

Eden Supported Living Limited

Nottingham Regional Office

Inspection report

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Date of inspection visit:

27 July 2016

29 July 2016

Date of publication:

24 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 27 and 29 July 2016. Nottingham Regional Office is a supported living service which provides personal care and support to people in Nottinghamshire and Derbyshire. The service provided the regulated activity of personal care for 13 people at the time of the inspection.

There is a registered manager and she was available during the inspection. 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely without unnecessary restriction. There were sufficient numbers of staff to meet people's support needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005. People received the assistance they required with their meals. External professionals were involved in people's care as appropriate to support them with their health needs.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff. People's independence was promoted by staff.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care. People felt able to make a complaint and knew how to do so.

People and their relatives were involved in the development of the service. Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities. There were systems in place to monitor and improve the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were managed and plans were in place to enable staff to support people safely without unnecessary restriction.

There were sufficient numbers of staff to meet people's support needs and staff were recruited safely. People received the level of support they required to safely manage their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate induction, training and supervision. People's rights were protected under the Mental Capacity Act 2005.

People received the assistance they required with their meals. External professionals were involved in people's care as appropriate to support them with their health needs.

Is the service caring?

Good ●

The service was caring.

Positive and caring relationships had been developed between staff and people who used the service.

People were involved in the planning and reviewing of their care and making decisions about what care they wanted.

People were treated with dignity and respect by staff. People's independence was promoted by staff.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed and staff were aware of the different support each person needed. Care records provided sufficient information for staff to provide personalised care.

People felt able to make a complaint and knew how to do so.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were involved in the development of the service.

Staff told us they would be confident raising any concerns with the management and the registered provider was meeting their regulatory responsibilities.

There were systems in place to monitor and improve the quality of the service provided.

Nottingham Regional 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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

We visited the service on 27 and 29 July 2016, this was an announced inspection. We gave 48 hours' notice of the inspection as we needed to be sure that the registered manager would be available. The inspection team consisted of an inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the commissioners of the service and Healthwatch Nottinghamshire and Healthwatch Nottingham to obtain their views about the quality of the care provided by the service.

During our inspection we visited and spoke with four people who used the service, one relative, a healthcare professional, two support workers, two team leaders, the training manager, the quality manager, the regional operations director and the registered manager. We also contacted relatives and professionals involved in the care of five other people who used the service.

We looked at the care plans of four people who used the service. We looked at three staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

People were protected from the risk of harm or abuse. People told us they felt safe when staff were supporting them. A person said, "I can lock my door and staff keep me safe."

Staff told us how they kept people safe, and were able to tell us about the different types of abuse that could happen, and how to spot signs of abuse. Staff told us they were confident in reporting any concerns to the registered manager or to the office. A safeguarding policy and procedure was in place which contained appropriate detail.

Relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe.

Steps had been taken to protect people and promote their safety without unnecessarily restricting their freedom. People told us they were offered choices and did not feel restricted by staff. People who used the service had care plans in place, which also contained information about how to support people to keep safe without unnecessarily restricting their freedom. A professional told us that staff were extremely respectful of a person's rights and keen to ensure that the person's wishes were followed as far as they could in a safe way.

Assessments of risks to people's health and safety were carried out and we saw examples of these in the care plans we viewed and also at the homes we visited where people were living. All the records we checked contained risk assessments, which outlined any potential dangers and risks, and looked at ways to minimise these dangers in order to keep people safe. There was an emphasis on positive risk taking which enabled people to carry out the activities they wanted to with safety measures in place. Staff told us they were made aware of different risks to people's health and safety and knew how to manage these.

The service had plans in place which meant that the support to people could continue even if there was, for example, a loss of power at the main office. This meant that people would not be left without support in such an emergency. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. Accident and incident forms were being completed and were analysed to identify actions to prevent similar incidents in the future.

People were supported by sufficient numbers of staff, and this was confirmed by the people we spoke with. People told us that staff were available to support them when they needed them. Staff told us that there were sufficient staff to meet people's needs. A staff member said, "Yes, there's a really good mixture of staff." The service was in the process of recruiting additional staff to ensure that staffing levels remained sufficient to meet people's needs.

The agency made pre-employment checks on all staff to make sure they were safe and suitable to work.

Staff files contained evidence of criminal record checks carried out through the Disclosure and Barring Service, as part of safe recruitment. There was also evidence of references being supplied by former employers. Staff confirmed that they had been subject to these checks before starting employment with the agency. The registered manager showed us examples of where people who used the service had been involved in the recruitment process in the past. They told us that this had not taken place recently but would be taking place again in the future.

