

Eden Supported Services Ltd

Eden Supported Services

Inspection report

72 Pembroke Road
Ilford
Essex
IG3 8PQ

Tel: 02037378562

Website: www.eden-supported-services.co.uk

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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

Eden Supported Services is a small residential care home providing personal and nursing care to three people with learning disabilities aged 18 to 65 at the time of the inspection. The service can support up to four people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

People were safe in the service. Staff understood how to protect people from abuse. Each person had a risk assessment, which identified possible risks and how to manage them. The service provided enough staff, who were properly recruited, trained, supervised and supported to ensure people received safe care.

Medicines were managed safely ensuring people received their medicines as prescribed by their doctors. Incidents and accidents were monitored, reviewed and learnt from to ensure people were safe.

All parts of the service were clean and staff had attended training in infection control. Staff audited aspects of health and safety at the service to ensure the facilities and equipment were maintained and safe to use.

Relatives told us staff were caring and knew what they were doing. They told us staff ensured people's privacy and dignity was respected.

People enjoyed meals of their choice. However, improvements were required to include more varieties to reflect people's culture and preferences.

Staff supported people to access healthcare. They also provided activities, which ensured people engaged within and outside the care home.

People benefited from care plans, which were person-centred and reviewed regularly. People's relatives were involved and people were supported and encouraged to make decisions about their care. They were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff understood equality and diversity. They knew discrimination of any kind was not acceptable. People's communication needs were recorded and staff had experience and knowledge of how to communicate with people effectively. There was a complaints policy in place and relatives told us they knew how to make a

complaint.

Relatives were complimentary about staff and management of the service. They had opportunities to give feedback to ensure their views were considered in the service's quality assurance system. Regular audits of various aspects of the service were undertaken.

Rating at last inspection

At the last inspection the service was rated Good (report published on 21 April 2017)

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eden Supported Services

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 inspection was carried out by one inspector.

Service and service type

This service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection a new manager, who was yet to register with CQC, was managing the service.

Notice of inspection

This inspection was unannounced and took place on 18 September 2019

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and notifications. A notification is information about important events, which the provider is required to tell us about by law. We sought feedback from the local authority and

professionals who work with the service. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

People did not give us verbal feedback due to communication difficulties. However, we observed how staff provided care and interacted with them. We spoke with one relative by telephone, and two care staff and the acting manager. We also spoke with one care professional who was visiting people during the inspection. We reviewed two people's care files, which included their care plans, risk assessments and medicine records. We looked at four staff files in relation to recruitment, training and supervision. We reviewed various documents relating to the management of the service, including policies and procedures.

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 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 were safe within the service. One relative said, "Staff are lovely. [My relative] is happy and is well settled."
- Staff understood what adult safeguarding meant and what action to take if they became aware of an incident of abuse. One member of staff told us, "I report [incidents of abuse] to my manager. If I felt nothing was done, I would report to social services, police or the CQC."
- The service had a safeguarding policy and staff confirmed they had read them. There had been no safeguarding concerns raised at the service since our last inspection.

Assessing risk, safety monitoring and management

- Risks to people were recorded and monitored. Risk assessments covered areas of risk, people at risk, details of risk and the measures already taken by the service to manage the risks. The risk assessments were detailed and included risks within the service (for example, choking; and risks in the community, for example, a person using the service needing two staff to keep them safe).
- The service monitored and checked risks relating to fire safety, building and electrical appliances. Records showed that staff undertook checking and monitoring of the building and equipment on a regular basis. This showed people lived in a safe environment.

Staffing and recruitment

- The service had enough staff to meet people's needs. A relative told us, "I think there are enough staff. [My relative] is always supported by two staff when [they] go out. I am happy with the level of staff."
- The staff rota and our observation confirmed that enough staff were available to meet people's needs in the service.
- There were robust staff recruitment processes in place. Staff had completed application forms, attended interviews, provided references and had undergone enhanced Disclosure and Barring Service (DBS) checks. Employers complete DBS checks to see if staff have any criminal convictions or if they are on any list that bars them from working with vulnerable adults. This meant people were recruited with people's safety in mind.

