

Eden Supported Living Limited

# Nottingham Regional Office

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Nottingham Regional Office is a Supported Living Service providing personal and nursing care to 12 people, with learning disabilities, autism and other complex needs, at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

The 12 people, who received personal care, lived in three different shared properties. There were 64 other people, supported by the service, who did not receive regulated personal care. Those people lived in a variety of other apartments and flats.

The type of night time support provided in the shared properties all differed. There was assistive technology equipment in place which meant people could be supported to live more independently.

There was a main office that housed the area manager, six team managers, and administrative staff.

### People's experience of using this service and what we found

The service was safe. Staff received training in safeguarding and understood their role in reporting concerns to protect people from harm. There were effective risk assessments in place. Recruitment checks were in place to ensure staff were suitable to care for people who used the service. Staff received support and supervision. Infection control procedures were followed to minimise the risk of people acquiring an infection. People were supported to take their medicines in a safe way.

People's health care needs were well met, and people were supported to eat and drink. Staff supported people to make choices and decisions about their care. The service had an effective complaints procedure.

Staff were kind and caring. People were treated with dignity and respect. People's needs were assessed on a regular basis and records were up to date. Staff maintained confidentiality.

People were supported to engage in the community and develop independence. Staff supported people well to avoid social isolation and family involvement was encouraged.

Care planning was detailed and outcomes for people were, staff had an excellent knowledge of people's needs and preferences. There was good end of life planning.

The service was well-led. Incidents and accidents were analysed for trends and discussed with staff to prevent reoccurrence. Management oversight was good, regular audits took place with feedback to staff. Staff and people had regular meetings to discuss issues and make improvements.

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

this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection: Good (report published 24 August 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Nottingham Regional Office

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who use the service and two relatives about their experience of the care provided. We spoke with four members of staff, including two care workers, the registered manager and quality manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and supervision performed. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality data and a variety of policies.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, and they thought staff were trustworthy. Relatives told us they thought their family member was safely cared for.
- Staff were trained in how to safeguard people from abuse. The service had safeguarding policies and procedures in place and staff were aware of signs of abuse and told us how they would raise concerns.
- The management team understood their responsibilities for keeping people safe from harm and abuse including reporting concerns to the local safeguarding team.
- Staff told us how they supported people to keep safe from various types of potential abuse. For example, they supported people to make safe choices, without restricting them, when using the internet and social media. Staff helped people to set their social media privacy settings and avoid programs that allowed other people to track their movements.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place which were reviewed regularly and when people's needs changed. These included, risks associated with mobility, eating and drinking.
- People had personal emergency evacuation plans in place which detailed how to assist them from their homes in the event of an emergency. Staff had training in fire safety, health and safety and first aid to keep people safe. Records contained a missing person sheet with detailed information about the person's appearance and interests, which would be given to the emergency services in the event of the person becoming lost.
- Staff had training in how to manage behaviour that challenged. People had behavioural support plans in place, so staff knew the least restrictive way to help them. Staff told us how they recognised small changes in people's behaviour that could identify when support was needed.

Staffing and recruitment

- The service had enough staff to meet people's needs. The registered manager told us recruitment was an on-going process to ensure they had a skilled workforce and agency staff were rarely used. Staff told us if they were short staffed, the management team helped. The registered manager told us that they had previously recruited staff, based on their previous work experience, which was not always successful, so now they recruited staff based on whether their values were in line with those of the company as a way of identifying the right people for the role. Staff were allocated to care for people where their skills and strengths were appropriate.
- Appropriate pre-employment checks had been carried out on new members of staff to make sure they

were suitable to work at the service.

- The service included people, who were being supported by Nottingham Regional Office, in its recruitment processes. One person using the service was involved in staff interviews and another person delivered training to new members of staff, and discussed issues around their care needs, to provide staff with insight into the role.

