

Estuary Housing Association Limited

Norton Place

Inspection report

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Shoeburyness
Essex
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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:

Norton Place is a nursing home, for up to 11 people with learning disabilities and complex health needs. At the time of our inspection there were nine people living at the service, which is close to the seafront in Shoeburyness.

People's experience of using this service:

People had good outcomes at Norton Place. They lived in a peaceful setting and their needs were met by care staff who knew them well. Feedback from relatives was positive about the service, with one relative saying, "[Person] is in the right place and is happy. It's the best care they have had over the years."

The service was effectively managed by a well-established registered manager and deputy manager. They led by example and had a passion for continually driving improvements and placing people at the centre of the service. They promoted a culture which shifted the emphasis away from people's health needs and focused on them as individuals. The registered manager developed positive links with outside agencies and used feedback to learn from mistakes.

As part of the conditions of their registration the provider had to ensure there was always a qualified nurse on site. The service was very dependent on agency staff due to the difficulty in employing permanent nurses. There were increased risks from a high turnover of agency nursing staff as they did not always know people and the providers processes. The registered manager had effective measures in place to minimise this risk.

People were safe at the service. There were enough safely recruited staff to meet their needs. Staff knew what to do if they had concerns about a person's safety and the registered manager investigated concerns thoroughly and openly. Staff minimised risks from the spread of infection.

People received their medicines safely. In the past there had been concerns about the administration of medicines. There had been several improvements as a result, which had improved the safety for people in this area. A new room was being converted into a dedicated area for the nursing staff and for storage of medicines. This would improve safety and privacy for people receiving support with their medicines.

Staff had a good understanding of risk for each person. The registered manager ensured measures to minimise assessed risk did not unnecessarily restrict people. There were effective processes to ensure the service met legal requirements where people's freedom was restricted. Staff offered people choice and when they did not have capacity, made decisions which were in people's best interest.

Staff were well trained, supported and supervised. Concerns about staff morale and poor practice were managed well. Staff had developed effective skills to meet the complex needs of the people at the service. Staff worked well along with external professionals to maintain people's physical and emotional wellbeing.

People ate and drank in line with their preferences and dietary needs.

Support was person centred and tailored around individual's specific needs. Staff reviewed and adjusted support when changes happened. People were supported to take part in pastimes and interests. The provider had invested in new training and a new vehicle to ensure people remained stimulated and able to access the community.

People and their families felt able to raise concerns. There was a formal complaints process, and although there were few complaints, the registered manager encouraged feedback and was pro-active about investigating and resolving informal concerns.

Staff had received training and guidance around supporting people who needed end of life care. Whilst no one at the service was currently receiving palliative care, staff spoke with respect and fondness of people and families who they had been able to support when end of life care was required.

More information is in the detailed findings below.

Rating at last inspection:

Good. The last report was published on 3 September 2016.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to check Norton Place to ensure people receive care which meets their needs. We plan our inspections based on existing ratings and on any new information which we receive about each 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?

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.

Norton Place

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:

The unannounced inspection took place on 12 February 2019 and was carried out by one inspector.

Service and service type:

Norton Place is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection

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

When we inspect services for people with learning disabilities we look to see whether they are providing care in with the values outlined in the CQC Policy 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion.

What we did:

As part of the inspection, we reviewed a range of information about the service. This included safeguarding alerts and statutory notifications, which related to the service. Statutory notifications include information about important events, which the provider is required to send us by law. Safeguarding alerts are information we received when there are concerns about a person's safety.

Providers are required to send us a Provider Information Return (PIR) in which they tell us about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The registered manager for Norton Place had completed an informative PIR which provided us

with useful information for our inspection.

We focused on speaking with people who lived at the service and seeing how people were cared for. Many of the people at the service had complex needs, and were not able verbally to talk with us, or chose not to, we used observation to gather evidence of people's experiences of the service. We spoke with two relatives for their views on the service which their family member received.

We spoke with the registered manager, deputy manager, an agency nurse and four care staff. We also spoke to the chef and the activity coordinator. We reviewed the care records of three people who used the service. We also looked at a range of documents relating to the management of the service, including staff files and a range of quality audits.

We had contact with four health and social care professionals who were involved in the care of the people at the service.

Is the service safe?

