

# Estuary Housing Association Limited

# Estuary Community

# Support and Supported

# Living Services

## Inspection report

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27 February 2019  
28 February 2019

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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:

Estuary Community Support and Supported Living Services is a domiciliary care agency. It provides personal care to people with learning disabilities and/or autistic spectrum disorder living in their own houses and flats in the community. It also provides care and support to people living in five 'supported living' settings so that they can live in their own home 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.

At the time of our inspection, 47 people were using the service.

People's experience of using this service:

- The service embraced the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- Safe recruitment systems were in place. Staff received an induction to the service and on-going training, supervision, and support to enable them to effectively perform their roles and meet people's individual care and support needs.
- Risks to people had been assessed and staff knew what to do to keep people safe from avoidable harm. Where required, people received support to take their prescribed medicines safely.
- Staff knew people well, and they were kind and sensitive to people's needs. Positive relationships had been formed between staff and people using the service. People told us staff were friendly and helpful and treated them with dignity and respect.
- People received person centred care. A holistic approach was taken to assessing, planning and delivering care and support. Staff had access to up to date information and care and support was provided in line with people's preferences and needs.
- Staff embraced the registered provider's visions and values to deliver a high-quality person-centred service, helping people to continue living in their own home, maintain their independence and lead happy and fulfilled lives.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were supported to eat and drink enough to ensure they maintained a balanced diet. Referrals to other health professionals were made when required.

- People were actively encouraged to express their views on the service they received and be involved in the running of the service.
- There were effective quality assurance systems in place to drive continuous improvement.

Rating at last inspection: At our last inspection, the service was rated 'Good'. Our last report was published on 9 March 2016.

Why we inspected: This was a planned inspection based on the ratings at the last inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained Good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained Good.

Details are in our Well Led findings below.

# Estuary Community Support and 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. 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:

The inspection team consisted of one inspector.

### Service and service type:

The service is a domiciliary care agency and provides personal care to people with a learning disability in their own homes. The service had two managers registered with the Care Quality Commission. One registered manager had responsibility for the community support service and the other for the supported living services. 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.'

### Notice of inspection:

We gave the service 48 hours' notice of the inspection as we needed to be sure managers would be available to facilitate the inspection.

The inspection site visit activity started on 26 February 2019 and ended on 28 February 2019. On the 26 February 2019, we met with people using the community support service. On the 27 February 2019, we visited two of the registered provider's supported living services. We visited the office location on 28

February 2019 to see the registered manager and office staff.

What we did:

Prior to the inspection we reviewed information we held about the service including statutory notifications which include information the provider is required to send us by law. We also looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we met with nine people who used the service and observed their interactions with staff. We also spoke with seven members of care staff, the registered manager for the community support service, head of resident involvement, head of community support and supported living and the quality compliance manager. Shortly following our inspection, we received feedback from two health and social care professionals.

We reviewed care records, audits and quality assurance information relating to the management of the service.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of harm and abuse. Staff had received training in how to safeguard people from abuse and understood their responsibilities to report any concerns. A member of staff told us, "I would report any concerns straightaway to my manager. I would go higher if I had to if I felt no action was being taken."
- All the people we spoke with told us they felt safe. One person who received community support said, "I do feel safe and I always know which staff are coming."
- The registered provider held safeguarding workshops which people using the service had the opportunity to attend to help them keep safe at home and in the community.

Assessing risk, safety monitoring and management

- Systems were in place to identify, manage and for the ongoing review of risks to people.
- People's care plans contained detailed risk assessments associated with people's safety and the environment.
- Risks associated with people's health conditions had also been identified and guidance was in place to help staff meet people's individual health needs.
- The Fire Service had attended a service user community support meeting to discuss 'how to be safe in your home'. The head of resident involvement told us this had been a positive learning opportunity and had increased both staff's and people's knowledge.

Staffing and recruitment

- There were enough staff to meet the individual needs of people. They had been recruited safely.
- People using the service told us they were supported by a consistent team of staff and had experienced no missed call visits.
- The registered manager told us it was difficult to recruit staff in rural areas. They went on to say they would not be taking on any new service users within the community support service until they had recruited additional staff. In the interim period, they used a consistent team of agency staff to cover staff absence such as annual leave and sickness. This enabled people to receive care from a team of staff who knew people's individual needs pending recruitment to vacant posts.

