduled periods and when there were any changes in their care and support needs. People had an individual programme of activity in accordance with their needs and preferences.

People using the service were encouraged to express their views.

Good



### Is the service well-led?

The service was well-led. The service did not have a registered manager in place as the manager was in the process of registration with the CQC.

Staff and people found the manager to be approachable and accessible.

Quality assurance and monitoring systems were in place and included seeking the views of people that used the service

Good



# Eden Supported Services

## 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 took place on 9 December 2015 and was planned to check whether the provider was 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 under the Care Act 2014. It was an announced inspection and was the first inspection since the service registered with the CQC in August 2014.

Before we visited the service we checked the information that we held about the service and the service provider. This included any statutory notifications of incidents and safeguarding alerts. A notification is information about important events which the provider is required to tell us

about by law. We also contacted a local borough contracts and commissioning team that had placements at the service and the local borough safeguarding team. The inspection was carried out by one inspector.

During our inspection we observed how the staff interacted with people and how they were supported. We observed the premises and viewed people's bedrooms with their permission. We spoke with one person who lived in the service. Another person did not wish to speak with us and we spoke with their relative after the inspection. We spoke with the manager and two support workers. We looked at two care files, staff duty rosters, three staff files, a range of audits, minutes for various meetings, medicines records, accidents & incidents, training information, safeguarding information, health and safety folder and policies and procedures for the service.

After the inspection we spoke with two people's relatives to gain their views about the service their relative received.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe living in the service. We did not receive any concerns about people's safety and one person told us, "Yes I feel safe, I like it."

The service had safeguarding policies and procedures in place which included contact details for the relevant local authority and the Care Quality Commission. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from the manager. One staff member told us, "I would report to the local authority and my manager."

Another staff member said, "I would report it to my manager and the safeguarding team." We saw records that safeguarding training had been delivered to staff. This meant that the service had appropriate guides and practices in place. The manager and staff knew how to report safeguarding concerns appropriately so that the local authority and the CQC were able to monitor safeguarding issues. The local safeguarding team told us about a recent safeguarding case involving the service and confirmed that appropriate actions were taken to ensure people's safety.

The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing. One staff member said, "I understand whistleblowing and what I should do." This showed that staff understood how to report whistleblowing concerns.

The service supported people with their finances. One person's finances were managed by a deputy appointed by the Court of Protection and another person was supported by the service to manage their own finances. The service held money on behalf of all the people securely in a locked container. We saw that monies were counted during the day in order to match them with records of each person's balance to confirm that the amounts were correct. Records and receipts were kept when the service spent monies on behalf of people which meant that their money was secure and there was an audit trail of how much was being spent.

Care and support were planned and delivered in a way that ensured people were safe. The care plans had risk

assessments which identified any risk associated with people's care. This meant that risks were minimised and continuously monitored. There was guidance for staff so that they were able to manage risks.

The service was clean, tidy and clear of any obstructions which would breach health and safety regulations. There was a cupboard for COSHH (Control of Substances Hazardous to Health) materials and fire regulations were displayed in the hallway. The fridge in the kitchen contained jars of food that were labelled with the date they were opened so that staff would know when food needed to be disposed of, before it became unsafe to eat. We also saw that fridge and freezer temperature checks were carried out to ensure that food was kept fresh.

We saw that a regular programme of safety checks was carried out. For example, there were current records of gas and electric safety tests and certificates. There was a fire risk assessment completed by the manager. This showed that the provider ensured a safe environment.

There were effective recruitment processes in place. We looked at staff recruitment files and saw evidence of the necessary checks, such as references and Disclosure and Barring Service certification (DBS), to ensure that staff were suitable people to be working with people who used the service. The Disclosure and Barring Service helps employers make safer recruitment decisions and prevent unsuitable people from working with people who used the service. This demonstrated that there was a system in place to ensure that staff were only employed if they were qualified and safe to work with people who used in the service.

The service had arrangements to store medicines safely. We saw that medicines were stored in a secure cabinet in a spare room in clearly labelled packs. A staff member told us, "We give medication by putting the tablet in a cup and giving them the cup to take the medicine." Records of when medicines were received, opened, taken and disposed of were checked for accuracy as part of the manager's quality and safety checks. Unused or out of date medicines were returned to the pharmacy that supplied the service with people's medicines.

Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an 'as required' (PRN) basis. However, when we checked the records for the day,

## Is the service safe?

we noted that a medication was not accurately recorded on the Medicine Administration Record (MAR) after it had been administered. Medicines must be recorded accurately on the MAR sheet in order to monitor that the correct dosage was taken at the correct time. This would prevent potential risks to people's health in the event of a person taking more than the amount prescribed by their GP or doctor. We spoke to the manager about this error and they told us that the person who received the medication could sometimes present behaviour that distracted staff from

recording what was taken. They told us that checks would be made during the handover procedure later on in the day where staff would discuss and highlight any discrepancies or issues, such as missing entries on the MAR sheet. This meant that the service had a system in place to ensure that any safety concerns are managed. The manager also assured us that they would provide any additional training and support to staff so that they could carry out their work safely in pressurised situations.

# Is the service effective?

## Our findings

People said they were well supported by staff in their daily lives. One person told us, “The staff are good, they try and help.” A relative told us, “The staff are caring. The manager is good.” We found that staff were knowledgeable about people’s individual support and care needs.

We noted that all staff completed training in a number of key areas to ensure they were competent to do their job. Staff told us the training they received was relevant to their role and equipped them to care for people and meet their needs. For example, staff had received training in health and safety, moving and handling, safeguarding adults, infection control, autism awareness, mental health awareness and safe handling of medicines. A training matrix was used to show the training staff had received. The matrix also identified where further training was required. This showed staff received opportunities to develop their skills.

Staff also had access to other training which helped them to meet people’s needs, for example, how to deal with behaviours which may put the person and others at risk and challenge the service. The manager told us about breakaway techniques that the service uses to help calm situations when a person gets angry or upset. This showed us that staff were supported by the manager to provide effective care and support with regular training.

All new staff received an induction when they start working at the service. We looked at the induction training that newly recruited staff received. We saw that new staff were supported with a thorough induction process which included training and ‘shadowing’ a more experienced member of staff. Staff told us they received regular supervision and an annual appraisal. They told us the supervision they received enabled them to talk about anything which was concerning them and any area of their practise they needed to develop. One staff member told us, “I have supervision every two months.” Staff mentioned to us that if they had any concerns they could approach the manager for advice or guidance. One staff member told us, “They are very supportive, I like working for them.” The manager informed us that staff discussed issues that concerned them in one to one meetings. This included being able to support people that required more time and attention than other people using the service.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. During our inspection we saw that people made choices about their daily lives such as where they spent their time and the activities they did. We saw that the staff sought people’s consent and agreement before providing support to them. This consent was recorded in people's care files. One person said, “I get to do things that I want.” Some care records did not record people’s signatures to confirm that they consented to the care they received. We spoke to the manager about this and they assured us they had a process in place to ensure each one was signed.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA) and understood when the use of Deprivation of Liberty Safeguards (DoLS) should be applied. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager informed us that one person was subject to DoLS and we saw that there was the appropriate documentation from the court and the local authority confirming that this was the case. This assured us that people would only be deprived of their liberty where it was lawful.

A person told us they were satisfied with the meals provided. They said, “Yes the food is ok most of the time. The staff cook and I help. I tell them what I want to eat.” We noted people were provided with a wholesome and nutritious diet which was of their choosing. People’s preferences had been recorded in their care plans as to what they enjoyed eating. Staff were aware of people’s likes

## Is the service effective?

and dislikes and made every effort to accommodate these within the menu. People were provided a personalised menu for the week which was displayed in their rooms and in the kitchen. One staff member told us that people “always have home cooked food and a takeaway only once a week.”

People’s dietary intake was monitored by staff and this was recorded. People were also weighed on a regular basis which was evidenced in their files. This showed us that people were supported with their nutritional and hydration needs. However, one relative was concerned that their loved one was not eating healthy food. They told us, “Staff need to be careful and not give them bad food, they can easily put on weight.” The staff we spoke with told us they tried to discourage people from eating food that had high contents of sugar or calories. One staff member said, “We encourage them to have a healthy diet. We have to give them choice though.”