Using medicines safely

- People received their medicines as prescribed by their health professionals. We saw all medicines and medicine administration records were correct. Medicines were stored securely and the temperatures of the areas where they were kept were monitored.
- Staff who administered medicines had been trained and had received a competency assessment. There

were policies, procedures and protocols in place to guide staff on what to do.

Preventing and controlling infection

- People were protected from the risk of infections. A relative told us, "The home is always clean." A care professional told us, "When I come, I find the home spotless."
- Staff understood the importance of infection prevention and control. A member of staff said, "We always wash our hands before and after cooking or entering rooms; we use gloves and aprons when assisting people with personal care."
- The manager had introduced a system for regular infection prevention and control. They informed us, and records confirmed that weekly monitoring system was in place for checking the facilities were clean and necessary equipment was available. This ensured there was a system for keeping the service clean and managing the risk of infections.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. Incidents, accidents and complaints were recorded and lessons learnt, where needed. A recent lesson learnt by the service resulted in a big reduction in the number of incidents involving one person when using community services.

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 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 were assessed before they started using the service to determine if their needs could be supported effectively. The service received referrals from social and healthcare professionals before completing pre-assessment of needs. People and their representatives had opportunities to visit the service and decide whether or not it was suitable for them.

Staff support: induction, training, skills and experience

- Staff were supported in their roles. Staff received an induction when they started work at the service. One member of staff told us, "Yes, I had induction, it introduced me to how the care home worked. There was checklist we had to complete. I was happy about it."
- A relative and a care professional told us staff were skilled to support people. One relative said, "[Care staff] know what they are doing." A care professional told us, "Staff support people appropriately."
- Staff received a range of training programmes related to their roles. This included fire safety, moving and handling, and supporting people with diabetes. Staff told us, and records confirmed that they had received regular supervision. They told us they were happy with the support they received from the manager. This ensured that people were supported by staff who were appropriately trained and supported.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff told us that they had training in MCA and that they always presumed people had capacity and gave them opportunities to choose or make decisions about their care. They understood how to make decisions on behalf of people when they lacked capacity using best interest processes.
- Care plans contained mental capacity assessments that had been completed to record whether people were able to make decisions about their care. Where people could not make decisions, best interest

decisions involving relatives and other health and social care professionals were documented.

- We looked at records the service held about DoLS application or authorisation and found them to be in order.

Adapting service, design, decoration to meet people's needs

- The service was accessible to people who used the service. At the time of the inspection, people did not have physical needs, which meant that they were able to access all parts of the premises even though there was no passenger lift for accessing first and second floors.
- We noted that all windows had restrictors and the bedroom and communal area walls were decorated. We saw that bedrooms were personalised with people's colour choice of paints and personal effects.

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

- People were supported with their health care needs and the service worked well with other professionals. Records showed that people had access to various healthcare professionals including annual medical check-ups and hospital appointments.
- A care professional told us they worked well with staff. They said they regularly kept contact with staff and were satisfied with how they worked together in meeting people's needs.
- People's care plans contained records of communications with other agencies. These showed that the service worked well with other agencies to ensure people received personalised care.

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

- The service supported people to eat, drink and maintain a balanced diet. However, we did not see evidence to show that people or their relatives were involved in the preparation of the menu. Staff used pictures to help people choose meals. People were provided with varieties of meals, but the acting manager assured us they would review this in order to make further improvements to reflect people's cultures.
- A relative told us they had no issues about the food provided at the service. However, a care professional commented that the food provided for lunch for one person needed improvement. We discussed this with the acting manager who confirmed that they would consult appropriate health professionals to review the person's diet.

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.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people well. One relative told us, "Staff look after [my relative] very well. It is like a family home."
- Compliments sent to the service by other agencies showed that staff treated people well. For example, a 'thank-you' card sent by one relative stated, "We would like to thank you all for your excellent help and support, given with kindness throughout the year." Another compliment received by the service through email from a healthcare professional read, "Eden Supported Services is doing very well with [a person using the service] as they support [the person]. [The person] is settled well [within the service]."
- Staff had good understanding of equality and diversity. A member of staff explained that they treated people without any form of discrimination. They told us each person had equal rights to service regardless of differences such as religion, culture, age and sex.
- Care plans contained information about reminding people about cultural events and supporting them to attend these events. This showed that the service took into account and promoted equality and diversity.

