Eden Supported Living Limited

Mansfield Regional Office

Inspection report

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Date of inspection visit:
04 July 2018
06 July 2018

Date of publication:
13 August 2018

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 service provides care and support for up to six people living in 'supported living' individual settings in and around Mansfield, Nottinghamshire. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in place at the time of our inspection. 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.

People were supported by staff who understood their responsibilities in protecting them from abuse and avoidable harm. Staff received training in safeguarding and the provider had safeguarding policies and procedures to inform practice. People had information of who to report any safeguarding concerns to.

People were supported with their tenancy to live in a safe environment. People received support from a team of staff that provided consistency and continuity. People had been consulted about the staff they wanted to support them. Safe staff recruitment checks were carried out before staff commenced employment.

Where required people received appropriate support with the administration, storage and management of their prescribed medicines. Staff were aware of the importance of infection control measures and had received appropriate training.

Staff received an appropriate induction and ongoing support and training. The registered manager used best practice guidance, to develop and support staff to provide effective care and support. People were fully involved in meal preparation and choice.

Systems were in place to share information with external services and professionals when required. People received appropriate support to maintain their health and achieve good health outcomes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people lacked mental capacity to consent to their care and support, assessments to ensure decisions were made in

their best interest had been consistently completed.

People were involved in their care and support, and staff respected their privacy and dignity. Independence was promoted by staff, who clearly understood the principles of supported living. People were enabled to self-direct the support they received; this was empowering and gave people maximum choice and control of how they lived their life. Staff had a good understanding of people's diverse needs, preferences, routines and personal histories. People had access to advocacy support should this support be required.

People were fully involved in their care and support, and lead active and fulfilling lives. The service supported people to achieve their hopes, dreams and aspirations and further improvements were planned to support this. People's support plans focussed on their individual needs, creating a person centred approach in the delivery of care and support. Staff used effective communication methods to support people's sensory and communication needs. People had access to the provider's complaints procedure that was presented in an appropriate format for their communication needs.

People who used the service, relatives and staff were positive about the leadership of the service. There was an open and inclusive approach and the values were based on social inclusion that the staff fully understood and adhered to. Staff felt listened to, supported and involved in the development of the service. People who used the service received opportunities to share their views and experience of the service. Audits were carried out and action plans put in place to address any issues which were identified as needing improvement.

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.

Staff were aware of their responsibilities to protect people from avoidable harm.

People were supported to manage any risks safely and had no undue restrictions placed upon them.

There was sufficient staff available that were skilled and experienced, to support people and safe staff recruitment checks had been completed.

Where required, people were supported with their medicines. Staff followed good practice in infection control.

Is the service effective?

Good

The service was effective.

Staff received an induction and ongoing training and support, to keep their knowledge and skills refreshed.

People had choice and control about their food and drink and were provided with support if required.

People were supported to access health services.

People's rights were protected by the use of the Mental Capacity Act 2005 when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and had a person centred approach.

People had information about independent advocacy services to represent their views if needed.

People's privacy and dignity were respected by staff and

independence was promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in their assessment, transition plan and in the development and review of their support plans.

People led active and fulfilling lives where they had autonomy and control.

People were supported where required with social activities, interest and hobbies.

People's communication needs had been assessed and planned for.

The complaints procedure had been made available in an appropriate format for people. Complaints made had been investigated and action taken to resolve them.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff were positive about the leadership of the service.

People received opportunities to share their experience about the service.

There were processes in place for checking and auditing safety and quality.

The management team had a commitment to continually drive forward further improvements and an action plan was in place to achieve this.

The registration and regulatory requirements were understood and met by the registered manager.

Mansfield Regional Office

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 was a comprehensive inspection that took place on 4 and 6 July 2018. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that staff would be available. The inspection team consisted of one inspector.

Before the inspection, we used information the provider sent us in the Provider Information Return to help us plan this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We contacted commissioners of adult social care services who fund the care package provided for people. In addition also spoke with two relatives by telephone.

On the first day of the inspection, we visited three people in supported living houses these were two shared houses and one single occupancy house. We also spoke with three support workers. On the second day, we visited the provider's office and spoke with the registered manager, a new staff member who was due to take over registered manager responsibility for the service, a quality manager and a team manager. We looked at all or parts of the care records of four people, along with other records relevant to the running of the service. This included how people were supported with their medicines, quality assurance audits, training information for staff and recruitment and deployment of staff, meeting minutes, policies, procedures, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were supported by staff that protected them from abuse, avoidable harm and discrimination. People told us they felt staff supported them to remain safe. One person said, "I feel safe, the staff are brilliant, I have numbers to call if I don't feel safe and an emergency life line." Relatives were confident staff supported their relation to live in the community safely.

