

Eden Support Ltd

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Inspection report

Newhampton Arts Centre
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West Midlands
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Tel: 01902426339

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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: Eden Support is a domiciliary service that is located in Wolverhampton in the West Midlands. It provides care and support to people who live in their own homes within the community. It is registered to provide personal care to people who are elderly, have a learning disability or may have a physical disability. At the time of the inspection Eden Support was supporting 12 people.

People's experience of using this service:

People told us they felt safe with the staff who knew how to meet their needs, in the way they preferred. One person said, "I feel safe when the carers are assisting me, they all know me and know what to do." People were at the centre of their care and support; care plans enabled people to maintain their independence. Care records were regularly reviewed to ensure they met people's needs. Staff knew what action to take to protect people from the risk of abuse.

People were supported to have maximum choice and control of their life and they were supported in the least restrictive way possible.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

The staff spoken with respected and understood a person's right to privacy and promoted their independence. People told us the staff were kind and caring.

Staff demonstrated an interest in their role and the people they supported. It was evident by what people told us that the care provided is centred on the individual. They told us "We are included in decisions and they work with us not for us."

We met a number of people who use the service all were relaxed and we saw the people were comfortable with the staff.

The people's nutritional needs were met and people were assisted to prepare meals. Advice on diet choices to maintain their health and well-being was provided and staff knew when to refer people to other health professionals.

There was a complaints procedure which was made available to people. People told us they had no worries with their support worker. The advocacy service is used should anyone need support to express themselves.

Rating at last inspection: Good (report published 12 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. Ongoing monitoring included information that quality had improved. We checked this in looking at the quality and

safety of the service.

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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 ●

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

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

Eden Support is a Domiciliary service that provides personal care to people living in their own homes and flats.

The provider of the service is also the registered manager and is registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Registered providers 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.

Notice of inspection

This comprehensive inspection visit took place on 28 March 2019 and was announced. The provider was given 48 hours' notice because the location provided a service to people who lived in the community. We needed to be sure that we could access the office premises and speak with people.

What we did:

We spoke with four people who used the service. During the visit we also spoke with both the registered manager/provider and five members of staff. We also observed interactions between the people,

management and staff. This helped us understand the experiences of the person.

We looked at the care records for four people and discussed their activities and interests. We looked at records relating to the management of the service. This enabled us to determine if the person received care and support they needed in an appropriate safe way.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding processes were in place. Risk of abuse had been minimised because staff were aware of safeguarding policies and procedures. Staff understood their responsibilities to raise concerns and to record safety incidents.
- Staff told us that they felt confident in whistleblowing if they had any worries.
- As part of the inspection process we contacted the local authority and they told us they had no concerns about the operation of the service.

Assessing risk, safety monitoring and management;

- The management team had continued to have a positive approach to risk taking and encouraged people to be independent.
- We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk.
- The risk assessments seen covered all aspects of a person's activity and were specific to reflect the person's individual need.
- We found risk assessments had been reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety and independence.

Staffing and recruitment

- New staff members had been recruited safely and in line with the recruitment policy and procedure, which is reviewed in line with legislation.
- Pre-employment checks were completed. This protected people from new staff being employed who may not be suitable to work with them.
- People's needs, and hours of support were individually assessed. There were enough staff employed to meet people's needs.
- People who used the service told us they did not have any concerns about the staffing levels.

Using medicines safely

- We found management of medicines continued to be managed safely.
- We reviewed the medicines administration records (MARs) and found they were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed.
- All staff have successfully complete a competence based training programme before being responsible for medication administration.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and food hygiene.

Learning lessons when things go wrong

- A record was maintained of all accidents and incidents. The registered provider/manager was keen to make sure any mistakes or incidents did not reoccur.
- Records were audited and contained information about how the accident or incident had occurred and any action that had been taken to minimise any future risk.

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

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

- We looked at four care plans, each person we spoke with had knowledge of their care plan and were keen to talk to us about the care and support they received.
- Records showed that the initial assessments had considered any additional provision that might be needed to maintain and promote independence for the individual.
- The management team continued to retain good relationships with health and social care professionals. This supported them to provide effective, safe and appropriate care which met the person's needs and protected their rights.
- The management team told us, "We care for people with complex needs, it is always our aim to improve the quality of life for a person."

Staff support: induction, training, skills and experience

- Staff continued to receive the training and updates they required to successfully carry out their role.
- Training included completing competency based skills training designed to ensure that carers had the skills and knowledge they needed to support people effectively.
- Staff had regular one to one supervision meetings and an annual appraisal of their work performance with the registered provider or a team leader.

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

- Care plans confirmed people's dietary needs had been assessed and support and guidance recorded as required.
- Advice was given on healthy choice and direction offered when shopping and menu planning.
- Staff spoken with during our inspection visit confirmed they had received training in food safety and were aware of safe food handling practices.