Our findings

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

- Staff told us senior staff were easy to speak to and they felt no hesitation in speaking out if they were concerned about a person's safety.
- Staff had attended safeguarding training and were aware of the provider's procedures.
- We saw examples where concerns had been raised, and investigations took place in line with the providers safeguarding policy and procedure. The registered manager took appropriate action such as raising concerns with an agency about the quality of staff and supporting staff to attend training to address gaps in their skills.
- They engaged openly with outside agencies to address safeguarding concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were detailed assessments to support people and staff to minimise risk. They were personalised and reviewed regularly to ensure any restrictions to minimise risk were proportionate and still needed. For example, a person had used a wheelchair while waiting for a new protective helmet and their care plan was reviewed regularly to ensure the wheelchair was still needed.
- Staff used the information from risk assessments to keep people safe. We saw a member of staff guiding a person away from a warm porch. They explained this was because the person was at higher risk of having an epileptic seizure if they became too hot.
- Staff reported all incidents and accidents and the provider measured trends to see if any improvements could be made.
- The provider was improving their processes to ensure lessons learnt were formally captured. The registered manager was skilled at reviewing mistakes and making practical improvements to minimise the risk of errors happening again. For example, following a medicine error they had changed a specific element of the medicines training.

Using medicines safely

- People received support with their medicines from trained nursing staff. We saw a nurse giving medicines and noted the nurse worked in a cautious and personalised manner. One person chose to have their tablets without liquid, whilst the nurse offered a choice of juice to another person to encourage them with their tablets.
- We received feedback from external professionals that although medicine administration had been a concern, the registered manager had dealt with this. We saw that improvements were ongoing. Nursing staff did not have a quiet and private area to support their practice. The registered manager showed us the room which was being converted for this use.
- Although people at the service regularly refused their medicines, staff used their skills to encourage them to

take their medicines. For example, they checked which staff the person related to well that day and got them to help with support. Staff followed clear processes where people still refused to take the medicines.

- Medicines were safely stored in locked cabinets. Nursing staff were responsible for ordering and disposal of medicines.

- Medicine audits and checks were improving. The registered manager had asked a named nurse to carry out regular audits and stock checks of the medicines. They then carried out monthly checks to ensure they had oversight of the support the nurses provided. Staff received medicine competency checks.

Staffing and recruitment

- Staff told us there were enough staff on at duty to meet people's needs and our observations confirmed this. During our visit staff worked together to ensure people were safe and well cared for.

- Staff were safely recruited. Following an external audit, processes were being improved. For example, the registered manager had clarified with their human resources department how frequently they checked nursing staff qualifications.

- The registered manager told us it was difficult to recruit permanent nursing staff, so they had to rely on agency staff. They had focused on building up a core group of nursing staff who knew people and the organisation's processes well. This gave stability whilst the provider improved recruitment.

- The registered manager was pro-active in ensuring people were not overly restricted by excessive staffing. One person had arrived at the service needing up to three staff to support them, due to the challenges they posed. Once they had settled in the service this staffing level had been reduced to one member of staff.

Preventing and controlling infection

- There was a dedicated cleaner at the service, so staff could focus on their caring role. The service was clean and odour free during our visit.

- We saw staff washing their hands after providing personal care and administering medicines.

- There were effective processes to prevent the spread of infection. During our visit a person returned from a trip out with a suspected infection and they stayed in their room resting. Senior staff gave guidance to other staff to ensure the infection did not spread.

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 feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Senior staff assessed each person to ensure their needs were understood, consulting with specialist professionals where necessary.
- The registered manager told us the care plans had been completely revised since the last inspection to ensure they were up-to-date, and more person centred.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with specialist equipment there was detailed step-by-step guidance.
- Staff were clear about the different responsibilities of nursing and caring staff.

Staff support: induction, training, skills and experience

- We observed staff were skilled and feedback from external professionals confirmed they were able to meet people's complex needs. There were processes to ensure staff attended the required training, including agency staff. Staff told us they completed a detailed induction process before being able to support people fully. A member of staff said they did not support people with their mobility needs until they had completed their manual handling training.
- Senior staff regularly worked alongside care and nursing staff and used this opportunity to check practice, though these were not usually formally recorded. Formal observed practices were carried out during provider audits. The registered manager told us they planned to conduct more observations to demonstrate and record more formally their monitoring of staff.
- Staff told us they were well supported. They met regularly with senior staff both informally and in formal supervision sessions where they could discuss any issues and training needs.
- Team meetings were used for open conversation about expectations and staff concerns, as well as updates on the people being supported. Minutes showed the registered manager used this opportunity to drive improvement, for example about the quality of the daily records.

