

Herts & Essex Independence at Home Ltd

# Herts & Essex Independence at Home Ltd Office

## Inspection report

5 Ross Close  
Saffron Walden  
Essex  
CB11 4AY

Tel: 07515378404

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Herts and Essex independence at home is a supported living service which supports people with a Learning disability in their own homes. This support includes assistance with personal care, shopping, domestic and social activities. On the day of our visit there were five people being supported in two properties in Bishops Stortford. We visited the head office and one of the properties as part of the inspection.

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). The inspection was announced and we gave the provider notice as we needed to make sure that someone would be in when we visited.

The service had a registered manager. 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 happy with the support provided and were listened to. Relationships with staff were positive and people were supported to lead interesting and fulfilling lives.

There were systems in place to safeguard people and staff were clear about the actions they needed to take to protect people. People were supported to be independent and risks were identified and managed.

There were sufficient numbers of staff who were used flexibly to meet people's individual needs.

Recruitment procedures were in place but they did not fully protect people. However, the manager immediately changed the systems in place to ensure that people were not placed at risk.

People were supported to take their medicines as prescribed. Staff were trained and regular audits were undertaken to identify shortfalls and learning.

Staff received induction training to prepare them for their role and make them aware of the ethos of the organisation. Ongoing training was provided to ensure that staff skills and knowledge was kept up to date.

The principles of consent and capacity were understood and people's wishes were respected. People were supported to access healthcare and there were clear plans in place for those individuals with specific health conditions. People were supported to prepare meals and to eat a varied and nutritious diet.

Staff knew individuals and their relatives well. Staff knowledge was underpinned by care plans which were detailed and informative. Regular reviews were undertaken of people's needs and care plans amended accordingly. People were supported to access a range of employment and leisure opportunities in the local community.

The service was managed in a positive way. The manager was approachable and staff were well motivated and encouraged to contribute to the service development. There was a quality assurance system in place to drive forward continuous 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?

**Requires Improvement** 

The service was not consistently safe

Recruitment procedures were in place but did not always protect people.

People were supported by sufficient numbers of staff who worked in a flexible way to meet their needs.

Risks to individuals were identified and managed.

Medicines were safely managed.

### Is the service effective?

**Good** 

The service was effective.

People were supported by experienced and knowledgeable staff who had been inducted into the role.

Staff had a good awareness of the principles of consent and the underpinning legislation.

People were supported to eat healthy, nutritious food and to access health care when they needed to.

### Is the service caring?

**Good** 

The service was caring.

Staff knew the people they were supporting and had good relationships with them.

People had information in a way they understood and were encouraged to contribute and make their views known.

People were supported to be independent.

### Is the service responsive?

**Good** 

The service was responsive.

People's needs were assessed and reviewed. Staff knew individuals, their history and their care preferences.

People were supported to be part of the community and lead interesting and fulfilling lives.

There were clear systems in place for the management of complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

The culture was positive and open. Management was approachable and staff were motivated.

There was a clear vision and a set of values.

There were systems in place to reflect on practice and drive improvement.

# Herts & Essex Independence at Home Ltd 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and took place on the 6 and 8 May 2016. The provider was given 48 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in when we visited.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law.

We spoke with three people who used the service and three relatives. We interviewed three staff, the director and the registered manager.

We reviewed three support plans, recruitment files, and records relating to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

People told us that they liked living in the service and felt safe. One person said, "I love my room, it is my place." A relative told us, "I never have a seconds worry, I feel my relative is safe and happy there...when they are with us they often ask when they are going back."

There were systems in place to protect people from harm. Staff had undertaken training in safeguarding and were clear about the steps that they should take if they had a concern about an individual's wellbeing. They expressed confidence that the management of the service would take their concerns seriously and respond appropriately. Staff supported some individuals with purchasing items and we saw that there were clear processes in place for the oversight of people moneys. These processes offered protection to people from financial abuse.

People were supported to take informed risks and lead as full a life as possible. Risk assessments were in place for a range of scenarios such as safety in the home, crossing the road and self-neglect. There were clear management plans in place which set out what steps staff should take to support the individual but protect their rights and independence. For example, there was a risk assessment for one individual for verbal abuse and this referred to swearing as a communication and the importance of giving clear messages as well as space for the individual to calm down. Incidents were logged and details of action taken to prevent a reoccurrence.

The provider provided us with details of checks that they undertook on the building to ensure it was safe. We saw that checks for example had been undertaken on the smoke alarms to ensure that they were working effectively. Staff described how they supported individuals with the upkeep and maintenance of the building and liaising with the landlord on people's behalf. People told us that they were due to have a gardening day where families, people living in the service and staff came together to, "sort out" the garden and then relax with a barbeque.

People told us that there was sufficient numbers of staff to support them. The service was fully staffed and had a stable staff team, some staff having worked with individuals for many years. We spoke to staff about the levels and availability of staffing and they told us that staffing was used flexibly to meet people's individual needs and preferences. One member of staff told us that there used to be two staff every evening but this was not always needed as people have a full day and can be tired and just want to relax. They said that staff were available to support specific activities and there can be two if needed. Staff told us that they did not use agency staff and cover for holidays and sickness was covered from within the staff team. Staff spoke positively about the staff team and said, "Everyone works well together." Staff told us that there were clear on call arrangements for evening and weekends and this worked well providing emergency cover if needed.

