

Eden Support Ltd

Eden Support Limited

Inspection report

Newhampton Arts Centre
Dunkley Street
Wolverhampton
West Midlands
WV1 4AN

Tel: 01902426339

Date of inspection visit:
26 April 2016

Date of publication:
12 July 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 26 April 2016 and was announced. Eden Support provides community support and personal care to older people, people living with dementia, people with physical disabilities, and people with learning disabilities in their own homes. At the time of our inspection there were twelve people receiving the service.

There was no registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was running the service on a day to day basis with the support of an assistant manager. The provider told us they and the assistant manager planned to submit an application to become the registered managers.

People and their relatives told us they felt safe with the staff who provided their care and support. Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had clearly written care plans giving staff the guidance and information they needed to support people safely.

People received care and support from staff who were trained and had the skills required to meet their needs. Staff told us they received training and were supported by the management team. People were asked for their consent before care was provided and where appropriate, people's capacity had been assessed. People received support with menu planning and shopping when needed and were supported to access appropriate healthcare services when required.

People were supported by staff who they liked and who made them feel comfortable. Staff understood the importance of supporting people in a way that protected their privacy and dignity. People were supported by staff to maintain their independence.

People and their relatives were involved in decisions about their care and support. Staff were aware of people's likes and dislikes and supported people to take part in activities of their own choosing. People were aware of who to contact if they were unhappy about any aspect of their care and support and there was a system in place to manage complaints.

Everyone we spoke with expressed their confidence in the management of the service. People, relatives and staff told us they were able to give feedback about the service and were confident they would be listened to. Quality assurance systems were in place to monitor the standards of care and support provided and the provider was aware of their responsibilities as a registered person.

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.

People were supported by staff who understood their responsibilities in protecting people from harm. Risks were assessed and managed in a way that enabled people to take part in activities without feeling restricted. People were assisted to manage their medicines and received them as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training relevant to their role. People were asked for their consent before care and support was provided. Staff supported people to make their own decisions where possible and the provider had assessed people's capacity to make certain decisions. People were supported to access relevant healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who made them feel comfortable and who understood their needs and preferences. People were supported to make decisions about their care and their privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the assessment and planning of their care and support. Staff supported people to follow their interests and were aware of their needs and preferences. People knew how to complain and were confident any concerns raised would be taken seriously.

Is the service well-led?

Good ●

The service was well-led.

People expressed their confidence in the management of the service. People and relatives had been asked for their feedback about the support they received. There were systems in place to monitor the quality of care provided.

Eden Support Limited

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.

This inspection took place on 26 April 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be in.

The inspection team consisted of one inspector. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

Prior to the inspection we sent questionnaires to people, their relatives and health and social care professionals to seek their views on the service provided. Of the three surveys we sent to people who use the service, we received one response. During the inspection we spoke face-to-face with one person who used the service and a further three relatives by telephone. We also spoke with the assistant manager, the provider and four staff members. We looked at three records about people's care and support, and records relating to the management of the service including systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. One person told us, "Yes I am safe. The staff help me when I need them." A relative said, "I am confident [person's name] is safe, staff understand their needs and always keep me updated." Staff told us they had received recent training in keeping people safe, and were knowledgeable about how to report any concerns they had about people's safety or well-being. One staff member told us, "If I had any concerns I'd be on the phone to the manager straight away. I'd contact the local authority or CQC if I need to." We spoke with the manager who had a good understanding of how to report concerns to the local authority in order to keep people safe.

Risk assessments had been carried out in order to minimise the potential risks to people's health and safety. The manager carried out reviews and staff contributed to risk management plans offering insight into how best to support people, this information was then clearly recorded. The manager and assistant manager also carried out spot checks on staff to ensure they were supporting people in a way that was safe and reduced any potential risk. Staff we spoke with were able to tell us about the risks facing the people they supported and for example, how a change in behaviour could indicate a person was at risk of malnutrition. The manager shared with us their clear vision about how people should be supported to live their lives to the full and said that the service aimed to support people in such a way that activities were managed safely rather than avoided. Where accidents or incidents had taken place these had been recorded as well as actions taken by the manager to reduce the likelihood of them happening again.

Everyone we spoke with told us there were sufficient staff to support them and people had a small group of staff members who provided them with consistent support. One relative said, "Staff are very good, they are always there when [person's name] needs them." People told us that there were times when staff were late, or they were supported by a different staff member, however they said they were contacted ahead of time to let them know of any changes and said they did not see this as a problem. The manager told us they and the assistant manager supported people if a member of their usual care team were not available. The manager told us they used agency staff as a last resort and any new staff were required to shadow a member of the person's care team before providing support to people.

