

Eden Supported Services Ltd

Eden Supported Services

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This was an announced inspection carried out on 28 February 2017. The registered manager was given an hour's notice as we needed to be sure that someone would be in to assist with the inspection. The service was previously inspected by the Care Quality Commission in December 2015 and was rated Good. However, we received some concerns from the local authority in December 2016 about the management of the service by the provider and we decided to inspect the service again.

Eden Supported Services provides care and support for up to five adults with learning disabilities. At the time of our visit, there were three people using the service. The service had a registered manager in post. 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.

The provider had measures in place to ensure the environment was suitable and safe for people using the service. Staff had access to relevant safeguarding guidance and contact numbers. They were aware of their roles and responsibilities to report any potential safeguarding incidents. Risks to people had been assessed and there was guidance in place on how to manage them safely.

However, we found that people's financial records were not always adequately maintained. We have made a recommendation to the provider about ensuring there is a more effective system in place to manage people's money.

People's medicines were managed safely by staff working at the service. People received their medicines at the required times and in the way they had been prescribed.

There were sufficient staff available to meet people's needs. Staff received training in a number of relevant areas to ensure they had the skills to meet people's needs.

People's consent was sought where appropriate. Where people lacked the capacity to consent to decisions, legal requirements were met.

People's records reflected their current health needs. They had access to meet with other healthcare professionals and staff had a good understanding of their needs. They were supported to express their views and to make decisions about their care. This enabled staff to deliver safe care. We have made a recommendation about updating people's risk assessments to ensure they covered all health concerns that were identified.

People were supported to eat and drink enough and were given choices when planning the menus. People's care plans were personalised and contained information about all aspects of their life and histories. Staff

interacted well with people and respected their privacy and dignity. People were encouraged to take part in household chores and leisure activities. Their independence was promoted.

There was a complaints procedure in place. Staff were able to support people if they wished to complain. We have made a recommendation for the provider to develop more simplified procedures for people. We made further recommendations about ensuring relatives were contacted more frequently to keep them up to date about the progress of their loved ones who lived at the service.

Staff and people told us the management team were supportive, approachable and friendly. There were systems in place to routinely monitor the safety and quality of the service provided.

The management team demonstrated an understanding of their role and responsibilities. They had taken action to address concerns raised by the local authority and by the CQC. The registered manager was being supported by an external consultant.

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. The service was adequately maintained to ensure people's safety.

We made a recommendation about following good practice when managing people's money.

Risks to people's health and well-being were identified and a plan was in place to manage them, although we recommended that they were updated.

There were sufficient staff to meet people's care and support needs. A system was in place to recruit suitable staff.

The provider had appropriate policies and procedures in place for staff to report any safeguarding concerns.

Is the service effective?

Good ●

The service was effective. Staff received appropriate support and training to meet the needs of people living at the service.

Staff sought people's consent before providing support to them. People's capacity to make decisions had been assessed. Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff supported people with their health and nutritional needs.

Is the service caring?

Good ●

The service was caring. Staff maintained people's dignity and respected their privacy.

People's independence was promoted and they received support from staff who knew them well.

People were able to express their views about how their care was provided and staff helped them accordingly.

Is the service responsive?

Good ●

The service was responsive. We made further recommendations about ensuring relatives were contacted more frequently.

People's health, care and support needs were assessed. Their individual choices and preferences were recorded in personalised care plans.

People had a programme of activities in accordance with their needs and preferences.

There was a complaints procedure in place. Staff were able to support people if they wished to complain.

Is the service well-led?

Good ●

The service was well led. The registered manager took action to address areas for improvement.

The registered manager received support from the provider and an external consultant. The provider had systems in place to check and monitor the quality of the service provided, including feedback surveys.

People and staff spoke positively about the management of the service.

Eden Supported Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

This inspection took place on 28 February 2017 and was announced. The registered manager was given one hour's notice because the location provides care and support to people who are out in the community on a regular basis and staff accompanied them. We needed to be sure that someone would be in. The inspection was carried out by two adult social care inspectors.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. Notifications are events which providers are required to inform us about. We also reviewed information that we had received from other professionals such as the local safeguarding team.

During the inspection, we reviewed three people's care plans and risk assessments, three staff recruitment files, staff training and supervision and appraisal records, people's medicine administration record (MAR) sheets and health and safety records. We spoke with the registered manager, one member of staff and with one person using the service.

After the inspection, we spoke with two relatives on the telephone to obtain their views of the service.

Is the service safe?

Our findings

People and relatives told us the service was safe. One person said, "Yes I feel very safe. I really love it here." Comments from relatives included, "I think it is very safe, they always have staff on duty" and "I believe my [family member] feels safe."

