

Eden Supported Living Limited

Derbyshire Regional Office (Eden Supported Living Limited)

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

About the service

Derbyshire Regional Office (Eden Supported Living Limited) provides personal care for people. At the time of our inspection 10 people were living in independent apartments. However, 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. There were two people receiving a service at the time of our inspection.

People's experience of using this service and what we found

Where people were concerned about their safety they knew who to speak with. The staff knew how to reduce avoidable risk to prevent harm and understood how to recognise and report any abuse. People were supported by staff when out and took responsible risks, so they could do the things they enjoyed. People knew what medicines they needed to take, and staff supported them to take these as prescribed. Staffing levels were sufficient and flexible to support people and checks were carried out prior to staff starting work, to ensure their suitability to work with people.

People accessed health care when they were unwell and as part of their planned care to keep well. Staff knew people well and received training to improve their knowledge of care and enhance their skills.

People's consent was sought before they provided care. 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.

People had opportunities to develop their independence and maintain relationships with people who were important to them. People were supported with kindness, compassion and respect.

People were involved in the planning and review of their care and family members continued to play an important role. Staff gained information about what was important to people so that they could provide care which met their preferences. Where people had any concerns, they were able to make a complaint, and this was responded to.

The staff listened to people's views about their care and people were able to influence the development of the service. The registered manager assessed and monitored the quality of care to ensure standards were met and maintained. They understood the requirements of their registration with us and informed us of information that we needed to know.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 13 December 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on when the service was registered.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Derbyshire Regional Office (Eden Supported Living Limited)

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.

This service is a domiciliary care agency. It provides personal care to people living in their own apartments.

The service had a manager 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.

Inspection team

One inspector carried out this inspection.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. 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.

During the inspection

We spoke with two people who used the service, two staff, the regional quality manager and the registered manager. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were helped to understand what potential abuse was and how to report it. Staff explained how they would recognise and report abuse. Procedures were in place to ensure concerns about people's safety were reported to the registered manager and local safeguarding team. One member of staff told us, "The safeguarding procedures are displayed on the wall and I wouldn't hesitate to make a report."
- The staff knew the action to be taken to escalate concerns and knew about the whistleblowing procedure and how to use this. Whistleblowing is when concerns are raised about a wrong doing at work.

Assessing risk, safety monitoring and management

- People were supported to take responsible risks and received support with living skills and when out. People took responsibility for their life and how they spent their time and their care records reflected their support and associated risks.
- Some people had complex needs which may cause them to act in different ways. There were care plans to identify how to help reduce any assessed behaviours and what may trigger a person to behave in a way which may cause harm. Staff understood how to distract or divert people when needed, to keep them and others safe.
- There were plans in place to assist people in emergency situations, such as in the event of a fire.

Staffing and recruitment

- People felt there was sufficient staff to provide the support that had been agreed. Where cover was needed, the provider used the services of agency staff. One person told us they preferred the support from staff who were familiar to them, and this was respected.
- When new staff started working in the service, recruitment checks were completed to ensure they were suitable to work with people. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service. The recruitment records confirmed these checks had been completed prior to new staff starting to work in the service.

Using medicines safely

- People were supported to have their medicines as prescribed. We saw one person had medicines dispensed in a blister pack to enable them to easily recognise which tablets they needed to take each day.
- People chose to have their medicines stored in the office and the staff had received training for administering medicines and had been re-assessed to ensure they were competent. The staff demonstrated a good knowledge of what medicines people needed and why they were required.

Preventing and controlling infection

- People were helped to maintain their home and keep this clean.
- Staff had access to protective equipment and knew how to maintain good practices to maintain good infection control standards.

Learning lessons when things go wrong

- There were systems in place to review the service when things go wrong to ensure that lessons were learnt, and that action was taken to minimise the re-occurrence. Accidents and incidents, and any safeguarding concerns were reviewed within the service and across all services managed by the provider, to identify where improvements could be made.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Pre-admission assessments were completed to ensure the provider could meet people's support needs. People felt they had been involved with their assessment to ensure staff knew the support they wanted, their preferences and dislikes.
- A care plan was developed which recorded how people's needs and choices could be met in line with national guidelines and best practice principles.

Staff support: induction, training, skills and experience

- People were supported by staff who received training to develop and maintain the skills they needed. Where people had specific health conditions, training was organised to help staff understand how to provide this support.
- New staff completed an induction to understand how the home was managed, their role and they were given time to get to know people. All staff completed the care certificate to ensure they had the knowledge, skills and behaviours expected to support people. One member of staff told us, "The trainers here make you want to succeed and are really supportive."
- The staff received supervision and were asked whether they needed more support and discussed their personal development and identified where further training was needed. Staff were encouraged to reflect on their practices and how they supported people.

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

- People were assisted to eat the food and drink they liked and were helped to go and purchase their shopping. One person told us they had their main meal delivered and had a choice of what they wanted to eat, and staff prepared a lighter meal to eat in the evening.
- When people were independent in their home, the staff ensured food and drink was accessible.
- Where people needed support with food preparation, a record was made of the support they received and any concerns.

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

- People were responsible for managing their own health care and chose what services they wanted to use. We saw people were assisted to visit their GP and they told us they could choose whether to have any medical consultation in private or to be supported by staff.
- The staff understood where people had specific health concerns and could describe to us the support they provided to keep people well. The care records included information about any health care and outcomes

of any health intervention.