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

- Staff ensured people attended scheduled appointments and check-ups, such as visits to their GP or consultants overseeing their specialist health needs.
- Records were maintained of the person's appointments, these were informative and had documented the reason for the visit and what the outcome had been. This confirmed people's assessed needs were being fully met, in accordance with their plans of care.

Adapting service, design, decoration to meet people's needs

- The service was provided and adapted to meet the needs of individual.

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.
- We checked whether the service was working within the principles of the MCA. The management team had a good understanding of their responsibilities under the MCA and DoLS and the rights of the person were protected. We saw the people made all decisions for themselves as far as they were able.
- We saw the all care documentation was signed by the person giving their consent for the assistance required and appropriately sharing their personal information.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- During our inspection we spoke to four people that used the service. We saw there were positive relationships between the person and their support worker. People were comfortable and happy.
- Observing the relationships demonstrated the support staff were caring, respectful and protective with a clear understanding of the person's needs. The people received personalised care that focussed on their needs and provided an interesting and fulfilling life.
- The people all said they were happy and the staff were great. One person told us "I do lots of things and staff help me, they are my friends".

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's individual rights and choices.
- People were supported by staff to undertake tasks and activities aimed at encouraging and promoting their independence.
- Care plans included what people could do for themselves and where they needed support.

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

- Staff spoken with recognised what was important to people and ensured they supported them to express their views and maintain their independence.
- Care records we looked at contained evidence the person who received support had been involved with and were at the centre of developing their support plans.
- Information was made available about advocacy contacts, should someone require this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.
- Records contained information about people's current needs and choices. People we spoke with were able to freely engage in conversation and could express their views.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw that people continued to receive a personalised care service which was responsive to their needs and promoted their wellbeing.
- Care was personalised and centred on the individual. For example, details in care records highlighted how they were to be supported and their daily routines. People had no undue restrictions placed upon them.
- People were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about how they wanted to spend their time.
- Care plans were detailed and informed staff what the person's abilities were and the support they required.
- Daily visit logs were maintained. These were detailed and audited each week by a team leader.

Improving care quality in response to complaints or concerns

- Care records in people's homes contained the complaints procedure that the person or their relatives could complete and submit to the registered provider/manager. We saw the information described how to make a complaint and relevant steps to follow.
- The service had received no formal complaints. People we spoke with told us they were happy with the service and had no reason to complain about anything. One person told us "I am well looked after, the staff are really good, we have a good laugh".

End of life care and support

- The service is a domiciliary care agency. The aim of the service is to make independent living a reality by working with the people to overcome the obstacles of day-to-day life.
- The service was not currently supporting anyone who is approaching the end of their life. Everything possible was done to support people at this time, A 'When I Die' document is available for people should they wish to document their wishes.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were effective systems in place to monitor the quality of the service.
- The registered provider/manager was supported by a deputy manager who had applied for registration with the Care Quality Commission.
- The deputy manager commenced a programme of quality audits. Any shortfalls when identified, had an action plan in place to ensure these were resolved in a timely manner.
- The registered provider/manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- We found the registered provider/manager and the deputy manager were open and transparent. They focused on the needs of the people and on their wellbeing and strived to give them the best quality of life possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a clear management structure in place. During the inspection we spoke to both registered provider/manager and deputy manager. It was clear that there were clear lines of responsibility and accountability. Both were knowledgeable and familiar with the needs of people they supported.
- Discussion with the registered provider/manager and staff on duty confirmed they were clear about their role and between them provided a well-run and consistent service. For example, a staff member commented, "We make this job our life and we are here for people."
- The registered provider/manager together with the deputy manager consistently monitored the service and evidence demonstrated that quality assurance processes were in place. These ensured that effective, best practice was always adopted and the requirements of current legislation were being met.
- Systems involved meetings with staff and people that use the service to ensure the service continued to evolve and improve.
- The registered provider/manager took appropriate action to minimise the risks to the person's health and wellbeing. These included reviewing all care records and risk assessments.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Communication within the service continued to be facilitated through staff meetings and daily discussions. Staff told us that they were able to discuss any matter freely. One staff member said, "We were told that they are able to raise any topic and it is listened to and acted upon".
- The people were actively involved in how their support was delivered and they spoke positively about the support they received.
- There was a positive focus on supporting people to communicate and express their views.

Continuous learning and improving care

- The registered provider/ manager was keen to keep up to date with best practice and developments. By employing a deputy manager who has applied to become a registered manager will provide time to develop the service further and introduce new initiatives.
- There was a system in place for undertaking spot checks of staff to ensure that best practice was always practiced. This included ensuring that any staff were delivering care as detailed in the care plan and seeking feedback from people on the quality of care provided.

Working in partnership with others

- The service worked in partnership with other organisations to make sure everyone received the support they needed and received a quality service. These included healthcare professionals such as G.P's, district nurses and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.