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

- Meal times were sociable and flexible, reflecting people's needs and preferences. Staff encouraged people to eat independently or with specialist equipment, where appropriate. Other people with more complex needs were supported by staff.
- Some people chose to eat at a different time or to eat something different from what had been cooked and this choice was respected.
- We met with the chef who discussed how they observed meal times and discussed with staff to prepare food and drinks which people enjoyed, and which met any dietary needs. They had received guidance on how to prepare foods of different textures, where needed and we saw at meal times, people had meals prepared in a personalised manner.

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

- People had continual access to a nurse at the service, who supported people with their health needs and offered advice to staff on people's medical conditions.
- We could see from people's care records that staff actively supported them to contact specialist services such as speech and language therapy and occupational therapy. A family member told us, "When [person] becomes unwell [staff] have them checked out and let us know if there are any problems." During our visit we saw a person became unwell and staff requested input immediately from the GP.
- Staff checked people's health and wellbeing, for example how much they ate and drank. Staff were improving the record keeping around this, which would give better oversight and highlight any changes or concerns.

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

- Each person's bedroom was different and decorated in line with people's preferences and needs. Where possible, people and their families were involved in this process. The service had arranged for a person's bedroom door to be widened to meet their needs.
- The registered manager described the changes they had implemented to make the home feel less institutionalised, using bright colours and lighting. They had ensured that despite the large amount of health and mobility equipment, the service felt warm and homely.
- The design of the property meant there were limited alternatives to the open plan lounge and kitchen, if people wanted some quiet time and did not want to return to their bedrooms. The provider was in discussion with the registered manager about the options to address this.

Ensuring consent to care and treatment in line with law and guidance

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We also checked whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The people living at the service were not able to make complex decisions. However, we saw staff enabled people to make decisions about their day to day care, such as what they ate and drank.
- The registered manager had requested authorisation from the relevant authorities when restricting people of their freedom. These applications were personalised, appropriate and reviewed as required.
- We observed an incident where a person became anxious and staff took time to consider the reasons for this sudden change. They tried to find solutions which did not involve restricting the person's freedom through medication, such as offering a warm bath. This showed in a practical way their commitment to STOMP, a national campaign to reduce unnecessary medication of people with learning disabilities. Records showed staff had discussed this campaign at a recent team meeting.

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

- Staff supported people with sensitivity and warmth. We saw staff speaking gently at all times, using touch and facial characteristics to display empathy and engage with the people they supported.
- Relatives confirmed people were well treated. A family member told us, "They are really caring and [person] seems very happy, I think they are doing a wonderful job."
- We noted two examples where people had left the service and staff had maintained positive relationships with them and their family.
- A professional told us, "The service has a lovely energy. Staff are always welcoming. It used to be more medical, now it's more homely."

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

- The registered manager had consulted specialist agencies regarding support for people who were not able to communicate verbally. At the time they had not found any specialist communication aids to support people, but they told us they kept this under review, so they would be aware of any new developments.
- Although some people at the service did not communicate verbally, we saw staff understood what they wanted as they knew them well. A member of staff told us, "When [person], picked their armchair, we showed them three colours and we picked the one they smiled at three times." Other times we noted staff knew a person so well that they anticipated what they wanted. As discussed in the well-led section of this report there was potential to consider innovative ways of communicating to ensure people had maximum say about the support they received.
- People were supported to represent their views. The registered manager explained they were requesting an independent advocate for a person, to help represent their views about a key decision being made. A professional told us, "The staff are great advocates for their residents."

Respecting and promoting people's privacy, dignity and independence

- The position of the medication trolley in the communal area meant confidentiality was a challenge, and we observed staff discussing people's needs in front of other people. The registered manager had already recognised this, and funding had been agreed to create a new medication room in a private area. Team meeting records also showed staff were reminded about the importance of confidentiality.
- Staff were respectful when they spoke about people. We noted the registered manager and deputy lead by example when describing the care they provided and various challenges. Team meetings were used as an opportunity to discuss attitudes and promote good practice. Where the alerts were raised that staff attitudes were not appropriate, immediate action was taken.
- Staff treated people with dignity. We saw a nurse ask a person to go to their bedroom for a medical treatment, so this could be carried out discretely.