Care plans showed that people had access to health care professionals when they needed, for example, their GPs. However records of appointments and visits to health care professionals were not always filed in the care plans. The manager and staff confirmed that people attended appointments with support from staff and there was evidence of correspondence from health professionals filed in the plans. This ensured that people’s health and support was being monitored and kept staff updated. Review meetings between social workers, the local authority, family members, the service and health professionals took place regularly to discuss a person’s care needs. We saw minutes of these meetings. This showed staff monitored people’s health and care needs and consulted with professionals involved in their care.



# Is the service caring?

## Our findings

People told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "It's a nice place to live." However, a relative told us that their loved one had autism which affected their behaviour and said that the staff "needed to learn not to do everything for them. There should be boundaries. They are too nice." We spoke with the manager and the staff about people that wanted more intensive support and they told us "we try to be fair. We tell people what is appropriate and what is not because we can't do everything." This demonstrated that staff knew how to care for people within the limitations of their roles.

We found that people who used the service and their relatives knew the staff, the manager and the nominated individual, who was the owner of the service. They appeared relaxed around all the staff employed in the home and with any visitors they received. During our inspection we saw positive and caring interactions between staff and people using the service. The staff were friendly towards people and gave them their time and attention. This helped to create a relaxed and homely environment for people to live in.

Staff were observed treating people with kindness and were respectful and patient when providing support to them. Staff members knew the people well and had a good understanding of their personal preferences and backgrounds. We observed staff interacting with people in a caring and considerate manner. People that liked their privacy and did not wish to interact or communicate with staff or visitors had their wishes respected. People that did wish to communicate engaged in friendly conversations with staff.

Staff had a good understanding of how to promote people's privacy and dignity. They told us they encouraged people to do as much for themselves to promote their independence. People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "I close my bedroom door when I want privacy." Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "I will knock on the door" and another said, "They can get changed themselves but another

person needs prompting so we help them. We respect their wishes in that way." However, during our inspection we noticed that a person's daily log book was left on a kitchen counter by staff. The manager said that the staff member was in a rush. The manager told us that they would ensure that staff are careful not to leave confidential information exposed in communal areas.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included life histories, how people preferred to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered aspects of people's needs and clear guidance for staff on how to meet their needs. For example, a care record stated that one person had a positive behaviour plan because their disability meant that they could present behaviour that challenged the service.

We saw people had the ability to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The service aimed to support people to become more independent in other ways, for example with helping to prepare food and tend to their own personal care needs. The two people living in the service were from different cultural backgrounds and their needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. Staff from a similar background also worked at Eden Supported Services which helped the person settle into the service.

The people living in the service had different levels of independence. A staff member said, "I have got to know them well and learnt to respect their choices. One person doesn't like being alone so we are with them when they need us but respect their privacy as well." Another staff member said of another person, "They are independent but very shy so we just prompt them."

# Is the service responsive?

## Our findings

People and their relatives told us how they had been involved in their care planning. One person told us, “I have seen things about me.” A relative said, “I have been invited to meetings and am involved.”

Care records showed that people's needs were assessed before they had moved in. All the care plans were reviewed every three months and people using the service had been involved. The care plans identified actions for staff to support people. Some of the areas that were considered were behaviours that challenged, communication, finances, life skills, personal safety and risk, medication, physical health, family and social contacts, activities, training and employment and cultural and faith needs. Staff we spoke with knew people's likes and dislikes and personal history. Staff completed daily logs for each person which noted how they were getting on with their day to day lives. This meant that staff were able to handover any significant information to staff members that were taking over the next shift.

People had opportunities to be involved in hobbies and interests of their choice. Staff told us people were offered a range of social activities. On the day of our inspection, one person attended an arts and crafts day centre and another went out to lunch with a volunteer. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw that each person had an individualised timetable for every day of the week. It contained activities for the day as well as reminders and routines for personal care and household tasks. One relative said, “The service has arranged for a volunteer to help them build a model railway as they loves trains.” We met the volunteer on the day of the inspection and they told us that the person had “very severe difficulties. They won't communicate but I am helping them engage by building the railway and giving it to them. The home is very caring towards them and we are making progress.” We looked at the person's care plan and saw that the service was also supporting them to pursue their other interests such as seeing their favourite football team or visiting a

farm. Another person told us about the activities they enjoyed taking part in and said, “I like going shopping, cinema, roller skating, swimming, poetry, singing and dancing.”