Using medicines safely

- There were systems in place for the safe administration of medicines.
- Where people were supported with their medicines, this was undertaken by trained and competent staff who had regular checks to ensure they continued to remain competent to administer medicines. One person told us, "They [staff] help me to take my medicines." Another said, "I have epilepsy and it's important

to get help when I need it. [Name of staff] helps me."

- Regular audits were undertaken to check medication was managed safely.
- The registered provider was signed up to NHS England's STOMP initiative. This is a campaign to reduce unnecessary medication of people with learning disabilities and/or autism.

#### Preventing and controlling infection

- People protected from the risk associated with infection control.
- Staff had completed infection control and food hygiene training. This mitigated the risks of cross infection and poor food hygiene practices.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons.

#### Learning lessons when things go wrong

- Systems were in place to monitor incidents and accidents and, where necessary, appropriate action had been taken.
- The registered provider operated an open and transparent culture and encouraged staff to report concerns and incidents. Lessons learned were shared with staff to help improve the service provided. A member of staff told us, "We always try and reflect and see what we can do to ensure [incidents] don't happen again. We discuss things as a team. We need to be honest and open about it, no one will learn if we try hiding things under the mat. Estuary is promoting lessons learned. It's about what can we do differently to make sure it doesn't happen again."



# 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

Good: 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

- People's care and support needs were assessed prior to using the service to ensure these could be met by the service. Their needs were consistently assessed and reviewed to ensure the care they received met their choices and needs.
- Care was managed and delivered within lawful guidance and standards.
- The registered provider had oversight of equality legislation and embedded equality into the core delivery across all its services. This included people having the opportunity to participate in equality and diversity workshops to raise awareness.

Staff support: induction, training, skills and experience

- Newly appointed staff received a comprehensive induction. One member of staff told us, "I shadowed my colleagues until I was comfortable working on my own."
- Staff received the training they needed to meet the individual needs of people; this included when people's needs changed. One member of staff said, "Where the care needs of some service users have changed, for example getting dementia, then training is set in place for that as well." Another said, "I feel I've had all the training I need to support people. I have done intensive interaction training for [name]. This has really helped, for example, if they are shouting it doesn't mean [name] is angry, it is because they are deaf. The training helped get things into perspective."
- The registered provider placed significant emphasis on training and encouraged staff to continue their professional development. For example, one member of staff told us how they had been supported to participate in the registered provider's leadership management training.

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

- Where required, people were supported to maintain a healthy and balanced diet.
- Where people had specialist dietary needs, advice had been sought and followed from dieticians and the speech and language team (SALT).

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

- The service worked with a range of external professionals to support people to have their needs met, including access to treatment and advice. A health and social care professional told us, "I maintain regular links with the carers and team leader by telephone calls and/or by email when sharing information relating to service users' needs, especially their health needs; and the carers also inform me of related matters."
- People had a health action plan and hospital passport. These detailed the support the person may need if they had to attend hospital. Records were kept of all appointments and outcomes.

- People were able to participate in OOMPH sessions which were held at the registered provider's other services. OOMPH is a holistic wellbeing programme, focussed around social interaction and exercise.

#### 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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.
- People's rights were protected. Staff had received training and had a good understanding of the MCA. They knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- People reported to us their choices were always respected by staff. Where required, people were supported to have advocates or family members to help them with important decisions about their care. An advocate is a person who speaks on behalf of a person if they are unable to fully express their views.

# 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

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

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

- People's care plans were person-centred and detailed all aspects of the support people required. Where possible, people were involved with their care planning.
- Some care plans within the community support service had not been signed by people. We discussed this with the registered manager. They told us electronic care planning was in the process of being implemented which would enable staff and people to work in 'real time'. This would also enable people to sign their consent to their planned care at the same time. Not everyone we spoke with was aware of their care plan, however they told us they were happy with the care they received.
- People were given the opportunity to provide feedback about the service and the care they received through a variety of formal and informal forums. For example, questionnaires, service user meetings and 'Have your say' meetings and walking groups. 'Have your say' meetings were held in the community support service. People were empowered to become involved and chair these meetings.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a strong person-centred culture at the service and people were treated with kindness, respect, and compassion.
- Staff had formed positive relationships with people and demonstrated a good knowledge of their individual support needs. One member of staff told us, "Working in the community as a support worker is incredibly rewarding. I get a sense of personal achievement from helping the people I support to live their life to the full. That is the reason I get up in the morning."
- People described how the caring support from staff had helped them to maintain their independence and well-being and enabled them to remain living in their own homes.
- We observed positive interactions between staff and people. For example, when a person was becoming anxious and agitated, the staff member immediately provided reassurance to them and stayed with them until they had calmed down.
- A health and social care professional told us, "I am satisfied that the care the staff provide is of a high standard. The staff have a good understanding and knowledge of service users' needs, and have always shown respect and politeness."