People received the support they required to safely manage their medicines. People told us that they received medicines when they needed them. A person said, "Staff put my medicines in a pot and make sure that I take them." We observed one person being supported by a staff member to take their medicines safely. Staff knew how to safely support people to manage their medicines and clearly described the different levels of support people needed. They also knew how to respond if a medicines error took place.

People's care plans contained information about what support, if any, they required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. We saw that clear guidance was in place for staff when administering as required medicines. Management ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent.

Is the service effective?

Our findings

The people we spoke with told us that staff were competent and provided effective care and support for them. A person said, "Staff are well trained." Another person said, "Staff are alright, they know what they're doing." A relative said, "[My family member] is extremely well looked after by staff."

People were supported by staff who were provided with relevant knowledge and skills through training and supervision. The staff we spoke with told us they received the training they needed to carry out their duties competently and felt the quality of training was good. Training records confirmed that staff received training relevant to their role. There was a system in place to ensure that training was refreshed so that staff remained up to date with their training.

Regular supervision was provided and staff told us that they felt supported by their line manager and the registered manager. A staff member said, "It's a good process. A good time to discuss any issues and an opportunity to offload worries." Staff also received the support of a mentor and documentation showed a range of issues were discussed between staff and their mentors. There were also periodic observations of staff practice carried out to assess staff competency and provide constructive feedback. Records confirmed that staff received regular supervision meetings where they could discuss any support they required. New staff were provided with a thorough induction which included training and shadowing more experienced staff. The registered manager told us that a new appraisal process had been introduced and staff would be going through the process in the next few months.

People told us they were involved in their care and support package and staff made sure that they obtained consent from them. A person said, "Staff always check with me if I want to take my medicines." Staff described the importance of gaining people's consent before providing any care. A staff member said, "I ask the person, give them options."

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.

A specific care plan was in place for each person regarding making informed choices and provided guidance for staff in this area. Staff were aware of their role in supporting people to make their own decisions, even when their capacity to make certain decisions might vary. Staff received MCA training and had a good understanding of how to apply the training to their role. A staff member explained how a best interests decisions had been made to support a person to receive dental treatment.

Where people lacked the capacity to make a decision the provider followed the principles of the MCA and ensured their best interests were considered. When a person had been deemed to lack capacity to make a decision an assessment of their capacity had been carried out, as required by the MCA. However, the best

interests decision making process was not always as well documented and the registered manager was aware of this and taking steps to improve this.

Staff were able to explain how they supported people with behaviours that may challenge others and care records contained guidance for staff in this area.

Where required, people received support from staff with their food and drink. A person said, "Staff help me with preparing food." People told us they were supported to eat and drink enough. The staff we spoke with described the different levels of support they provided to people regarding eating and drinking. Care records provided clear information for staff on how to support people to meet their nutritional needs. People were weighed regularly and action taken where necessary if a person was nutritionally at risk.

People were supported to maintain good health. People told us that staff supported them to access healthcare services when required. A person said, "Staff take me to the health centre, they are always there with me." Records showed that staff involved external professionals where appropriate including speech and language therapists and dieticians. People were also supported to attend health screening appointments to ensure any healthcare issues were promptly identified.

Is the service caring?

Our findings

People told us that staff were kind and caring. A person said, "Staff are kind, I can talk to staff." Another person said, "Staff are kind, very helpful." A relative told us that staff were definitely genuinely caring. We observed staff interacting well with people who used the service. We saw people were happy and relaxed with staff and enjoyed their company. Staff had a good knowledge of people and their needs.

People's needs were assessed prior to their care package starting and we saw that the information provided by people was made available to staff within the care plans. The registered manager and staff told us that they regularly asked people whether they remained happy with the support they were receiving.

People and their relatives, where appropriate, were able to be involved in making decisions and planning their care. A person said, "Staff sometimes go through my support plans with me and I sign to say whether I agree with them." Another person said, "Yes, I talk about my support plans."

Staff described how they involved people in day to day decisions relating to their care and emphasised that giving people choice was central to their role. For example, people made choices in many aspects of their care and support, such as what they wanted to eat and what activities they wished to carry out. Records confirmed that people and their relatives had been involved in providing information for their care plans. Care plans were reviewed with people if they wished to be involved in this process.

Staff told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for. A staff member told us that care plans were useful especially, "When people are new. They are a valuable working document." Staff told us that information on advocacy services were available if a person required additional support in making a decision and we saw that the information was included in the guide for people who used the service.

Where people could not communicate their views easily staff were able to explain how they would identify people's preferences. A staff member said, "I use short sentences, no slang, no sayings." A professional told us that staff communicated very carefully with a person who had a hearing impairment. Guidance was available in care records for staff when supporting people with additional communication needs. Health action plans were in place to provide people with accessible information on their health appointments and how to stay healthy.