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People and their relatives told us individual choices were respected. One person said, “If I ask for something they will try and get it.”

Meetings were held regularly with each person individually. We saw records of these meetings. The minutes of the meetings included discussions about their wellbeing, independence, choice, privacy and dignity. Records showed in one meeting that a person was not happy with new staff and preferred previous staff members. The manager told us that they spoke to new staff asking them that they got to know people better by spending more time with them. Records showed that different staff engaged with the person and supported them. We noted during the inspection that the person had a preferred staff member that they liked to be supported by. They told us, “I like my new support worker, she helps me and listens to me.” This meant that the service was responding to people's preferences.

There was a complaints process and this was available in an easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. One person said, “I would tell my social worker or my support worker if I wasn't happy.” A relative told us, “I know how to complain and would speak to the manager, he listens.” Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised, including who they should contact. The service had not received any complaints but received feedback from a relative. The manager told us that they would contact the relative and have a further discussion about their feedback to try and improve the service.

# Is the service well-led?

## Our findings

The service had a manager that was appointed in June 2015. They had since applied to the CQC to be a registered manager and were awaiting confirmation from the CQC at the time of the inspection. The manager was implementing systems to manage and monitor the service. Staff told us they found the manager to be helpful and supportive. One staff member said, “The manager is lovely. I feel very supported otherwise I wouldn’t want to be here. It is a happy home, full of laughter. Happy service users and happy staff.” Another said, “It is like a family home. The home is managed well.”

People benefitted from an open and transparent culture within the service home. Staff were able to raise any issues or put forward ideas with the management team and felt they were listened to. One staff member told us, “I can talk to the manager, I feel confident that he will listen.”

Staff were happy and worked well together which created a happy atmosphere and in turn was reflected in people’s care. Staff enjoyed working at the service and staff told us they enjoyed their job. We looked at supervision records between the manager and staff and saw that some staff were finding it difficult to support a person who used the service. However, we noted that the situation improved after the manager supported staff and gave them confidence by providing additional training and held one to one meetings. The manager said, “I am working on developing my staff and supporting service users. It can be demanding because they have lots of needs. I am open and clear and am available. I have ideas on how to make this home a success.”

The manager confirmed that they discussed important topics with staff such as complaints, training, supporting people and keeping relatives informed. One relative we spoke with told us, “The manager is helpful, he updates me on things and when I raise issues, he discusses them.” Another relative was less sure about the manager as they had not met them but said “I hope it is the right place for (my relative). I met the owner last time, they were nice.”

Staff told us and records confirmed that the service had regular staff meetings. One staff member said, “We have staff meetings once a month. We talk about everything about the service.” Agenda items at staff meetings included paper work, house work, medication handling, activities, complaints, finances and infection control. We saw that various quality assurance and monitoring systems were in place, which included seeking the views of people that used the service, their relatives and the staff. We saw people were asked their views and this was recorded. For example, the service issued a survey to people. Topics included on the survey covered staff, choices, and complaints. We saw the results of the survey were mostly positive. Where there was negative feedback, the manager told us that they would speak with people in one to one meetings to better understand their views.

The manager also informed us that they planned to implement more structured supervision meetings with staff and key work sessions with people who used the service to monitor how well a person was doing. We found that people’s records were kept securely which showed that the service recognised the importance of people’s personal details being kept securely to preserve confidentiality. We saw records to show that the manager carried out regular audits to assess whether the home was running as it should be. We saw checks completed recently on medicines, people’s finances, and general environment.

The nominated individual also visited the premises every month and looked at various topics. Records showed these checks had looked at activities, food, finances, supervision, medicines and furniture. We saw that the service completed an annual quality assurance report which analysed staffing, recruitment, training, resident’s annual survey, complaints, health and safety and home décor. Quality assurance had identified that a room was vacant and required decorating and we saw that the room was recently refurbished for a new person to be able to move into immediately.