Staff demonstrated they understood their role and responsibilities to protect people. One staff member said, "Our first role is to make sure the person is safe and call the on-call or the manager." The provider had systems and processes in place to support staff to protect people from risks associated with abuse and avoidable harm. Staff had received training and updates in safeguarding adult's procedures. Staff told us about the provider's whistleblowing policy and told us they would not hesitate to use this if required. A 'whistle-blower' is a member of staff whose identity remains anonymous who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

People had information available to them of how to raise any safeguarding concerns, this was presented in an appropriate easy read format to make it accessible for people. Where safeguarding concerns had been identified or reported, the registered manager had implemented the multi-agency safeguarding procedures correctly.

People did not experience any undue restrictions. People told us they were involved in discussions about how any risks associated with their needs were managed. One person told us how they accessed their local community independently and that there were no restrictions of when they went out and returned. A staff member said, "Positive risk taking is important. For example, we use to manage a person's medicines but they do this now independently." Another staff member said, "People have the right to make mistakes and live the life they chose, we support them to consider the risks and look at ways of managing these."

People were supported to live in a safe environment. Staff supported people to complete safety checks and to report any maintenance requirements to the landlord. Risk assessments were in place to instruct staff of how to manage risks and these were regularly reviewed. This included, risks associated with any health conditions such as diabetes.

Some people experienced periods of high anxiety that affected their mood and behaviour. Some people expressed themselves through behaviours that could be challenging to themselves or others. Staff told us they had received accredited training in techniques to manage behaviours such as diversional strategies and redirection. Incidents of behaviours that were challenging were recorded and reported to senior managers for analysis. Staff were given de-brief meetings to reflect on what had occurred and to consider if they could have done anything differently. The registered manager gave examples of how they had worked with external professionals, for additional support and guidance to manage behaviours. This meant people could be assured they were supported by staff safely and effectively.

The provider had sufficient staff to meet people's needs and staff had the right mix of skills and experience.

People told us staff were available when they required support. Two people told us they knew what staff were supporting in advance and when and we saw they had this information available. One person told us they had previously received details of what staff were planned to support them, but this had not been received recently. The registered manager told us this was because the person had changed their email address. However, after our inspection we received information from the office staff, to advise they had made new arrangements for the person to receive information about what staff would be supporting them. Relatives felt there had been improvements in how staff were deployed. One relative said, "They [relation] did have different staff all the time but recently it's got better, they are having more regular, consistent staff."

Staff told us how they worked in different teams to support people and was supported and accountable to a team leader. A staff member told us how people had been involved and consulted about their preferences of staff that supported them and a person who used the service confirmed this to be correct. This meant that the provider embraced the principle of self-direct support and people were given choice and autonomy. Another staff member told us that staff picked up any staff shortfalls, due to sickness or leave. This meant people could be assured they would receive support from staff that were familiar with their needs.

Staff had completed safe recruitment checks before they commenced. This included past work history and a check on any criminal convictions. This supported the provider to make safe recruitment decisions.

Some people required support with the management and administration of their medicines and some people were independent. Information we reviewed confirmed staff followed safe and best practice guidance. Staff had received appropriate training and had policies and procedures to inform practice and these were found to be working well. There were systems in place to check people had received support with the management and administration of medicines. People were also supported to have their medicines reviewed with the GP or psychiatrist. We noted that a person, who self medicated, did not have a risk assessment to ensure any risks had been assessed and planned for. The registered manager assured us this would be completed.

People were supported to ensure infection control prevention measures were in place and used. For example, staff supported people to maintain good standards of hygiene and cleanliness within their home to reduce the risk of cross contamination and the spread of infection. Staff had also received training in infection control and in food hygiene and understood the principle of safe food handling.

The provider had systems and processes in place to effectively manage accidents and incidents. Staff had access to an electronic system they used to log any accident and incident and the registered manager and other senior managers reviewed this. This meant there was continued oversight of the service to ensure action was taken to mitigate further risks. The registered manager gave examples how they arranged reflective meetings after incidents, as a method to review if lessons could be learnt. An example was given how staff had worked with the provider's internal autism specialist, for additional support and guidance in managing a person's needs.