The staff supported people with their finances. The service held money on behalf of all the people securely in a locked container and kept an audit trail of how much was being spent. We saw that monies were counted during the day in order to match them with records of each person's current balance to confirm that the amounts were correct. Records and receipts were kept when the staff spent monies on behalf of people. However, we found two receipts that were handwritten by the registered manager after staff had assisted a person to buy personal items such as clothes for a considerable amount of money. We noted there were no official receipts from the retailer to show exactly how much was spent because the original receipts were lost. The registered manager told us that they had investigated what staff had done with the receipts but they were never located. However, we found that the hand written receipts were accurate, the correct change was received by the person and that the purchases were logged in the person's records.

We recommend the provider ensures a more robust system is in place to manage people's finances that protects them from financial abuse and staff are provided with guidance on managing people's money more safely.

People were cared for in an environment where appropriate health and safety checks were regularly carried out. Gas, electric and water services were maintained and checked to ensure that they were functioning appropriately and were safe to use. A fire risk assessment was in place and staff were aware of the evacuation process and the procedure to follow in an emergency. However, we found people did not have a Personal Emergency Evacuation Plan (PEEP) in place to ensure they were evacuated safely according to their individual needs. The registered manager informed us they were still in progress. We noted that a side gate on the exterior of the premises, was used as fire exit but was kept locked at all times. We asked the registered manager to seek advice from the fire brigade about whether the gate could remain locked. There were storage facilities COSHH (Control of Substances Hazardous to Health) materials. We also saw that checks were carried out to ensure that food was kept fresh and was not out of date.

We saw risk assessments were completed and guidance was in place to minimise risks when supporting people. However, we noted they did not always cover all the risks about people who used the service. For example, one person suffered from hay fever and required medicines to manage it. However, this condition was not identified in their risk assessment. This could have a negative impact on the person as staff would not know how to manage the situation if their condition changed at different times of the year.

We recommend that a more current risk assessment is developed for all people in the service.

The provider had policies and procedures in place to safeguard people who used the service and to ensure they were safe. Staff were aware of the safeguarding reporting process. Staff had access to relevant contact

details of the local authority in case they needed to report an allegation of abuse. Staff knew the different types of abuse people could experience. They received training in protecting people from abuse and received refresher training when it was due. This helped to ensure their knowledge about how to keep people safe was kept up to date. We saw the subject was also discussed at team meetings. The provider had a whistleblowing procedure in place, which provided staff with reassurance of their rights and responsibilities to report any concerns about the practice of the service. Staff were able to describe the process they would follow and they understood how to report concerns.

We looked at three staff files and saw checks had been undertaken before new staff started working for the service. However, the local authority had raised concerns about how the provider checked if staff had any criminal records, which would prevent them from working with people who used the service. During our visit, we saw that the issue had been addressed by the registered manager. The provider now ensured that new staff had their disclosure barring service (DBS) check confirmed before they were allowed to work. The Disclosure and Barring Service carry out a criminal record and barring check on staff who intend to work in the health and social care field. On the files we saw, there was a completed application form, identity checks, references and checks to ensure that staff could work lawfully in the UK. There were enough staff working at the service to ensure people's needs were met. Staff were also happy with the number of staff on duty throughout the day and at night. Any staff sickness or leave was covered by regular or bank staff working for the provider. This helped to ensure consistency of care as people received support from staff who understood their needs and how to meet them. A relative told us, "There is always someone on duty. They seem to have staff cover."

During our inspection, we found medicines were securely stored and the temperature at which medicines should be stored were checked and recorded daily. There was a suitable protocol in place to inform staff to manage when and how they would administer prescribed medicine to people 'when required' (PRN). Medicine records we viewed were accurate and up to date, although we noted that the local authority had recently investigated a concern involving a person's medicine. The registered manager told us that they were complying with actions recommended by the local authority to ensure medicines were managed safely.

Is the service effective?

Our findings

People and relatives told us that staff met their individual needs and that they were happy with the care provided. One person told us, "They are good, well trained and always on time when you need them. They give me encouragement and support." One relative told us, "They seem to be trained well."

There were systems in place so that the requirements of the Mental Capacity Act 2005 (MCA) were implemented when required. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager informed us that one person was subject to DoLS and we saw that there was the appropriate documentation from the local authority confirming that this was the case. This assured us that people would only be deprived of their liberty where it was lawful.

The provider had suitable arrangements in place for obtaining consent, assessing mental capacity and recording decisions made in people's best interests. We saw that people made choices about their daily lives such as where they spent their time and the activities they participated in. Staff sought people's consent and agreement before providing support to them. This consent was recorded in people's care plans. One person said, "The staff knock before coming into my room and they always ask me first before doing anything."