The people we spoke with told us they were treated with dignity and respect by staff. Staff were able to explain how they ensured that people were treated with dignity. A staff member said, "When I first meet people I ask them what name they would like to be called." Staff gave an example of a person who preferred to use a different name to their legally registered one.

People told us that their privacy was respected. A person said, "Staff knock on my door before coming in." Staff were able to explain how they understood the importance of respecting their privacy. A staff member said, "When I am helping someone to wash or get dressed I make sure that the curtains are closed and the

bathroom door is shut."

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. People told us that staff supported them to be as independent as possible. A person said, "Staff help me to wash my back but I do the rest." Another person said, "Staff bring in my medicines and I take them myself." A staff member said, "I encourage people to do the things they can do."

Is the service responsive?

Our findings

The people we spoke with told us they received the support they needed and it was provided in a personalised way. One person said that they would like to have support to go to bed 30 minutes later. We raised this with the registered manager who agreed to review this area. Staff told us they could provide people with support in a person-centered way that respected their preferences.

Care records showed that where possible a senior member of staff contacted people to assess their needs before the service began. This helped staff to deliver appropriate and safe care, based on individual needs and preferences.

Care records contained detailed information on people's preferences to support staff to provide personalised care that met people's individual needs. This information also included information about people's life history and important people in their lives. Hospital traffic light assessment documentation was in place to provide clear guidance for hospital staff on people's needs if a person was admitted to hospital.

Care plans to manage people's health care needs such as epilepsy and enteral nutrition were in place. All care plans provided clear information on the interventions required and the signs which might indicate a referral to other professionals was required.

The staff we spoke with had an in depth knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed. The care plans we viewed contained detailed and up to date information about people's needs. These were reviewed on a regular basis and we saw that changes were made when required.

Staff supported people to carry out any hobbies and interests they had which helped to avoid social isolation. A relative told us that staff supported their family member to follow their interests and to visit the local pub. A staff member said, "We encourage people to mix with other people. We find out their interests and support people to access them in the community." We saw that people had been supported to visit family and friends in other cities. We also saw that people had been supported to follow a wide range of hobbies and interests locally and further afield.

Care records contained information regarding people's diverse needs and provided appropriate guidance for staff on how they could meet those needs. Staff explained clearly how they supported people with diverse needs in a number of areas, including sexuality.

People told us they would know how to make a complaint. A person said, "I would speak to staff but I've never had to make a complaint." Another person said, "I tell [the registered manager] what the problem is so she can sort it." A relative told us they had made a complaint and it had been dealt with promptly. Staff knew how to respond to complaints.

The complaints policy was in the guide for people who used the service and was also displayed in people's homes in an accessible format. Complaints were responded to appropriately and promptly.

Is the service well-led?

Our findings

People were involved in developing the service although they were not aware of being formally asked to give their feedback. We saw that meetings were being set up where people who used the service could be more directly involved in the running of the service

Relatives and professionals told us they had been asked their opinion of the service. Surveys were sent out to people who used the service and relatives. However, the results were not broken down by each branch. The management team told us that they would discuss this with the provider so that they could get more detailed feedback on the service they were providing.

People benefitted from an open and honest culture within the service and they were encouraged to speak up. The people we spoke with told us they felt able to approach staff if they wished to discuss anything. Relatives told us they also felt able to raise any issues they had and a relative told us that staff were open to any suggestions that they made.

A whistleblowing policy was in place and contained appropriate details. Staff told us they would be prepared to raise issues using this policy if necessary. A staff member said, "100% I would raise issues." The guide for people who used the service described the values of the service and staff were able to explain how they worked in line with those values.

Staff were very positive about the management of the service. A staff member said, "The [registered] manager goes above and beyond for [people who used the service] and staff. She is very [people who use the service]-led and also there for staff when they need her." Another staff member said, "She is very supportive and always gives solutions to issues I raise with her." A third staff member said, "My manager is brilliant. I can go to any manager and they will all help me." A registered manager was in post and was available during the inspection. She clearly explained her responsibilities and how other staff supported her to deliver good support for people who used the service. She felt well supported by the provider.

We saw that all conditions of registration with the CQC were being met and notifications were being sent to the CQC where appropriate. We saw that regular staff meetings took place and the registered manager and other members of the management team had clearly set out their expectations of staff. Staff told us they received constructive feedback from management.

There were systems in place to monitor and improve the quality of the service provided. Regular spot checks of staff took place so that the registered manager and other supervising staff could monitor the quality of care being provided.

A comprehensive Key Lines Of Enquiry (KLOE) audit had been carried out by the quality manager. This audit reviewed the service against the KLOEs used by the CQC when carrying out an inspection. The audit identified some areas for improvement and actions were being taken. Other audits were carried out by the registered manager and other supervising staff. These included medication, finance and care record audits.

Audit findings were largely positive but actions were identified and completed in response to any issues found.