- The registered manager promoted a culture where people were supported to maximise their independence. Care plans gave staff guidance, for instance to encourage people to use equipment to enable them to eat independently.

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

- Throughout our visit to the service we saw people were supported in a person-centred manner, engaging in pastimes tailored around their preferences. Timetables such as meal times were flexible and relaxed. When we arrived at the service at 10am a member of staff told us, "[Person's name] is usually up at this time but decided to have a lie-in."
- There had been recent improvements which promoted people's access to meaningful activities. The provider had invested in a new larger vehicle which meant more people could go out. They had also invested in specialist training for staff to develop stimulating sensory exercises and activities, as appropriate. The staff member who organised this told us, "We adapt it for our guys and try to keep it fresh."
- People's needs were constantly reviewed, and support adapted as needed. At the handover meetings, staff described people's moods and any health complaints, and used this discussion to shape the support in the next shift. For example, the nurse advised staff to monitor a person with a possible infection and guidance given on triggers which might require urgent health input.

Improving care quality in response to complaints or concerns

- Staff involved relatives as appropriate in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns. Due to the open communication at the service there were limited formal complaints.
- Where relatives had made complaints or raised concerns these were dealt in line with the providers complaint policy.
- The registered manager spoke with passion and openness about complaints and how the action they had taken had improved the service. We saw examples where staff had actively changed the way they supported people as a result.

End of life care and support

- Staff described how they supported people and their families when a person received palliative care. They spoke with warmth and compassion about the care they had provided to everyone involved. We noted they continued to actively welcome a relative to the service long after the death of their family member.
- People had end of life plans which staff had developed, taking into account their personal circumstances.
- Staff had received training on end of life care and support.

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

- Norton Place was registered before CQC's 'Registering the right support' policy was published. The registered manager demonstrated however that they actively promoted the principles of this policy. The service was transforming from a model which focused on people's complex health and behavioural needs, towards a culture where people were treated holistically and as individuals.
- Staff ensured support was person-centred through observations and an in-depth knowledge of the people at the service. They used this knowledge to make decisions on care, such as menu plans and had recently refreshed the "likes and dislikes" information in care plans. We noted that staff did not always look for ways to involve the people at the service in wider decision making. The registered manager was aware of this and told us they were encouraging staff to do more 'with people', rather than 'for them.'

We recommend the service research best practice guidance about empowering people with complex communication needs to have a greater say in the development of their service.

- The registered manager told us they had become aware staff morale had deteriorated in 2018 which meant the team was not working effectively. We had no concerns raised with us and were assured the registered manager was dealing robustly with this.
- We noted the registered manager and deputy drove improvements in an open and pro-active manner, continually stressing to staff the need to focus on Norton Place as the home of the people living there.
- The staff we spoke to said they felt well supported. A staff member said, "I can't fault Estuary (the provider). We all have the same goal for the people we care for."
- Communication with people, relatives and professionals was open and transparent. Surveys had been introduced recently and had given relatives another way of communicating about concerns and giving feedback. People were supported to complete surveys. The manager was reviewing how best to do this, when a person's main communication support came from a staff member who knew them well.
- The registered manager let the right people know when things went wrong. This included notifying CQC of specific information, as needed.

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

- Roles were clearly defined in the service, and new processes had been introduced since our last inspection to ensure staff knew who was responsible for carrying out specific tasks. This was particularly important due

to the number of agency nursing staff who did not always know the service and processes well.

- Audits and quality checks at the service were detailed and made the service better. For instance, quality checks had highlighted concerns with the quality of staff handovers between shifts and action was taken to improve this and provide more consistent care.
- The registered manager was supported by the provider's quality team, who also checked on the service. There was a robust plan which showed where improvements were needed and by when.
- The registered manager used feedback to make improvements. They showed us a report completed by the local authority following a review of the service. We noted they had made improvements in all areas highlighted as requiring improvement, such as medicine administration, care plans and recruitment.

Working in partnership with others

- The registered manager was open and outward looking. They built up links with other similar services to reduce the isolation of the service and to enhance the care at Norton Place. They had shared with staff an example of best practice from a similar service around working together with people being supported to develop 'house rules'.
- The feedback we received from external professionals was largely positive. They told us the registered manager was resolving any concerns they had highlighted, such as improvements needed in epilepsy support care planning. One professional told us staff worked well with them, and "delivered person centred care often working over and above."