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

- People were supported to express and make decisions about their care. Staff understood people's communication preferences and used pictures and gestures to interact with them.
- A member of staff told us that they had basic knowledge of Makaton and used gestures and pictures in communicating with people. Care plans provided information about people's communication needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One relative told us, "Yes, staff treat [my relative] with respect." A care professional said, "Staff treat people with respect and dignity. I am happy with how staff treat people."
- Staff told us how they ensured people's privacy. One member of staff said, "I am mindful of [people's] privacy. I make sure that the door is closed when providing personal care and knock on the door before entering people's bedrooms."
- Staff promoted people's independence. One member of staff explained how they encouraged people to do as much as possible by themselves. They told us that people were encouraged and supported to choose their clothes and organise their bedrooms. We noted people were prompted to eat independently.

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.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were engaged with activities provided by the service. One relative told us, "I am happy with the activities. Staff take [my relative] out regularly." We observed during the inspection and records confirmed that people were out for their activities on a regular basis.
- People's support needs were recorded in their care plans. Care plans were detailed and personalised. They contained areas of support needs such as people's health, mobility, mental health, religious and spiritual needs, and leisure activities. We found the care plans were updated regularly. This ensured people's needs were identified and responded to by staff.

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.

- People's communication needs were recorded and staff knew how to communicate with them and meet their needs. For example, one person's care plan detailed their communication needs and how they wanted staff to communicate with them. This stated, "[I want] staff speak clearly, slowly and use short sentences. Point to what the conversation is about if I do not understand."

Improving care quality in response to complaints or concerns

- Relatives knew how to make complaints if they had a concern. One relative said, "Yes, I know how to complain." The service had a complaint policy and procedure and staff we spoke with confirmed that they had read it.
- Although no complaints had been received since our last inspection, the acting manager said they welcomed complaints because they would help them to further improve the quality of the service. A copy of the complaints policy and procedure was displayed on a wall at the service.

End of life care and support

- At the time of the inspection the service was not providing end of life care. However, the acting manager told us that this was an area they had identified for staff training. They told us staff would attend end of life care training so they would be able to provide appropriate care if and when needed.

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. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had been without a registered manager since the end of May 2019. At the time of the inspection, it was being managed by an acting manager. The acting manager confirmed their plan to apply to and register with the CQC.
- The acting manager and staff understood their roles, the risks to people and the service and their regulatory requirements such as sending notifications to the CQC. A relative and a care professional told us they found the acting manager and staff knowledgeable.
- Staff had allocated roles such as key working, where they had responsibility for arranging reviews and making sure people's ongoing health and social care needs were met.
- The acting manager carried out various audits to ensure the service was running well. This included, audits of medicines, finance, health and safety, maintenance of the facilities and infection control.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service provided high-quality care. One relative told us, "I see improvements in [my relative's] wellbeing. [My relative] is receiving good quality care. The manager and staff are good."
- The acting manager understood their responsibility of duty of candour. They explained what duty of candour is and their commitment to be transparent and open at all times including when things were not right. We found the acting manager and staff to be open and cooperative with the inspection.
- Staff understood the need to provide high quality person-centred care. A member of staff said, "Each service user is different and has different needs. We treat each person according to their needs."

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

- Relatives were involved in people's care. One relative told us, "Staff keep me updated with [my relative's] care and they also listen to me."
- 'Carers' meetings', which took place once every six months, allowed relatives to meet at the service and discuss how improvements could be made. The next carers' meeting was planned to take place within a week of this inspection. A relative confirmed attending the meetings.
- The service organised birthday and annual faith related events to which relatives and people's friends were invited. This showed the service understood and supported people to celebrate their faith or special events.

- Relatives and staff were consulted about the quality of the service. One relative said, "From time to time, I had completed survey forms." The outcome of the last survey questionnaires completed by relatives and staff in March 2019 was positive about the service.

Continuous learning and improving care

- The acting manager recorded and reviewed incidents and accidents. Various audits of the service were undertaken and lessons learnt to ensure there was good quality service. We also noted that the acting manager attended care related meetings and had embarked on a training programme leading to a management qualification.

Working in partnership with others

- The service worked well with other agencies to provide care and treatment. A health care professional told us staff worked well with them. Records showed that staff liaised and worked well with other health and social care professionals to meet people's needs.