- The staff worked closely with other social and healthcare professionals including the community health teams to ensure people received coordinated care.
- Where people had specific health conditions, they knew this diagnosis and the impact this may have on their lifestyle.

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity was considered upon admission with support from health and social care professionals who people knew. Where it was identified that people lacked capacity, this was recorded and an application to restrict their liberty was applied for, to ensure any restrictions were lawful.
- The registered manager understood that where people's capacity changed, further assessments would be needed to ensure decisions were being made in their best interests.

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.

This is the first inspection for this newly registered service. This key question has been rated Good.

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; respecting equality and diversity

- People were happy and liked living in their home and receiving support from the staff team. They told us the staff were kind and caring and were always happy to help. People were recognised and valued as adults and the staff showed a commitment to enabling them.
- Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke with people in a friendly and respectful manner.
- Staff knew what people liked and what was important to them and were comfortable and happy around staff who valued the relationships they had developed.
- People were supported to be independent and staff recognised their human rights. The staff did not discriminate on the basis of sexual orientation or sexual gender and recognised people's diverse needs and how they expressed their sexuality. People's diverse needs were recognised, and staff enabled people to continue to enjoy the things they liked and try new experiences.

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

- People chose how to spend their time and were given time to consider their options before making a decision. The staff understood how to speak with people, so they understood what was being said and could make choices.
- People could choose who provided their support including recruiting personal assistants to support them, in addition to having support from staff.
- People made decisions as to whether they went out, what they wanted to do during the day and what they had to eat and drink. We saw staff listening to people and their choices were respected.
- People attended meetings outside of the home where decisions were made about their support and they were able to share their views and felt they were listened to.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, and people understood that the staff were employed to support them and they retained control in their life. One member of staff told us, "The service is about achieving life skills and independence ; It's good that people are able to move on."
- The living arrangements meant that people had their own apartment in a shared complex and staff respected their home. We saw staff knocked on people's front doors and waited to be invited in.
- People maintained relationships with family and friends who could visit when they chose and, with the person's consent, be involved with supporting them to make decisions about their support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had a support plan which they kept in their home and told us they had been involved in how this was developed. We saw the support plans were personalised and contained information to assist staff to provide support.
- People's care records were reviewed regularly or when people's needs changed to ensure it met their current support needs.
- People chose where to go and how to spend their time; we saw people were asked what they wanted to do that day. The staff were available to provide support when needed and spent time with people to meet their support needs and help to keep them safe.

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 assessed to help understand how people needed information to ensure their understanding.
- People felt they had enough information about the service and had chosen to have support from staff to read this. Pictorial information was available to assist people to understand how their support could be provided and how to act if they had any concerns.

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

- People received an agreed level of staff support at a time they wanted it, and this took into account the activities people wanted to do in their home and when out. The level of support was reviewed with the person and people who commissioned the service to ensure it continued to meet their needs.
- Staff knew people's histories and provided personalised support to enable them to continue to engage with activities that interested them. People told us they maintained responsibility for deciding how they spent their time, including whether they wanted to follow their interests and spend time with others. One person told us when at home they liked to knit and listen to music. We saw some staff knitted with them and the person was pleased that they were making blankets for charitable causes.
- Some people had their own car and specific staff were insured to drive this and helped people to visit family, attend appointments and do the activities they enjoyed being involved with. People had access to public transport or used private transport services to travel to where they wanted to go.

Improving care quality in response to complaints or concerns

- People knew how to raise issues or make a complaint and felt confident that any issues raised would be listened to and addressed.
- The provider had a complaints procedure and staff understood the need to investigate any complaints. There had been no complaints made since registration of the service.

End of life care and support

- There was no one receiving end of life care, however, this had been discussed with people. The care plan included information they had shared about any care they would like at the end of their lives. This included how they would like their funeral to be organised and conducted.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- There were systems in place to monitor the quality of the service. These checks included whether reviews had been completed on support plans, medicines management and health and safety.
- Where concerns with quality were identified, action was taken to improve quality and the action plan and improvements were monitored and reviewed.
- The provider had oversight of the management arrangements and reviews across all the services they managed, they used this information to maintain and make improvements across the service. Where serious incidents occurred, the registered manager explained an alert would be sent to senior managers to ensure staff had support to address any concern or assistance to manage the incident.
- The registered manager and staff felt the provider listened to them and there was 'a no blame culture' within the service. They told us this helped them to review the service provided and look at how improvements could be made.
- The staff understood their roles and responsibilities and felt senior staff and the registered manager listened to them and they felt valued. Staff achievements were celebrated, and they achieved excellence awards where they had excelled or achieved a specific positive piece of work.
- The registered manager assessed and monitored the staff's learning and development needs through regular meetings with the staff and appraisals. Staff felt that they were well supported and able to develop in their role.
- The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

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

- People using the service had opportunities to be involved in monitoring the quality of other services managed by the provider and were involved with the recruitment process for new staff, including at interviews. Staff explained that this enabled people to play a positive role in the development of the service and influence how the service developed.
- People were asked for their views on the quality of the service through satisfaction surveys and when carrying out their personal review.

- Staff were encouraged to contribute to the development of the service. Staff meetings were held for them to discuss issues relevant to their roles and how the service was inspected.

Working in partnership with others

- The registered manager had established effective links with health and social care agencies. They worked in partnership with other professionals to ensure that people received the care and support they needed.