#### Using medicines safely

- People were supported with their medicines in a safe way. Staff had received appropriate training and had their competency checked regularly. Regular audits showed that medication errors were reported and investigated appropriately. Staff told us about a person who needed their tablets crushing before they took them, and how they had checked with the GP to ensure that the medication would still be effective when given in that way.

#### Preventing and controlling infection

- People were protected from infections. Staff had completed training on infection prevention and control and there were policies and procedures to support this. Staff had completed food hygiene training, so they were able to support people to prepare food safely.
- During the inspection we visited one of the locations which was clean, tidy and odour free. Staff had personal protective equipment available, which included disposable gloves and aprons.
- There was a general audit of each site weekly, to ensure the environment was clean and safe for people.

#### Learning lessons when things go wrong

- The service had an electronic reporting system which allowed the management team to track and learn from incidents. Themes were identified, for example in behavioural incidents and falls, these were shared with staff at meetings to learn lessons.
- The registered manager told us, after a medication error, staff attended a group supervision. Then a support plan was put in place and training was updated as required.
- Regular medication audits had picked up an issue around the timing of medication, as a result time of administration was added to the medication chart. This ensured that people had an appropriate time between doses of their prescribed medicine.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and choices were assessed. People had a period of transition before moving to the service. Staff visited the person to introduce themselves, then the person visited the service to become familiar with the surroundings, staying for an hour, a day, then overnight before they moved in. During this time a detailed pre-assessment of the person was undertaken to establish their needs and ensure the service could meet them. People then had an individualised care plan which was reviewed regularly. Duplicate care plan files were kept updated in the office.
- People were supported daily by staff to make choices and review their care and support. Staff were skilled at protecting people from discrimination and described how they prompted people to help them modify their behaviour, for example by not playing loud music at night.
- Staff were supported by the management team to provide care that was of a high standard and in line with national guidance and best practice. The quality director ensured that national guidance was shared with staff, such as recent National institute for Clinical Excellence guidance on oral health at staff meetings.

Staff support: induction, training, skills and experience

- Staff had an induction period of training courses and time spent shadowing an experienced member of staff. There was a probation period, regular supervision, and observation of practice to ensure they were skilled to care for people.
- Staff told us the training was very good and prepared them to support people. Experienced staff were allocated to people new to the service, so their needs were managed and assessed. This ensured that more junior members of staff were not put in positions they were inexperienced to deal with.
- Staff told us they had good training in how to manage people's behaviour, so they could support them in the least restrictive way with positive results.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to ensure they had enough to eat and drink. Staff support varied according to people's needs. For example, some people were helped to choose, plan, shop and prepare food, whilst others needed full support with eating. One person told us, "It's a hot oven so I don't do that by myself, staff help me cook, we do it together as a team."
- People's dietary needs, likes and dislikes, and any risk, such as choking, were recorded in people's support plans with actions to reduce the risk. Staff used nutrition and hydration support plans to monitor people's intake and output to ensure their health was maintained.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service had processes in place to ensure that people received healthcare in a timely way. Staff worked with external agencies, and healthcare professionals, to ensure people's complex needs were catered for. There was detailed information, in care plans, about health conditions like seizures, so staff could identify changes in behaviour before a seizure occurred to ensure the person was safe.
- When specific healthcare appointments were needed, named staff were identified to support the person to attend, so they could prepare the person in advance of the appointment to reduce anxiety.
- People had a 'hospital assessment booklet' for hospital admissions, which told hospital staff important information about the person which they may not be able to communicate themselves. This included what was important to them, and their likes and dislikes, so hospital staff could offer appropriate support. Each person had a health action plan in which personal support, advice and their health goals were recorded to help people stay healthy.
- Staff used different technology to support people such as audio monitors and pagers if people needed to call for help. Fob pendants were used by some people for falls, these were linked to a call centre who could offer advice or an ambulance if required.
- Feedback from health-care professionals said, "[Name] loves living there, the flat is looking very homely, relationships with staff are very good and [Name] can open up to staff which has stabilised their mental health anxieties, what amazing work."

