

Eden Supported Living Limited

Eden Futures -Workshop and Mansfield Supported Living Services

Inspection report

Apartement 1 Old Bakery Yard
Newcastle Avenue
Workshop
S80 1NS

Date of inspection visit:
06 December 2023
07 December 2023
12 December 2023

Date of publication:
19 January 2024

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 Futures -Worksop and Mansfield Supported Living Services is a supported living service providing personal care to 14 people across 4 separate buildings in Worksop. Each person has their own separate apartment equipped with separate kitchen, toilet, and bathroom.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support:

People were encouraged to lead their lives in their chosen way and took control of decisions about their care. Independence was encouraged and supported. People felt able to discuss their care and support needs with staff.

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; the policies and systems in the service supported this practice.

People received their medicines safely; however, we did note some areas of medicine management that required reviewing to reduce the potential risk to people's health and safety.

We have made a recommendation to the provider about this.

Right Care:

People received dignified care that respected their privacy and human rights. Care and support was person-centred. Individualised care and support plans were in place that enabled staff to provide appropriate and safe care for each person.

Right Culture:

The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services led confident, inclusive, and empowered lives. People told us they liked the staff who supported them, they liked living where they lived, and they led happy and fulfilled lives.

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 31 March 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eden Futures -Workshop and Mansfield Supported Living Services

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 3 inspectors.

Service and service type

This service provides care and support to people living in 4 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

We gave the service 48 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us. We also wanted to cause minimal disruption to people who may have complex mental health needs and/or a learning disability which could have been affected by an unannounced inspection.

Inspection activity started on 6 December and ended on 12 December 2023. We visited the location's office on 12 December 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

During the inspection we visited all 4 supported living services for this registered location. We spent time talking with 8 people who lived across the 4 supported living services. We also spoke with 1 relative. We spoke with 6 support staff, 3 team managers, the registered manager, the operations manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also observed staff interacting with people within their own apartments and also in outside areas.

We reviewed a range of records. This included 10 people's care records, medication administration records and the daily notes recorded by care staff. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies, procedures and training records.

After the inspection we sent a questionnaire to all support staff to ask them about their experiences of working for this provider. We received 23 responses.

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 of 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 protected from the risk of abuse.
- People told us they felt safe with staff. A person was receiving a visit from their relative. We spoke to them both and they agreed that staff provided safe care and support.
- The provider had the policies and procedures in place that enabled any allegations of abuse to be identified, reported to management, and investigated. For serious concerns, these were reviewed by members of the senior management team to ensure any potential risks to the person/people involved were addressed appropriately. This also helped to reduce on-going risks to others.
- Staff understood how to identify the signs of abuse and/or neglect and felt confident concerns raised would be acted on. There were robust procedures in place to ensure people's finances were managed appropriately, reducing the risk of financial abuse.

Assessing risk, safety monitoring and management

- People received care and support that reduced risks to their health and safety.
- People were encouraged to make decisions about their own safety and the risks of certain choices were explained to them by staff. For example, people were advised of the risks of smoking and consuming alcohol; however, they were not restricted from doing so.
- Environmental risk assessments had been completed for each person's apartment as well as communal areas. Each person had individualised personal emergency evacuation plans in place. We also noted regular testing of fire safety equipment and practice fire drills had taken place. This ensured systems were in place to keep people safe in the event of an emergency that required evacuation.
- Support plans were reviewed and updated regularly to ensure they continued to meet people's changing needs. Staff told us they found the support plans helpful and guided them on how to provide safe care.

Staffing and recruitment

- There were enough suitably qualified and experienced staff in place to keep people safe.
- People and the relative told us staff were available to them or their family member when needed.
- Many people required continuous supervision (also known as one-to-one support) at certain times of the day to support them with specific tasks or to go out for activities. We noted records were thoroughly completed to show these hours had been provided and what each person had done. This helped to keep people safe but also gave them the opportunity to lead active lives.
- There was a continual assessment of the number of staff required to support people. The aim was to reduce the impact on people's freedom and to encourage people to become more independent where able. This maintained the provider's commitment to the principles of Right Support, Right Care, Right Culture.

