

# Eden Supported Living Limited

## Newark 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?

Requires Improvement ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Newark Regional Office is a domiciliary care agency that was providing personal care to 21 older people, people living with a dementia, people with learning disabilities or autistic spectrum disorders, physical disabilities and mental health conditions at the time of our inspection.

The service was divided into two parts. One provided support to people with general personal care needs and the other to people with more complex and specialist needs. Both operated out of the same office location with the same registration, policies and procedures.

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 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

We have made a recommendation about involving people in decisions about their care. People received person-centred support. 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.

Risks to people were assessed and addressed. Medicines were managed safely. People were supported by staff who had been safely recruited.

Staff were supported with regular training, supervision and appraisal. 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.

People received kind and caring support. Staff worked to maintain and promote people's dignity and independence.

Quality assurance systems had not identified or addressed issues in relation to best interest decisions and communication but registered managers told us how they would improve this. The service had strong links with the local community.

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

The last rating for this service was good. (report published October 2016).

#### Why we inspected

This was a planned visit under our inspection programme.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement ●

The service was not always 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.

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

#### Inspection team

One inspector and one Expert by Experience carried out this inspection. 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 is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 21 May 2019 and ended on 7 June 2019. We visited the office location on 7 June 2019 to see the managers and office staff; and to review care records and policies and procedures. We made telephone calls to people and their relatives and staff on 29 and 30 May 2019.

What we did: Before our inspection we reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

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.

We spoke with commissioners of the relevant local authorities, the local authority safeguarding team and other professionals who worked with the service to gain their views of the care provided by Newark Regional Office. We received feedback from two external professionals who worked with the service.

During our inspection we spoke with two people and five relatives. We looked at four care plans, five medicine administration records (MARs) and handover sheets. We spoke with six members of staff, including the registered managers, a quality manager employed by the provider and three support workers. We looked at two staff files, which included recruitment records. We also looked at records involved with the day to day running of the service.

# 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.

### Assessing risk, safety monitoring and management

- People said they felt safe using the service. One person said, "I feel very safe here."
- Risks to people were assessed and steps taken to reduce the chances of accidents occurring.
- Staff encouraged positive risk taking to help people live as safe and full a life as possible.
- Plans were in place to ensure people received a continuity of care in situations that disrupted the service.

### Using medicines safely

- Medicines were managed safely and people and relatives said people received these when needed.
- Medicine records were completed without unexplained gaps or errors.
- The service was working successfully with external professionals to help reduce people's reliance on medicines and to develop other methods of managing their conditions.

### Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. Staff received safeguarding training and said they would immediately report any concerns they had.
- Where issues had been raised records showed they were appropriately investigated and reported to the relevant safeguarding authority.

### Learning lessons when things go wrong

- Clear processes were in place to learn lessons from accidents and incidents to see if improvements could be made to help keep people safe.

### Staffing and recruitment

- Staffing levels were monitored to ensure enough staff were employed to support people safely. Staff said the provider recruited more staff when these were needed.
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. This included verifying identity, seeking references and completing Disclosure and Barring Service checks.

### Preventing and controlling infection

- The provider had effective infection control processes. These included infection control training and providing staff with appropriate gloves and aprons.

# 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.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Best interests' assessments and decisions were in place and involved external professionals in line with best practice guidance.
- In a small number of cases relatives had not been asked to take part in best interests discussions. In other cases relatives had been involved but their feedback had not been recorded. A registered manager said this would be immediately reviewed to ensure relatives were involved where appropriate and that this participation was recorded.
- People said they were given choices over the support they received.

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

- People's support needs were assessed before they started using the service, but relatives said they had not always been involved in this process. A registered manager said they would ensure communication and involvement with relatives was improved.

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

- People were supported to access external healthcare professionals to monitor and promote their health. A relative told us, "They (staff) assist him to medical appointments."
- Advice and guidance from external professionals was incorporated into people's support plans and followed by staff.