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

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had mental capacity assessments, and best interest decisions, in place for individual decisions as appropriate. Staff explained to us how they supported one person's needs with Independent Mental Capacity Advocate support (IMCA) and a court of protection order. Staff had good understanding of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

This meant that people were truly respected and valued as individuals; and empowered as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff spoke to people in a friendly way. People told us, "Staff are lovely, if I have new staff they are introduced to me for a chat and they read my folder for information". We observed kind, caring and positive interactions between staff and people.
- Staff understood people's needs, and had detailed information available in care records, which enabled staff to provide support in the way people wanted to receive it.

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

- The service supported people to express their views and be involved in making decisions about their care. Staff told us they discussed support with people. A staff member told us, "People have been told what to do all their lives and it can appear we are 'bossing them around'. It's about suggesting things to people, for them to make their own decisions, and we can then evaluate the risk with them." Regular meetings were held with families to discuss care.
- The service used advocacy services for people who could not make decisions themselves or had no support from friends and family. Advocacy services speak up for people on their behalf. Staff told us about one person whose family had previously made most decisions for them. Over a period of time, staff identified how the person communicated and found the person could communicate their preferences when given basic choice options. For example, this was then used to support the person to choose the paint colour when their room was redecorated.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in the least restrictive way supporting their independence. Staff told us how they managed the privacy and dignity needs of a person who was intolerant of personal care, and the methods they used to support them.
- Staff told us about one person who was a poor sleeper and often got up at night. In order not to restrict them, and not wake up other people, they had been supported to change bedrooms, so they could access the lounge at night without disturbing others.
- One person told us staff supported them to work in a charity shop. People and relatives told us that people had access to lots of activities. The service had worked to support people, who were not used to going out, to become more independent. Staff told us that people were supported to stay safe, for example people

were advised to get a taxi home at night rather than a bus. One member of staff said, "We support people to become independent by removing obstacles for them, so they do not fail."

- The registered manager told us they had supported people to acquire motorbidity vehicles which would allow staff to take people out independently on a regular basis.

- People set various goals using a life-star tool which was used to show what progress people had made. People had activity planners which were used to support their interests and hobbies. For example, to do voluntary work, attend community groups, and learn new skills.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

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

- Each person had a communication sheet to help staff identify how to support them, especially those who were non-verbal. This ensured that people's communication needs were both known and met, in line with the AIS.
- The service met people's complex communication needs by using different methods of communication. For example, easy read pictures, Makaton, British Sign Language and Braille were used.
- Staff were skilled at identifying small changes in people's behaviour which indicated the person was communicating that they had a problem. Staff told us about these behavioural changes, what they meant for people, and how certain negative or harmful behaviours could be prevented by picking up on these small cues.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff were passionate about people receiving personalised care and involved people, family and friends in their care and support plans. Staff had an exceptional knowledge of people's preferences and needs, care plans were reviewed regularly and changed accordingly. We saw feedback from health care professionals praising the person-centred approach to care. "Thank you to the team, [Name's] flat looks amazing and [Name] looks they best they have done in years, thank you for finding meaningful activities which they enjoy so much."
- Some people had moved to the service from larger institutions and hospitals. Staff told us about the positive impact the move had on their quality of life since being with the service. One person had previously required support from three members of staff if they wanted to access the community. After careful work, around enabling positive behaviours, this person was now able to access the community alone which had given them greater independence.
- One person, who had previously attended a community group, had been asked to leave due to language used. Staff told us how they had supported the person to change their approach to people by helping them to understand how they may upset another person by their language or behaviour, by gently prompting. The approach had been successful, and the person had been able to continue to attend the group.
- Staff told us about one person who used to make multiple calls to emergency services and other

organisations on a daily basis. Through support and encouragement from staff, no calls were now made. ● Staff told us about one person with very complex needs who they had supported to lose weight. As a result, the person had become more active and staff said they had been delighted when they reached their weight loss goal. We saw a letter of congratulations to them from the registered manager. A member of staff told us, "That is the reason why I do this job [Name] now has a life and is very active, they have made great progress with us in the past three years.