- Staff told us there were enough staff available to support people safely.
- Staff were recruited via robust recruitment processes. This included checks on staffs' previous employment, criminal record, and identification.

Using medicines safely

- People received their medicines safely.
- People's medicines were stored safely within their own apartments. Each person had individualised support plans and risk assessments in place that ensured they received medicines safely and in their preferred way.
- We did note that records were not always updated in a timely manner to reflect when a change had been made. For example, 1 person required a cream to be applied each day; however, their records stated it was to be administered 'as needed'. Although no harm came to this person, we advised the registered manager to ensure records were reviewed and amended to reflect these types of changes.
- We also noted a liquid medicine had expired and should have been removed to reduce the risk of it being used. Although there no evidence it had been used, it is important to safely dispose of unused and/or expired medicines. Action was taken by the registered manager to address this.

We recommend the provider reviews their medicine management processes to ensure they meet current best practice guidelines and requirements.

Preventing and controlling infection

- People's apartments and all communal areas were well maintained and clean. This helped to reduce the risk of the spread of infection.
- People were supported to keep their own apartments clean and tidy.
- The provider had infection control and COVID-19 policies in place to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- The provider ensured lessons were learned when accidents and incidents occurred.
- Accidents and incidents were recorded appropriately. There was evidence of a review by the registered manager or other relevant person. Actions taken to reduce the risk of recurrence had been recorded.
- Senior management met regularly to discuss on-going risks and themes at this service and other services within the provider group. We have reported on this in more detail in the 'Well-Led' section of this report.

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

- Support plans were formed in accordance with current best practice guidance and legislation.
- Plans included sufficient information for staff to provide care and support for people which considered their needs and choices. This helped to ensure people were cared for and supported effectively.
- People's protected characteristics were considered when care was provided. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills, and experience

- People received care and support from staff who had the skills and experience to carry out their role effectively.
- People told us staff knew how to provide the care and support they needed.
- We spoke with a staff member who told us about how they provided the care a person needed. They knew the person's needs well. Our observations of staff interactions confirmed this.
- Staff told us they felt well-trained, and records viewed confirmed this. Staff had received extensive training that the provider had deemed necessary for the role. This included training in autism awareness, epilepsy awareness, and positive behavioural support.
- Staff received regular supervision of their practice and end of year appraisals. The provider launched a 'competency framework' in July 2023, to enhance staff learning. This focused on key areas of care and support such as medication and finance. This helped to ensure staff performance and competency was assessed and any areas for development acted on.

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

- People were supported with making wise and informed food choices that enabled them to maintain a healthy and balanced diet.
- People were encouraged to make their own meals, do their own shopping (with staff support where needed) and if needed staff would offer people support with eating their meals. Some people planned their meals each day and for the week ahead. People had the choice to make less healthy food choices too. No unnecessary restrictions were placed on people.
- Records showed referrals to speech and language therapists (SALT), dieticians and GPs had been made should people have a condition that could affect their nutritional health and/or place them at risk of choking. Records also showed guidance had from been sought from professionals to help to support a person who required a calcium-rich diet due to a health condition. A support plan containing this guidance was in place for staff.

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

- People were supported to lead healthy lives and to access the health care they needed.
 - People's support records contained specific dates when they were due for appointments, NHS screenings and check-ups. This included for people who had reached an age when cancer screening would be required. This helped people to maintain good health.
 - A person told us they were able to manage their own medicines and only asked for support from staff when needed. They had a good understanding of their condition and what they needed to do each day to remain in good health. They also described possible symptoms when their health could be deteriorating and what action they and/or staff needed to take.
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- People's mental health was also monitored, and any decline acted on. Records showed a person saw a clinical psychologist (CP). A CP aims to reduce psychological distress and promote psychological well-being.
 - Should people require emergency treatment at a hospital, each person had a file that was taken with them. This was to ensure health professionals had sufficient information regarding people's physical and mental health. This helped to ensure people received consistent care and support when away from their home.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where appropriate, consent to aspects of people's care and support was recorded in people's support records.
- When people lacked the capacity to make specific decisions, mental capacity assessments and best interest decisions were documented. These covered key areas such as medicines, health and personal care and finances.
- We did note that some of the assessments were vague and used language such as 'day to day health needs'. Where a person lacked capacity to make a specific decision then this should be assessed on an individual basis. We raised this with the registered manager and operations manager. Both agreed changes were needed, and we saw revised versions of records during and after the inspection. This helped to ensure people's rights were not inadvertently affected.
- Appropriate people were consulted on decisions where required. This included health and social care professionals, relatives, and people with lasting power of attorney. This ensured people's rights were respected.