The provider had a training programme in place for all staff to complete whilst they were employed at the service. The training records showed staff had access to a range of training so they were able to meet people's needs. Staff had been trained in areas such as food hygiene, challenging behaviour, autism, infection control and safeguarding adults. New staff completed the eight standards of Skills for Care Common Induction Standards as part of their induction. These were an identified set of standards that social care workers adhere to in their work.

Staff told us they were well supported by the registered manager to deliver effective care by means of regular supervision. The registered manager arranged regular one to one meetings with staff. They would check on a staff member's performance and identify any concerns they might have. One member of staff said, "I feel supported and I receive supervision every two months. We discuss the wellbeing of the residents and any training I need." Staff also received an annual appraisal and these were used to review their work performance and any further development they needed such as further training for the coming year.

Peoples' nutritional needs were met and staff ensured people ate healthy meals. For example, one person was being supported to manage their weight and their care plan said, "I would eat large amounts of food and snack on unhealthy food. Staff will help with the portion of food I cook on a daily basis as I need to eat

healthily." We saw that staff were able to support the person to eat more nutritious meals. Each person's meals were recorded in a menu book, which was kept up to date. We viewed menus and saw people were involved with planning them and could choose what they wanted to eat. Staff were aware of people's likes, dislikes and preferences for food and drink. One person said, "The staff prepare evening meals. There is always something different everyday on the menu."

People's health needs were being met. They were supported to access other health and social care services when required. Health Action Plans were in place for people which provided information about any health conditions and illnesses. People gave their consent for this information to be shared with health professionals. We saw records of people attending appointments and the outcomes were recorded. This helped to ensure staff were able to meet people's needs, should they change. Relatives told us they were notified of any significant changes in their family members' health needs, although some felt they could be contacted more frequently.

Is the service caring?

Our findings

People and relatives told us the service was caring and staff treated people with dignity and respect. One person said, "It is a very caring service, the staff are very nice and friendly. We get on well. They help me achieve my potential."

Staff were available to support people when they required it. They knew people well and took time to listen to them. We noted that one person did not wish to communicate with staff or visitors. Staff respected their privacy and wishes. They had developed good relationships with people living at the service. One member of staff told us, "I always knock or call before entering someone's room." People could spend time in their bedroom when they wanted or they could use the lounge or other communal area within the service. People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "The staff are very nice and caring. They let me do what I like to do and respect me. If I need cream on my back, they would help me put it on."

Staff treated people equally and were not discriminatory towards people's gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds. For example, people were supported to attend places of worship if they wished. One person said, "I like the food. I tidy my room and have access to my own shower. I go out socialise, go to work and come back in the evening. I really love it here."

We spoke with staff about how they communicated with people with speech and language disabilities in order to understand their choices. One staff member said, "I would nod or shake my head, use pictures if needed." Staff were able to use cues and signs to understand people's preferences. This meant that staff treated people as individuals, respected their rights and allowed them to make decisions.

Staff had good knowledge about the needs of the people they supported. They were aware of people's life histories and personal needs and preferences. They promoted people's independence and encouraged them to do as much as possible for themselves. Staff told us how they prompted people to do certain tasks for themselves so their independence was maintained. One member of staff told us, "We try to encourage people to be independent. We help people with dietary needs, their personal hygiene, managing money and general support so they can improve their daily living skills."

We saw people's records were kept securely to ensure confidentiality. Staff understood the need to keep people's information private and to protect the confidentiality of people at all times. People were able to access an advocate and were supported to do so by the registered manager. An advocate helps people to express their views and wishes, and makes sure their voice is heard.

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "My keyworker supports me. I get on well with staff and they listen to me." Relatives were satisfied with the service and told us the staff were supportive of their family members. However, some relatives said the staff and management team did not always communicate effectively with them. One relative said, "I don't think they call me often enough to tell me about [my family member]. I have to travel a long way to visit and it is difficult for me, so I would appreciate more frequent calls." Another relative told us, "I don't get enough information. As far as I understand, the care is good for my [family member] but I would like more updates from the service because I do worry about [family member]."

We recommend that the staff and management communicate more frequently with family members of people living at the service to ensure they are updated with any queries or concerns about their loved ones.

People's needs were assessed before they moved into the service. Care and support was delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in a personalised way, which included their health care needs, any nutritional requirements, likes, dislikes, what activities they liked to do and any behavioural or emotional needs. For example, people were able to say what types of food they liked to eat and preferred not to eat. People's religious beliefs were noted and they were also able to highlight what was important to them or what they enjoyed doing. For example, one person's care plan said they liked "going out to meet friends and play games. I enjoy going to the cinema and theatre on a regular basis."

The information covered aspects of people's needs and guidance for staff on how to meet their needs. We saw that care plans were reviewed and updated when the need arose. The staff responded to people's daily needs and preferences. Care plans showed that people were supported with their personal care needs. A key work meeting with each person in the service took place every two to three weeks. This was a meeting with staff as part of the person's care plan review to monitor how well they were progressing. This helped staff to monitor people's wellbeing and respond to any concerns.