● Staff told us about one person who had been moved out of their previous accommodation for assaulting a member of staff. The registered manager told us that despite challenging behaviour, staff went out of their way to support this person to keep the tenancy on their home. The registered manager had moved around team members to ensure the person had experienced staff with them who were able to support the person in an appropriate way. Previously there had been multiple incidents with this person every day. With support this has reduced to approximately three incidents a month. The person now enjoyed helping staff with household chores, something they previously refused to do.

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

● There was a system in place to address concerns and complaints. People and relatives told us they were comfortable raising concerns with staff and were confident they would be acted on. We saw evidence of complaints that had been addressed.

● People had a copy of the complaint policy in their handbooks which was available in different formats. We saw concerns that had been raised and the response from the management team, actions were followed up and recorded.

● People and families had communicated compliments and complaints via the company website. We saw positive feedback from relatives and healthcare professionals about how well people progressed.

#### End of life care and support

● People's wishes for their end of life care was documented in care plans. People had been asked questions in understandable formats about what they understood about death and what they wanted to happen. People had been encouraged to write a wish list of things they would like to do before this happened. For example, to go on a holiday they had always dreamed of.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had a positive culture and staff were person centred, the management team and staff were Staff told us about the values and culture of the service and how this impacted on their work to ensure people received high quality person-centred care.
- Staff told us the registered manager was open to new ideas and would discuss problems with staff to find a solution. Staff and the registered manager told us they thought it was a good team, that worked well together to achieve good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour and was open with people and families if incidents occurred. Relatives told us that communication from the service was good. A relative told us, "Staff noticed a bruise on [name's] hand one morning and called us straight away."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in post, who told us they were well supported by the provider, who visited on a regular basis and a quality manager on site. The management team performed spot checks on staff to monitor quality performance.
- Staff understood their role, responsibilities and duties. Staff received regular supervisions and knew who to report problems to.
- There was a quality monitoring in place, information collected was cascaded down to staff. Other information on best practice and national guidelines was printed and taken to locations and discussed at team meetings. One member of staff told us, "Audits will pick up problems, however, we police each-others work, we work as a close team, if something is not right, we will spot it ourselves."

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

- The service supported people living with a learning disability, this was provided was in line with the values of Registering the Right Support, which promotes choice, independence and inclusion.

- People and families were supported to give their views via a survey that was available in various accessible formats. The registered manager told us that the amount of feedback was disappointing, so she had arranged coffee mornings to gather feedback from people and families in a more fun way. This had seen the response rate increase. There were house meetings for people at each location. There was a link on the website where people and families could make comments or compliments. Family were invited in for meetings to discuss specific care issues. People and relatives told us they could call the office to discuss any issues as they occurred.

- There were regular staff meetings, staff supervision and group supervision. The values of the service were discussed at supervision meetings, and it was identified how staff had demonstrated these values. Staff completed a survey once a year, to give their views on the service. The service showed it valued staff by a monthly staff award for those who had gone above what was expected to help someone. There was an annual provider awards ceremony to recognise high achieving staff. Compliments were passed on to staff for exceptional work.

#### Continuous learning and improving care

- The registered manager attended provider meetings to keep up to date and share best practice and was committed to improving the service. The registered manager told us they could use the expertise of different staff members at head office and the provider visited regularly to monitor the quality of the service.

- The service learned from issues identified in various quality audits and used them to improve care. The service had a 'policy of the month' for discussion on staff meetings and shared 'good stories'.

- The service used phone 'apps' for audits and spot checks, this information was immediately relayed to the quality manager to collect up to date data for analysis.

#### Working in partnership with others

- The service worked in partnership with multiple other agencies and healthcare professionals to ensure people received the care and support they required.

- The service had established community links with the police, local churches and charities to support people, and integrate them into the community and reduce social isolation.