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully and staff spoken with were committed to providing the best possible care for people.
- People's dignity and privacy was respected and their independence promoted. People were encouraged to do as much as they could for themselves.
- A member of staff explained the importance of people having self-autonomy, choice, and control. For

example, when accessing the community. They said, "Both my clients have trouble with managing their money. If they want to go to the cinema, I sort out their money before we go and put the exact amount of money for entry into plastic money bags. So, they pay for themselves with the correct amount of money. This makes them feel good."

# Is the service responsive?

## Our findings

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

Good: 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

- People received a responsive service in line with their needs and preferences.
- Detailed care plans were in place that identified how people's assessed needs were to be met. This included information on their background, hobbies and interests, likes and dislikes.
- People's changing care needs were identified promptly and were reviewed, where appropriate, with the involvement of other health and social care professionals. A health and social care professional told us, "I have found Estuary to be both professional and supportive. They address issues in a timely and appropriate way."
- Staff recognised the importance of preventing social isolation and supported people to pursue their hobbies and interests and lead fulfilled lives. One person told us, "[Staff] are very good. They take me out, it's nice."
- People were able to access a number of provider led initiatives. For example, walking groups and health and well-being days. Relatives were also invited to attend these and, where appropriate, they had received support and guidance, including signposting to other agencies.
- From April 2016, all organisations which provide NHS or adult social care are legally required to follow the Accessible Information Standard (AIS). AIS aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read and understand so they can communicate effectively. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- No complaints had been made since our last inspection. The registered manager said they worked closely with people and often picked up any issues or concerns immediately.
- People knew who to speak with if they had any concerns.

End of life care and support

- The service was not currently providing any end of life care and support.
- The registered manager advised us they would work with palliative care teams and support people's end of life 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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear vision to deliver care and support which promoted a positive culture and person-centred service which was open and inclusive, empowering people to lead fulfilling lives and achieve their goals and aspirations. It was clear staff knew people well and put these values into practice.
- A clear management structure was in place and the provider, management and staff were aware of their roles and responsibilities.

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

- The management team actively encouraged feedback and were committed to ensuring continuous improvement.
- Equality and diversity was embedded into the core delivery of the service. Records showed people's cultural and ethnicity had been fully considered as part of the delivery of their care.
- People and staff were asked for their views about the service in many ways. This included day to day conversations, forums, meetings and questionnaires. Feedback was used to ensure people received a service that they were satisfied with. One person told us, "I think they listen to what we have to say."
- The registered provider had recently introduced a 'Quality Checker' pilot. This enabled people to participate in the recruitment process for staff as well as other audits to check the quality of the service people received.
- The majority of the staff we spoke with were positive about working at the service and told us it was a good company to work for and they felt well supported by the management team. However, some staff within the community support service told us they did not always feel supported. We discussed this with the registered manager. They told us they were aware of the issues being experienced within the community support service, and were working to address these. This included ensuring breaks were given in staff's rotas to enable them to pop into a venue for a catch up or attend cluster meetings. They went on to say, "The staff seem to enjoy this way of meeting up as they say it does not affect their own time which they value. I also send out monthly emails with a roundup of what has been happening."

Continuous learning and improving care; Working in partnership with others

- Systems continued to be in place to monitor the quality of the service. Management continued to carry out a range of audits, which looked at key areas and checked the quality of the service.
- Management promoted person-centred, high-quality care and good outcomes for people, by working in

partnership with others and involving people using the service.

- The registered manager chaired a local registered managers network forum. This provided an opportunity to discuss current issues, share good practice and drive improvements.
- The registered provider had signed up to The Princes Trust 'Get into Health Care' programme; and, the national adult social care national recruitment campaign 'Every day is different when you care' to raise awareness of working within the care sector.