Good

Is the service effective?

Our findings

People had an assessment of their needs before using the service and the assessment was based on best practice and current legislation. This included the protected characteristics under the Equality Act, to ensure any specific needs were identified and planned for. Support plans included consideration to any needs associated with a person's disability, to ensure they were not discriminated against. For example, people received a service user guide presented in an easy read format to support any communication needs people may have had. This information provided detailed and useful information of what people could expect from the service. Information included the principles of what supported living means and reflected current legislation, standards and best practice. We found people had a clear understanding about the support they could expect.

People who used the service and relatives were confident staff were appropriately skilled, competent and knowledgeable about their needs. A person said, "I like all the staff, they are funny, we have a laugh, they help me, I think they're good." A relative said, "Some staff are quite good." Another relative said, "I think the staff are competent."

Staff received an induction, ongoing training and support to ensure they met people's needs effectively. A staff member said, "The induction included shadowing other staff. I felt the induction was really helpful and prepared me for the job." Another staff member told us about the training they had received and felt this was varied and sufficient in meeting people's needs. They said, "Training is on-line, it's not as good as face to face but is quite good." Staff also told us they receive regular opportunities to meet with their line manager to discuss their work, training and development needs.

Staff records confirmed they had received an induction on commencement of their employment and this included completion of the Care Certificate. The Care Certificate is a national set of standards that health and social care workers are expected to adhere to. Following successful completion of the staff induction and shadowing, staff were then assessed as being competent to work alone. The staff training record showed staff were up to date with their training needs. Training included, moving and handling, learning disability awareness, first aid and diabetes awareness. Staff records also confirmed they had supervision and appraisal meetings to review their work as described to us. This meant people could be assured staff had been sufficiently supported to enable them to do their job effectively.

People were supported with any dietary and nutritional needs, and choices and independence were promoted. For example, people who shared accommodation with others either agreed together what meals they would have or they chose to eat independently. A person said, "Sometimes we [other tenants] eat together and sometimes we don't – it's our choice what we do."

Another person told us they wanted to lose weight but acknowledged they found this difficult and that they sometimes made unwise food choices. We noted that this person's care records stated how staff were required to support them to plan their meals for the week. A weekly shopping list and menu plan was required to be developed with the person. This had not been happening, the person's daily records did not

show staff had provided support to menu plan and complete a shopping list as required. This person told us they were aware they were border line diabetic and what this meant for them. Whilst this person was aware of the implications of poor food choices, we were concerned they had not received sufficient support as described in their support plan. We discussed this with the registered manager, following our inspection they confirmed a review meeting had been held with the person and their support needs reviewed.

We saw people made snacks and drinks independently and where people required support, staff were attentive ensuring choices were given, respected and acted upon.

People received support to access health care services. A person said, "The staff always go with me to any health appointments." A relative said, "Staff are very good with supporting with health needs."

People's care records showed their health needs had been assessed, planned for and monitored. A person told us about a specific health condition they had and how staff supported them to manage this. Staff had been provided with NHS factsheets as an additional method to develop their understanding and awareness on particular health conditions. The registered manager gave examples of how they worked with external health care professionals such as GP's, psychiatrist and social workers to achieve positive health outcomes for people. This was confirmed in people's care records.

Information was shared with external agencies where required and in line with confidentiality and the General Data Protestation Regulation. For example, health actions plans were used. These were used to record people's health care needs and appointments and can be used by other clinicians as a method to provide ongoing health care.

People were happy to show us around their home and knew whom their housing tenancy agreement was with and what their responsibility was as a tenant. People were satisfied with their living environment and said it met their current needs. A staff member told us how one person had recently been assessed by a physiotherapist with their mobility needs, to ensure they continued to use the stairs in a safe way.

People who lack mental capacity to consent to arrangements for necessary care or support, can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in supported living are through the court of protection.

Staff showed they understood the principles of the MCA. Support records showed capacity assessments and best interest decisions had been made for specific decisions where a person lacked mental capacity to make these themselves. For example, with medicines. Where concerns had been identified in relation to a person being restricted of their freedom and liberty, the registered manager had completed an application for the local authority to be submitted to the court of protection. This meant people could be assured their legal rights were protected and understood.

Good

Is the service caring?