The provider had recruitment procedures in place to safeguard people but these did not fully protect people as staff started their training before all the checks were complete.

People told us that they were involved in the recruitment procedures and met prospective candidates prior to their appointment. We looked at the recruitment records for three recently appointed staff and saw that staff were interviewed and subject to references, identity checks and disclosure and barring checks (DBS). Staff did not work on shift until checks were complete, although on occasion staff did start their induction training and commence shadowing more experienced colleagues on activities before the results of the disclosure and barring checks were known. While the risks were limited to the period of induction, this was not good practice and after a discussion with the manager they told us that in future they would ensure staff would only start working for the service after the full DBS results were known or a DBS first check was found to be satisfactory. This is an initial check against national lists of people unsuitable for this type of work while the results of a full DBS are awaited.

People's medicines were managed safely and they were supported to retain control over all or part of their medication. One person for example was supported to retain responsibility for their creams and lotions and there were reminders in place to support the individual. Staff who administered medication told us that they had undertaken training on medication administration and we saw that checks were undertaken to ascertain staffs understanding and competency. We checked the medication administration charts and a sample of medication and saw that they tallied. We saw that medication was securely stored and staff told us that medication was checked on a weekly basis. We were shown copies of medication audits that were undertaken to check on medication and ensure that it was being stored and administered as prescribed.



# Is the service effective?

## Our findings

People were supported by staff who had been trained and were effectively supported. One relative told us that they had, "Quality people who were good at communicating and had a good understanding of their relative's needs."

Newly appointed staff had been provided with induction training which included up to five days of shadowing a more experienced colleague. Training was a combination of face to face and e-learning and was provided on a range of areas including first aid, health and safety, breakaway techniques and moving and handling. The manager told us that they had recently started to implement the care certificate which is a national initiative to develop staff and demonstrate they have key skills, knowledge and behaviours to work within the care profession.

Further training was planned on areas such as infection control and understanding autism. We saw that the majority of staff had already obtained National Vocational Qualifications or other vocational training.

Staff spoke positively about the training and said that they were well supported by the home management. One member of staff said, "There is always time for a discussion, They know my strengths...I never feel discouraged." Another member of staff said, "It's a small supportive staff team."

People told us that they were supported to make decisions about their care. We saw that the principles of consent and choice were embedded in care plans and they included details about how to support decision making. One person's care plan stated, 'Sometimes I will say that I want to do something and when it comes to the time will say that I won't. This is my choice and staff should respect my wishes.' We observed staff asking for consent and offering choices as they offered support. Staff had undertaken training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS) and those spoken with had a good understanding of the principles and understood about unwise decisions and restrictive practices.

People were supported with their healthcare needs. Care plans provided information on people's health needs and how best staff should support people. Where people had specific health conditions such as epilepsy, clear guidance was given to staff about how they should be supported, which included areas such as personal care and showering. People had different GPs and told us that they were able to see their GP when they needed to. We saw that one individual had a body map and a series of pictures to help the individual to guide staff should they experience pain. We saw that individuals were supported to access dental care and opticians. People's allergies either to food or products were identified.

People were supported with eating and drinking and maintaining a healthy diet. One person described the kitchen as where the, "Magic happens" and proudly showed us a folder with recipes of meals that they had cooked from, "Around the world." They were aware of healthy eating and told us that they, "Do not have chips during the week." We saw that care plans also referred to healthy eating and areas such as fizzy drinks. People were involved in making choices about what they wanted to eat One person said, "Everyone chips in with cooking when they fancy." They showed us cards which they had made with photographs of meals and

described how they were used and enabled everyone to have a choice about what was cooked and what was purchased.

## Is the service caring?

### Our findings

People had good relationships with the staff who supported them. They were at ease and looked relaxed and happy. One person spoke affectionately about staff, "Those two are like a dad to me. ....They are on my case, and they are cool." One relative told us that the staff all had different personalities and, "They all contribute to the service in different ways." They said that their relative was very happy there and they would give the staff "ten out of ten." Another person said "The carers are lovely, they provide wonderful care."

Staff knew people well and a number had worked with individuals for many years. They were able to tell us about individuals and spoke proudly of the things that they had achieved. One member of staff said, "It is great to have such a relationship with people. "The interactions we observed were warm and staff demonstrated genuine affection and care for individuals. There was lots of laughter and banter about football, the different teams that people supported and what the placings were going to be at the end of the season. Another member of staff we spoke with told us how they loved their job and how the service was, "So person orientated with the person taking the lead," in daily living. They described how they went about their duties and ensured that people were listened to and were at the forefront of the care. They said that they were lucky as, "We get paid for this."