We looked at two staff files and saw the provider had carried out appropriate checks to ensure staff were safe to work with people. Staff told us and we saw from records, that the provider had conducted recruitment checks including requesting references from people's previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. The manager told us they discussed the importance of values with job applicants to ensure they were clear about the expectations of the provider in providing people with person centred support. This helped them to ensure they were employing people who would be suitable for people receiving support.

People were happy with the way they received their medicines. Staff told us they received training in supporting people with their medicines and their competency to administer medicines had been assessed by a member of the management team. One staff member shared with us an example of how they had

contacted the assistant manager for support and advice when they found a person's medicines did not match the records when they were delivered. The staff member told us they were supported by the assistant manager to resolve the issue.

Is the service effective?

Our findings

All of the people and relatives we spoke with were happy with the support they received from staff. People told us they felt staff were trained and had the skills required to support them, or their family member. One relative said, "I am happy with the support, they've been alright with us, I would recommend them." Staff told us they received training relevant to their role, and were able to ask for additional training if required. One staff member said, "I feel I am well supported, any training you request, they find you." Staff told us they received an induction when they first started working at the service and this included being introduced to the people they would be supporting as well as working alongside more experienced staff members as they learned about people's individual needs. One staff member said, "My induction was really good, I was not thrown in, I was given time. You always have contact numbers for the manager's if you need them." The manager told us and we heard from staff, how where possible they matched staff with people who had similar interests. For example a person who enjoyed watching sports was supported by a staff member who also enjoyed this. Where people had specific communication needs they were supported by staff who had the appropriate skills to effectively communicate with them, for example, using sign language.

All of the staff members we spoke with expressed confidence in the management team and told us they felt supported in their role. One person said, "I can get in touch with the managers at any time. When you're working in the community you can feel isolated, but I don't, I know I can get in touch and things are always dealt with." Staff were supported through regular one-to-one meetings with a member of the management team or a senior support worker. The provider told us in their PIR they planned to introduce annual appraisals for staff as an additional review and to give staff recognition; this was confirmed at the inspection.

People told us staff asked for their consent before providing them with care and support. One person told us staff asked "if they were happy" before helping them. Staff understood the importance of gaining people's consent and told us they had received basic training in the Mental Capacity Act 2005 (MCA). The 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. We discussed MCA with the manager and both they and staff demonstrated to us that they understood their responsibilities and people's individual wishes were acted upon. We reviewed information about capacity in people's care plans and found people had been involved in making decisions about their care and support and where relevant people's capacity to make certain decisions had been recorded in order to provide guidance for staff.

One person we spoke with told us staff supported them while shopping for their food. Staff we spoke with were aware of the person's dietary needs and helped the person plan a menu and shop for items to prepare meals. Staff supported the person to maintain a balanced diet and encouraged them to make healthy choices where possible. The person was supported to make different food choices through the use of a picture menu, which enabled them to make decisions for themselves about what they would like to eat.

Staff had the knowledge required to support people with their health needs. For example, staff told us they supported people to attend medical appointments and reported any changes in people's health needs to the management team so that people received up to date care. During the inspection visit we observed the management team updating people's relatives about their changing health needs, and also communicating with staff to ensure people's healthcare needs were met. One relative told us, "I am always kept updated, when the paramedics had to be called, I was informed." People's care records detailed their health needs, conditions and any prescribed medicines. The manager shared with us an example of how staff had supported one person to attend a health screening appointment, by obtaining the information the person needed in an 'easy read' format. This enabled the person to make their own decision about the appointment.

Is the service caring?

Our findings

People told us they were happy with the way staff supported them. One person said, "I like the staff, they are there to help me." Relatives were also happy with the way their family members were supported. One relative told us, "The staff are friendly and make me feel comfortable." We observed one person discussing their activity plans with staff and saw they were confident to approach staff and had a good rapport with them.

People and their relatives told us staff listened to them and understood their needs and preferences. One relative said, "They do listen and always talk to me nicely. Some of the staff have a really nice way about them." Everyone we spoke with referred to the manager and the assistant manager by name and expressed confidence in them. People told us they had regular contact with the managers and were confident they would respond to their requests. One relative told us, "I talk to them [the managers] regularly, if I have a question, or if I leave a message, they always call me back." People and relatives were involved in decision making about their support and told us they were informed about any changes to their care and support.

Staff we spoke with were able to tell us how people expressed their views and how they made decisions about their day to day support. One staff member said, "It's about how well we know the person, understanding how they communicate, that's how I involve people." Another staff member told us, "I try and support [person's name] to make their own decisions. I have learned how best to communicate with them and give them time so they can let me know what they think."