Staff support: induction, training, skills and experience

- Staff were trained to ensure they had the knowledge and skills needed to support people effectively. Training was regularly refreshed to ensure it reflected latest best practice.



- Newly recruited staff completed an induction programme and Care Certificate training if they were new to the profession. The Care Certificate is a nationally agreed and recognised set of standards for social care.
- Staff were supported with regular supervisions and appraisals, and said they found these useful.

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

- Where people received support with eating and drinking they said this met their needs and preferences. One person told us, "My food is nicely done."

# 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

- People spoke positively about staff and the support they provided. One person told us, "They (staff) are like friends."
- Relatives said staff were caring. Comments included, "It's been excellent" and, "[Named person] seems happier."
- People and relatives said the support provided by staff had improved people's overall sense of wellbeing. A relative told us, "[Named person] looks a lot better now."
- Staff were enthusiastic about their roles and committed to providing caring support.
- People were treated equally and supported to live as full and free a life as possible. This included helping people to develop and maintain relationships of importance to them.

Respecting and promoting people's privacy, dignity and independence

- People said staff treated them with dignity and respect. One person said, "They are polite and respectful to me. No one is rude."
- Relatives told us staff were respectful and helped to maintain people's dignity.
- Staff supported people to maintain and develop their independent living skills. For example, people were involved with meal preparation and cooking.

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

- Systems were in place to obtain people's feedback on the service, including through an annual survey. The registered managers were reviewing these to ensure they were effective and increase participation.
- Two people were supported by advocates, and effective processes were in place to arrange further support if needed.

# 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 now deteriorated to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- Relatives said communication from the service needed to improve. Comments included, "I'm not being kept in the picture enough" and, "They don't ring me. I have to ring them."
- External professionals told us relatives had raised concerns about communication from the service. They had received assurances early in 2019 that this would be improved.
- Most support plans were person-centred, but relatives said they were not always invited to contribute to these. One relative said, "I've not been involved in the care plan. They never spoke to me."
- The registered managers understood the important role played by relatives of people who could not communicate for themselves in helping them to express their choices and preferences. They said they would immediately review how they communicated with relatives to ensure this was effective.
- The provider had a complaints process but relatives said they had not always been updated on outcomes when they had raised issues or concerns more informally. One relative told us, "It's bad communication."

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

### 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.

- Effective systems were in place to assess people's communication support needs and preferences, and ensure staff could meet these.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans contained lots of information on people's background, hobbies and interests. This helped staff to support them in leading as fulfilling a life as possible, including practising their faith.
- People were supported to access activities they enjoyed, including local clubs and groups and overseas holidays.
- Staff supported people into employment and voluntary roles.

### End of life care and support

- Nobody was receiving end of life care at the time of our inspection, but people and relatives were encouraged and supported to discuss and plan this if 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; 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

- A number of quality assurance checks were completed to monitor and improve standards at the service. However, these had not identified or resolved the issues with found with best interest decision processes and records or communication. The registered managers said they would review audits to ensure they were effective at identifying and addressing issues.
- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The registered managers had informed CQC of significant events in a timely way by submitting the required notifications.

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

- Staff spoke positively about the culture and values of the service and the leadership provided by the registered managers. One member of staff told us, "The managers are brilliant."
- Despite highlighting issues with communication relatives were positive about the support provided by staff. One relative said, "So far I would recommend them, but they need to have better communications."
- People said they received the support they wanted. One person told us, "I would recommend it to my friends."

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

- People and relatives said they felt able to give feedback on the service, though relatives said they were not always informed of any actions taken as a result.
- Feedback was sought from staff both informally and at staff meetings. Staff said they felt able to raise any issues they had.

Continuous learning and improving care; Working in partnership with others

- The service has strong links with the local community, which were often led by people. For example, people were supported to set up a social event that involved people using other nearby services.
- The registered managers worked successfully with external agencies and professionals to share learning and best practice. The service had received a number of written compliments from external professionals.