People told us that they were supported to make decisions about their care for example in what and when they ate and what activities they participated in. We saw that care plans were written in a very person centred way and covered areas such as communication and how this could be undertaken effectively. For example one of the plans we looked at gave staff very specific advice about what works and what should be avoided. We saw that staff supported the decision making process by giving people information in a way that people could understand and much of the documentation was in a pictorial format. People were encouraged to be independent and we saw that some people had clear targets that they were working to. For example one person was being supported to be more independent with medication and the plan was to help them recognise their tablets and their names.

Minutes were available of tenant meeting where people were asked for their views on areas such activities as well as discussions on the practicalities of communal living . Relatives meetings were also held on a regular basis.

Surveys ascertaining people's views were last undertaken in 2015. People were asked for their views and we saw that the findings had been collated and were very positive.

People's privacy was protected. Staff were alert to issues around privacy and described how they supported one individual with creams and another hair washing whilst protecting their dignity. One relative told us how their relative liked their own space and said that this was respected by staff but they were also aware of the need to be involved and had worked hard to achieve a good balance.

## Is the service responsive?

### Our findings

People told us that they were happy with the support they received. Relatives described the care in glowing terms and told us that this was a, "Very good service." They told us that they received regular updates on their relative's progress and that the staff communicated well with them. Staff knew the needs of individuals they supported and their families. They were able to outline what individuals needed assistance with and what they enjoyed doing. One relative told us, "Staff understand (my relatives) needs."

Comprehensive assessments were undertaken before people began to use the service and this information was used to develop a detailed care plan. Information was provided on people's preferences such as the gender of carer and how they should be supported with areas such as personal care. For example, information was included on the products that people liked to use. Plans were written in a positive way and focused on what people were good at and how to help decision making. There was guidance on how individuals expressed their feelings and outlined how staff should respond to individuals if they became upset. ABC forms were used to record incidents and reflect on what happened before and following the incident. We saw that when people's needs changed the plan was updated

People and their relatives told us that they had yearly reviews which were, "formal" and "comprehensive" and looked at people's needs and what they were working towards.

People were supported to access the community and lead a full life. They had an individual activity planner in a pictorial format which set out their programme for the week which included household tasks as well as work and social activities. One relative told us my relative, "Has an interesting life," and went on to tell us about a range of activities that they enjoyed. People described going work and we saw that they worked in different places depending on their interests and skills. One person told us that they were changing what they were doing and they and the staff member outlined where they were hoping to work. One person proudly told showed us certificates and told us about National Vocational Qualifications they had obtained.

People spent their leisure time in creative and interesting ways. They told us about some of the activities they had recently enjoyed which included going to Wembley to watch football, going on holiday and for meals out. One person gave us their business card as they were a DJ and provided music for friends and other local groups.

People told us that they had no reason to raise concerns but if there was a problem they would tell their family or staff. Relatives told us that they had "no problems" and they had a good working relationship with the staff and felt able to raise concerns. They told us that any comments or suggestions which had been made had been addressed by the management of the service. Complaints procedures were in place including an easy to read version. We saw that the service had a grumble form which could be used to raise issues if necessary.

## Is the service well-led?

### Our findings

People and their relatives expressed confidence in the management team. They told us that they were consulted and listened to and the service took on board what they had to say. The service had a clear vision which focused on people and promoting their independence. Staff were clear about what they were trying to achieve and their role and responsibilities. The manager told us that they had plans to develop the service but this was being undertaken with staff many of whom they said, "Had been with them since the company started" and were key partners in moving the service forward. There was emphasis on reflective practice and motivating and empowering staff to make suggestions and to drive improvement.

Staff morale was high and staff spoke proudly about the service and the work that they were undertaking. Staff had a positive can do attitude and they were willing to go above and beyond to ensure that people had full and interesting lives. Staff were clear about the importance of balancing risks and keeping people safe. Staff told us that there was good team work and they were well supported and "happy." One member of staff said, "This is a wonderful place to work, everyone gets on, and there is a good mind set. Everyone works well together."

We saw that there was a system of supervision to identify and build on staff skills. Yearly appraisals were undertaken to provide staff with helpful feedback on their progress. The management of the service promoted a culture of openness and transparency. Staff told us that they were approachable and any issues got resolved quickly. One member of staff told us, "Things are dealt with straight away." Another member of staff told us that "If anything comes up, they are straight on it. If there is a problem they meet up and talk it through." We saw that staff meetings were held on a regular basis and there were clear on call arrangements to support staff should an issue occur out of hours.

The manager and the other director regularly visited the service and had oversight of the care provided. The manager oversaw a quality assurance cycle which set out what areas should be reviewed throughout the year. We saw that there was documentation to evidence that areas such as incidents, accidents and the impact on individuals were reviewed on a regular basis. Audits were undertaken on areas such as supervisions, support plans and medication records.

There were a range of systems in place to promote openness and encourage feedback. These included surveys to ascertain individuals and their relative's views on the quality of service. Staff surveys were also undertaken and the results were positive. We saw for example that all the staff who completed the survey said that, 'they had the resources they need to do their job and they had the right training they needed. Meetings were held with people who use the service and their relatives to ascertain their views and work with them.