Our findings

People were supported by staff that had a person centred approach and were kind and caring, this had enabled people to develop positive relationships with staff. A person described the staff as, "Brilliant." Another person said, "I think the support is amazing."

Staff were knowledgeable about people's routines, preferences and what was important to them. Staff showed warmth, care and sensitivity when talking about people they cared for, clearly indicating they enjoyed their work. A staff member said, "I really enjoy my work, it's the best job I've done, it's great being able to support people in how they want to live their lives." Another member of staff told us how they had worked a longer shift out of choice. Additionally, how they had supported a person with their wish to lose weight by accompanying them to the gym they used out of work.

We saw people looked relaxed in the company of staff, lighted hearted jovial exchanges were had, indicating people knew staff well and they felt comfortable in their presence. Staff included people in discussions and decisions such as how they wanted to spend their time.

People told us they were involved in discussions and decisions about their support and their care records showed how they had been consulted and involved. A person said, "The staff talk with me about my support plan and then I sign it to say I'm happy with it." Relatives told us they were involved in their relations care and support. However, relatives told us they were not invited to attend any review meetings. The registered manager gave an example of how meetings had involved a relative to discuss a specific concern. However, the management team told us this was not routine, but plans were in place and how they had a commitment to develop person centred review meetings in the near future.

People had access to information about independent advocacy services. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known., Whilst no person at the time of our inspection had advocacy support, they could be confident staff would support them to access this if required.

People's privacy and dignity was respected. People who used the service confirmed that the staff knocked on their door before entering and respected that they were visitors in their home. People told us they felt staff listened and respected their lifestyle choices. We saw how staff spoke with people as equals and respected their opinions and decisions.

Staff told us how they respected people and encouraged people to maintain their independence. A staff member said, "We give people a choice with everything, we want and encourage people to be independent, it's very important. Some people will become more independent and go on to live a more independent life." Staff told us they had sufficient time to support people and that the staff rota was changed to meet people's individual needs. This meant the support people received was flexible and individualised.

People had outcome focussed support plans that provided staff with guidance that promoted dignity,

respect and independence at all times in the delivery of care and support. This meant the provider was clear about the standards of care and support people should expect from staff.

Staff had received training in equality, diversity, and the provider had a person centred approach policy. This meant staff were expected to provide an individualised approach that met people's cultural, spiritual and emotional needs and preferences from the point of assessment to the delivery of care and support.

Good

Is the service responsive?

Our findings

Following an assessment of a person's needs, support plans were developed with them and this provided staff with information on how to support the person. This information was reviewed with the person to ensure it reflected their current needs. We found people's support plans had been regularly reviewed with them. This meant information was individual to each person supporting staff, to have a person centred approach in the delivery of care and support.

People's support plans reflected their physical, mental, emotional and social needs, including the protected characteristics under the Equality Act. Staff were found to be knowledgeable about people's cultural needs, history, routines and preferences. A staff member said, "We include as much detailed information as possible, so staff can gain knowledge and understanding and provide support based on what's important to people." Another staff member told us of their approach when supporting a person. They said, "I find out what interests the person, something about them that's important, this helps with communication and developing a good relationship."

People who used the service had different support needs and lifestyles and staff adapted their approach to meet people's individual needs. For example, some people were very independent and had strong views about the support they required. Whilst other people had greater support needs and required 24-hour support from staff.

The Accessible Information Standard, which expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss was being met. People's communication and sensory needs had been assessed and staff had been provided with detailed information of people's preferred communication needs and preferences. For example, a person who had a hearing impairment used a variety of different communication methods to express themselves. This included Makaton a form of sign language, in addition, British Sign Language (BSL) and signs they had developed themselves. Staff were aware of this person's needs and preferences. This person's communication plan advised staff that they may require the support of a BSL interpreter for external meetings and that this should be considered and arranged if appropriate.

People were empowered to be active citizens of their local community. They had active and fulfilling lifestyles that were supported and respected by staff. A person said, "I go out independently, I like to go into town and say hello to friends on the market." Another person told us about the community groups they attended and the holidays they had been supported on. A relative told us, "[Name of relation] is supported to have a holiday at the family caravan – this is important to them [relation]. They have regular trips out, I'm pleased with the support."

The management team told us how they considered compatibility needs of people in shared accommodation. This included how they involved tenants in the assessment and transition process (this is a plan of how a new person is introduced to the service) to ensure people were fully consulted in who they may live with.