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 treated with respect, were well treated and people's protected characteristics such as their chosen religion and sexuality were embraced.
- People told us they were treated with kindness from a caring and compassionate team of staff.
- People told us staff treated them well. One person said, "Everybody is really nice, we get on really well and have a bit of a laugh. Staff are respectful of my independence and respect this is my home, my things, and it's how I want it."
- We observed staff talking with people and supporting them with day-to-day activities. Staff treated people well, were respectful and people responded positively to them.

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

- People were supported to contribute to decisions about their care and those decisions were respected.
- A person explained to us how they were able to live their life in their preferred way. They told us staff understood what was important to them and respected their choices.
- We observed staff giving people choices in areas such as activities, meals, and drinks. People's choices were respected.
- People's support plans showed people were supported to make more detailed decisions about their care needs. Where able, people attended meetings with support staff, management and other health and social care professionals.
- Records showed alternative methods of communicating were used where needed to help people understand what was being discussed.
- Each person had an individualised communication support plan in place that guided staff on the most appropriate way to communicate with them; which encouraged people to become involved with their care. For example, 'Makaton' was used where needed. People can use Makaton symbols and signs, either as their main method of communication or as a way to support speech.

Respecting and promoting people's privacy, dignity, and independence

- People received dignified care; their independence was encouraged and their privacy was respected.
- A person told us about an activity they liked doing. They told us staff took them to the activity but then left them to take part in the activity alone. This had been risk assessed and the person was happy with this approach that promoted their independence.
- People's support plans contained assessments of people's ability to do things for themselves. This included personal care, cooking, cleaning, choosing clothes and getting dressed. There was a clear ethos of

encouraging people do as much for themselves as possible.

- People had their own private apartments which gave them space from others living at the service if they wanted it. People also had access to shared communal areas should they wish to meet with others.
- We observed positive interactions between people and staff. Staff were always respectful, they listened, and people responded well to this.

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's care and support was planned in accordance with people's views, choices, and preferences.
- Support plans were individualised and contained detailed guidance about people's daily routines. People had individualised plans in place that helped them to make choices about their daily care and support needs.
- A person talked us through the support they received. They told us they could make themselves a cup of tea, but staff helped with cooking meals. Staff also helped the person with a shower and to get dressed but also told us staff knew what they could do for themselves. They also said, "I get as much support as I need, I'm really happy here, I have a right good laugh with the staff."
- Reviews of support plans took place regularly. Where able, people were involved with these reviews. We noted 1 person had signed all of their support plans to show they were involved in the process.
- People had Positive Behaviour Support (PBS) plans in place. PBS is a person-centred approach to supporting people with a learning disability. Each person's individualised PBS plans contained guidance for staff on the most effective and person-centred approach to care and support.

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.

- The registered manager had a good understanding of the AIS and could explain how they incorporated this, ensuring people had access to information they could understand.
- Easy-read documentation was used where needed. This is a format with clear information for people with learning disabilities. People also used Makaton, signs, symbols, and pictures to be able to make informed choices and express their wishes.

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 were encouraged to lead active lives, meet others and to feel part of their local community.
- Many people told us about the active lives they led. People went out most days doing the things that were important to them. A person told us about a holiday they had planned with staff and described it as "the best holiday of my life". Another person told us about the activities that were important to them, this included arts and crafts. We saw evidence of numerous examples of this around their apartment.
- People were encouraged and supported to meet with family and friends. There were no restrictions. A

person also told us they could see their family whenever they wanted to which they liked.