Relatives told us their family members were supported in a way that protected their privacy and dignity. One relative told us, "The staff know how to respond to [person's name]'s behaviours, they support them calmly and in a positive way." Staff shared with us examples of how they treated people with dignity when supporting them with personal care, for example, covering the person with a towel and closing curtains. People's care records were written in a positive way which included information for staff about the things people could do for themselves. This enabled staff to support people in a way that promoted their independence. For example staff supported one person to use a mobile phone, which enabled them to keep in touch with people.

Is the service responsive?

Our findings

People and their relatives told us they were involved in discussions and decisions about their care and support. One relative said, "I get to contribute, I am quite happy." Another relative told us, "I am in regular contact with them [managers]; everything I've asked for has been done." We saw from people's care records they were involved in the assessments, planning and reviews of their care.

People's care records included details about their life histories, likes and dislikes as well as their preferences in terms of their own personal goals. One person we spoke with was being supported by staff to develop their literacy skills and there was guidance available to staff as to how best to support the person with this. We saw people's care needs were reviewed and any changes were recorded. Staff told us they reported any changes in people's needs to the manager or assistant manager; care records were then updated and other staff informed. Care records also detailed people's expressed wishes. For example, one person had requested staff wear slippers or shoe protectors while in their home; this information had been shared with staff to ensure the person's wishes were respected. During the inspection we observed staff contacting people to discuss their care needs and plan any changes to their usual support hours. The manager told us they tried to provide a flexible service and support calls were regularly rearranged to suit people's needs and requirements. Where people had specific language or communication needs we found their care records contained details of their preferred interpreter who was contacted when required to support communication and decision making.

People were supported to follow their interests and take part in activities that they enjoyed. We saw that people were supported flexibility to enable them to make the most of their support hours. People were supported to attend day centres, visit family and friends, and enjoy evenings out.

People told us they knew how to complain if they were not happy about any aspect of their care or support. One relative said, "I'm quite happy to get in touch if I need to. I haven't had to make a complaint, but I know if I did they would definitely respond." Another relative told us they had asked to be informed if a new carer was coming to support their family member and this had happened. They told us they were pleased with the response. Staff were aware of how to deal with any complaints they received and were confident that the management team would address any issues raised. Although no formal complaints about the service had been received the manager told us they tried to address any issues as they arose. There was a system in place to manage complaints and people received details of how to complain when they started to receive support.

Is the service well-led?

Our findings

Everyone we spoke with expressed their confidence in the management team. One relative said, "I am very happy, I usually speak with [assistant manager] and they are very good." Another relative said, "I would recommend them, I think it's a good service." Staff also expressed positive views about the management of the service. One staff member said, "I think there is a strong team. They are really approachable. They are available day and night."

Staff told us they felt supported by the manager and the assistant manager. One staff member shared how they had discussed some concerns about a person's support and the assistant manager had responded by attending one of the support calls and carrying out an observation. This helped the staff member develop confidence in their own practice. Another member of staff told us they had contacted the manager because they were concerned about a person's safety. The manager supported the staff member to make changes to the planned support which suited the person receiving support and kept them safe from harm. We saw the provider operated an on-call system to ensure a member of the management team was available to support staff at all times. Staff told us this gave them confidence when working alone. One staff member shared how they had contacted the manager one evening and the manager had travelled to their location to offer additional support.

People had recently been asked to give feedback about the service they received. One person's relative had commented, "Eden provide a quality service. All of the staff are very friendly, approachable and professional." Another relative had said, "The help my son gets is very good and we could not do without them." All of the staff we spoke with told us they felt able to express their views about the service and were confident they would be listened to. One staff member said, "I am happy to say what I think." The manager told us they planned to introduce staff meetings to improve communication with the staff team and also gather some formal feedback from staff about how they felt working at the service. However, at the time of the inspection staff were happy with the communication methods used and felt able to give their feedback about the service and any improvements that could be made.

Although there was not a registered manager in place the provider was currently running the service with the support of the assistant manager. They told us they planned to make a joint application to become the registered managers. The provider was experienced and knowledgeable about the needs of people using the service. They were aware of their responsibilities as a registered person. The management team regularly reviewed the quality of care provided and carried out audits of key areas of the service including care plans, spot checks on support calls, accidents and incidents and medicines. The manager told us they were reviewing their quality assurance processes in order to make them more effective. We saw the provider had taken action where areas for improvement had been identified. For example, by planning the introduction of staff meetings to offer staff more opportunity to give feedback and benefit from joint learning.

The manager was open about the areas they felt needed to be developed. They shared with us their plans to introduce coffee mornings for people and their relatives, as well as developing support to enable people to

go on holiday. They told us, "We try to support people in a way that we would like to be supported. People should be able to have a life that they enjoy."