Staff were able to handover any significant information to their colleagues at the end of each shift, using a handover log book. Staff completed daily logs for each person, which noted how they were getting on with their day to day lives. The logs were signed off by the director, also known as the registered provider, when they visited the service. This helped the provider ensure that the service was running effectively and any concerns were being reported so that action could be taken.

Within the service, we saw that there was a lounge with a television for leisure time, a kitchen and garden. The garden was also used for staff and people to relax and socialise in suitable weather. People also had opportunities to be involved in hobbies and interests of their choice. Staff told us people were offered social and health activities that suited their preferences. We saw that people were supported to engage in other activities outside of the service, such as going to day centres, doing voluntary or paid work, shopping and leisure activities. People's activities were recorded in an activity book which was kept up to date. One person

did not wish to have a record of their activities and this was respected.

We saw that a complaints procedure was in place which contained information for people about how to make a complaint. The service had not received any formal complaints since registering with the CQC. Staff knew how to respond to complaints and understood the complaints procedure. One person said, "I would speak to the manger and staff. They will know when I am not happy with something." The registered manager responded to any negative feedback and took steps to ensure people and relatives remained satisfied with the service. For example, we noted that one relative had expressed some concerns about the service to the registered manager. They were listened to and reassured that the matter would be dealt with. However, we noted that the formal complaints procedure was not adapted to make it easier for people to read and follow. Relatives were also unsure about how they would raise a formal complaint. Relatives comments included, "I don't know how to complain exactly" and "I have no idea how to make a complaint to Eden. I would just speak to the manager."

We recommend that the complaints procedure is made more accessible to people and relatives in an easy to read format.

Is the service well-led?

Our findings

People and relatives were satisfied with the way the service was managed. One person said, "[Registered Manager] is a good manager. They are on call and available on the phone when I need to speak with them." A relative commented, "The manager does their best. It seems to be a reasonably good home."

The service was run by the registered provider and the registered manager. Before the inspection, we received concerns from the local authority about the provider's recruitment of staff, food hygiene and the maintenance of the premises, for example fire extinguisher maintenance tests in accordance with health and safety regulations. We found that the registered manager had taken action to address these concerns.

The registered manager was also responsible for another registered service that was located in the area, which we recently inspected. We made some further recommendations about the health and safety of those premises and noted that they had not addressed the same concerns at 72 Pembroke Road. For example, there were no completed Personal Emergency Evacuation Plans (PEEP) in place for each person living at the service and some adjustments were required to shower heads to ensure they were not at risk of contaminating the water supply. The registered manager said, "There is still lots of work in progress and I will ensure I get them done right away." During our inspection the registered manager took steps to ensure PEEPs were completed, the shower heads were fitted appropriately and advice was sought from the Fire Brigade about the side gate. We were assured that the registered manager had taken aboard recommendations to make any further improvements.

The management team and staff were knowledgeable about the people living at 72 Pembroke Road. The registered manager divided their time between both registered locations each day. They would spend most of the day in Pembroke Road completing office work, managing staff and spending time with people at the service. They would also visit the other location for a few hours.

The registered provider had recently employed the services of an external consultant to assist the registered manager to improve the service. The registered manager said, "It has been very helpful to work with the consultant. I see them a few times each month. I feel more supported now and I am learning. I have meetings with the director and the consultant to make sure we are doing things right and complying with regulations." We saw that the care consultant had carried out a recent quality assurance audit of the service and had set out some targets for certain actions to be completed. The registered provider also informed us that they would be recruiting a deputy manager to assist the registered manager with day to day operations in both services.

Staff worked well together which created a calm atmosphere at 72 Pembroke Road. They enjoyed working at the service and felt able to meet the challenges their work presented. This helped people receive the care they needed. We noted staff were able to raise any issues with the management team and felt they were listened to. One staff member told us, "I feel supported. The manager and director are really good and helpful. I enjoy working here and I get on well with my colleagues and the residents." The registered manager confirmed that they discussed important topics with staff and records showed that the service had

regular staff meetings. Agenda items at staff meetings included discussions about the welfare of each person living at the service, staff rotas, daily records, safeguarding and food hygiene.

The registered manager carried out daily medicine audits to check medicine was administered at the correct times. They also carried out regular checks on health and safety, although there was no set intervals for when this took place. We saw people were asked for their views and this was recorded. For example, the provider issued a questionnaire survey to people annually. We saw the results of the surveys were positive and comments included, "Eden is a great place to live" and "The staff all understand my needs." This showed that people's views about the service were sought and they felt comfortable living at the service.