Improving care quality in response to complaints or concerns

- Processes were in place that ensured complaints or concerns raised were handled appropriately and in accordance with provider's complaints policy.
- People told us any concerns that were raised were always handled appropriately.

End of life care and support

- End of life care and support was not currently provided.
- We noted in some people's records there had been some discussion and plans put in place. However, for others there had been minimal discussion about this subject.
- The registered manager acknowledged that whilst this was a sensitive subject, this was something that they would address. This is important to ensure that people with a learning disability and/or autism are able to make informed choices about end of life care.

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

- People received a good standard of care and support that was person-centred, inclusive, and helped them to experience positive outcomes.
- People told us they liked where they lived, felt supported to lead fulfilling lives and liked the staff. The registered manager told us where possible, they tried to ensure people had their chosen members of staff to assist with activities or for longer trips as this helped reassure people and to decrease possible risks to their's and other's safety.
- The provider recruited staff that aligned with their values, aims and ethos, with a clear aim to promote independence and improved standards of living. The recruitment procedure included scenario-based questions which focused on 'Right Support, Right Care, Right Culture' (RSRCRC). This helped to ensure appropriate staff were in place to promote an open, inclusive, and empowering culture.
- Staff told us they enjoyed helping people to achieve their short and long-term goals. A staff member told us how they had supported a person they worked with regularly to lead a more active life resulting in visits to their local football team and a concert. We observed staff interacting with this person in a calm and positive way.

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

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that their concerns were acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- Staff in all roles had a good understanding about how they contributed to providing high quality care and support for all. This included, support staff, team managers (who managed their own services and reported to the registered manager), operations manager and registered manager.
- The registered manager delegated certain responsibilities to their team managers and monitored their progress through robust quality assurance processes. Each team manager we spoke with felt supported by the registered manager.
- The registered manager had a good understanding of the regulatory requirements of their role and ensured the CQC were notified of any relevant incidents. They were supported by senior management where

needed to ensure compliance with regulations.

- Meetings were held regularly with support staff and team managers. Staff felt able to raise any concerns or issues and welcomed the supportive approach of the team managers and registered manager. A staff member said, "They're a fabulous team here, the team manager is brilliant with us, and we have each other's backs." They also confirmed they received regular supervision of their role and attended regular team meetings.

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

- People were supported to discuss their care and support needs.
- A person told us they were always involved with decisions about their care and support needs. They told us they understood what support they needed from staff and welcomed that support but were also able and encouraged to do things for themselves.
- Efforts were made to ensure that people were supported to engage with their local community and to feel part of the town where they lived.

Continuous learning and improving care

- There was a positive culture in place, which encouraged staff to find and develop ways to improve people's care.
- High-quality staff performance was demanded. Staff embraced the provider's vision and values which included; being 'caring and compassionate', 'positive', and 'professional'. Where staff had met these values and had a positive impact on the people supported, they were rewarded.
- The provider's 'Shining Stars' programme rewarded exceptional staff performance. The most recent example being how staff dealt with a flood which had affected many people's apartments. The actions taken by staff had reduced the possible negative impact on people.
- Quality assurance processes were in place that enabled the provider and registered manager to monitor the quality of people's care and the performance of staff. Where mistakes had been made, these were reviewed, and actions taken to reduce recurrence.
- Fortnightly senior management meetings were held to identify any 'hotspots' or areas of rising concern across their portfolio of services. Action was then taken to address these concerns and the effectiveness of those actions were reviewed to ensure improvements were made.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies and assisted them in providing care and support for all.
- The feedback we received from health and social care professionals was positive. One professional said, 'My experience so far with working with staff there is very positive. All staff including management are very hands on, person-centred, strength based and supportive to my client'. Another said, 'There have been no issues that we are aware of in regard to the [person]. The provider has supported them appropriately and met their complex health needs by using the appropriate services'.