The provider had introduced an approach where people were supported to identify any goals and aspirations they had. For example, a person had shared their hope to go on to more independent living. This was recorded to inform staff that this was important to the person and what support was required to achieve this. The management team told us of their plans to develop person centred reviews, where people would be supported to arrange a meeting with people they chose to attend. This support would support the person to discuss their achievements and to identify and plan new personal goals. This approach reflected best practice guidance in learning disability services and was a good method to support people with their desired outcomes.

A person told us how they used to participate in staff interviews and attend staff meetings, but these opportunities were not currently available. The new management team were positive about reintroducing these opportunities. This person also told us there were house meetings where issues about communal living were discussed and the service they received from staff. People also had the opportunity to visit the office to visit the management and office staff.

People had access to the provider's complaint procedure and this was available in a format that met people's communication needs, such as in easy read. People told us they felt confident to report any complaints and received opportunities to discuss any concerns with staff at any time. One person said, "If I'm not happy about something I tell the staff or contact [names given of team leaders and the registered manager]." Other people told us they were confident to raise concerns. Relatives gave examples of the action taken by staff when they had raised concerns, such as not have consistency of staff. This meant people were aware of their rights to raise a concern or complaint. The complaints log showed what action had been taken in response to complaints made and this followed the provider's complaint policy and procedure.

At the time of the inspection, no person using the service was receiving end of life care. However, people had an end of life care plan that reflected their wishes. Staff were aware of the principles of good end of life care and the importance of reviewing end of life care plans to ensure people received the care and support they required.

Good

Is the service well-led?

Our findings

The provider had an open and transparent culture where the aim and values promoted a person centred and inclusive approach. People who used the service and relatives were aware of who the registered manager was and were confident about contacting them. Some people told us the registered manager had visited them, but mainly they were supported by staff and a team leader.

The registered manager was in the process of changing their position within the organisation and a new manager had been appointed and had been in post for two weeks. The new manager had previously been a registered manager in another service and was well aware of the role and responsibility of the position of a registered manager.

A new quality manager had been appointed who visited the service regularly to support the registered manager and to complete audits and checks on safety and quality. Additional internal audits were completed by other managers such as health and safety. A quality team reviewed the systems and processes in place and used CQC key lines of enquiry to do this, these are used during an inspection based on the fundamental standards of quality and safety. This approach supported the service to continually monitor their own practice and delivery of care and support. The outcomes of audits and checks were used to develop an ongoing action plan to drive forward any areas of development. The management team were clear about the future development of the service. This included enhancing their approach to person centred approaches, to support people further to have autonomy and control of their lives.

The quality assurance processes that monitored quality and safety, meant the provider had continued oversight of the service. Staff were clear about their role and responsibility and showed a clear understanding of the provider's commitment to drive forward improvements.

Staff were positive about working for the provider and felt supported and valued. A staff member said, "The leadership is good, there are on-call managers who are supportive." Another staff member said, "It's a good company to work for, my experience has been good. There's an honest and trustworthy culture." Staff received regular support and opportunities to discuss their work. The provider's vision and values were understood by staff who showed a commitment in achieving these. A staff member said, "We promote people's independence and rights and support is based on what the person wants."

People were a part of their local community. They regularly used nearby facilities and amenities such as the local shops where they were well known. The organisation attended and participated in learning disabilities and autism provider forums. The registered manager had established working relationships with both the local health and community learning disability teams, to achieve good outcomes for people. The organisation had internal experts by experience; these were people who used the service. They were involved in quality assurance procedures and represented the views of other people who used the service. This was an effective and innovative way to ensure the experience of people who used the service was fully understood and valued.

The registered manager kept their knowledge up to date with current changes to best practice and legislation and received information alerts about any changes in health and social care. The registered manager attended meetings, where shared learning and information was exchanged to enhance practice and understanding. The provider had a monthly internal publication that was shared with staff to exchange information and learning from around the organisation. This included lessons learnt from information that had been reviewed for any common themes or topics. This learning was used as a driver to continually improve the service. This meant the registered manager was able to provide staff with effective support and this impacted on people achieving good outcomes.

People's right to confidentiality was protected. All personal records and information were kept securely in the office and treated in accordance with the General Data Protection Regulation.

The service had submitted notifications to the Care Quality Commission that they were required to do by law and had policies and procedures in place that were in line with legislation and best practice guidance.