

Estuary Housing Association Limited







86 London Road

Inspection report

86 London Road
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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	

Overall summary

This inspection took place on 4 and 5 November 2015.

86 London Road is registered to provide accommodation with personal care for five people who have a learning disability. There were five people living at the service on the day of our inspection.

The manager was in the process of making application to be registered as manager of this service. 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.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

Summary of findings

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. People were supported to participate in social activities including community based outings.

Staff used their training effectively to support people. The manager understood and complied with the requirements of the Mental Capacity Act 2005 (MCA) and

the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so not to place them at risk of being deprived of their liberty.

People received personalised care and staff knew them well. Relationships between people, relatives and staff were positive. Staff were caring and responsive. Care plans were clear, provided staff with guidance and were reviewed regularly. People and their relatives were involved in planning and reviewing their care.

The service was well led; people knew the manager and found them to be approachable and available in the home. People living and working in the service had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and manager had systems in place to check on the quality and safety of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise and report abuse. Potential risks to people's health and safety were identified and effective steps taken to reduce them.

Safe and effective recruitment practices were followed and there were enough staff to meet people's needs safely.

People were supported to take their medicines safely by trained staff.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training to enable them to meet people's needs effectively.

People were supported appropriately in regards to their ability to make decisions.

People were supported to eat a healthy balanced diet. People's day to day health needs were met and they had access to health and social care professionals where necessary and appropriate.

Good



Is the service caring?

The service was caring.

People were looked after in a kind and caring way by staff who were familiar with their needs and encouraged their abilities.

Support was provided in a way that promoted people's dignity and promoted their independence.

Good



Is the service responsive?

The service was responsive.

People's care was responsive to their individual needs. Activities provided reflected people's hobbies and interests.

People were confident to raise concerns if they arose and that they would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

Staff understood their roles and responsibilities and were well supported by the manager.

Measures were in place to monitor and improve the quality of services provided at the home.

Good



86 London Road

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.

This inspection was undertaken by one inspector on 4 November 2015 and was unannounced. We completed telephone interviews with people's relatives on 5 November 2015.

Before the inspection, we looked at information that we had received about the service. This included information

we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with five people who received a service and two of their relatives. We also spoke with the provider's representative, two staff working in the service and a visiting therapist.

We looked at two people's care and medicines records. We looked at records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

People confirmed they felt safe living in the service. Relatives told us they felt reassured that people were safe living there because there were enough staff available who monitored people's needs and provided the support people needed. One relative told us that the service had made adjustments to the premises which supported a person's safety. Another relative told us the person felt safe at the service as it had been their home for so many years and because they knew the staff well and felt safe with them. One relative said, "[Person] is always comfortable there. We can go in anytime and discuss things, there are no secrets there."

Staff knew how to recognise different forms of abuse and were clear on how to report any concerns. We saw that information on how to contact external agencies with any concerns was displayed and all staff were aware of it and their roles. The provider's representative had maintained clear records of any safeguarding matters raised in the service. These showed that the manager had worked with the local authority to ensure people were safeguarded. Staff told us they would take any steps necessary to protect people using the service and would report to external agencies if needed.

People had their individual risks assessed and reviewed. The assessments gave staff guidance on how to support people safely. There were processes in place to keep people safe in emergency situations. Staff were aware of emergency plans and understood what they should do in situations such as fires or accidents. Appropriate procedures were in place to identify and manage any risks relating to the running of the service. These included fire safety, water safety and the environment.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Staff told us that references, criminal record and identification checks had been completed before they started working in the service. This was confirmed in the staff records we reviewed.

There were enough staff available to meet people's needs safely. The provider's representative confirmed the staffing levels in place and four week's rotas sampled showed that these were consistently available. Staff and relatives confirmed that there were enough staff available to enable them to meet people's needs safely. Staff also told us that additional staffing hours were available and used where needed to support people, such as with social activities and appointments. This was confirmed in the staff rotas we viewed.

People confirmed that staff gave them their medicines regularly. The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Medicines were managed safely and in accordance with the prescriber's instruction. We saw that staff followed safe working practice when administering people's medicines and explained to people what they were offering them. Medication administration record (MAR) charts were completed consistently and a check on the quantity of medicines in stock was accurate. Medicines were securely stored and systems were in place to obtain and return medicines safely. Assessments of staff competency in relation to management of medicines were completed to ensure safe medicines practice.

Is the service effective?

Our findings

People were supported by staff who were well trained and able to meet their needs. The manager gave us written information to show that staff received appropriate training and updates. These included communication, safeguarding people, epilepsy and food hygiene. Relatives told us that staff provided people with a good level of care. A satisfaction survey completed by relatives contained the comment, "I take this opportunity to praise the staff for looking after [person] with so much love and care. I thank them all."

Staff confirmed they received the training they needed to enable them to provide safe quality care to people. One staff member said, "Estuary are really good at providing training." Staff also told us that they felt well supported and received regular formal supervision and appraisal with a senior member of staff. This was confirmed in staff records. A staff member told us that the new manager had explained that supervision meetings were about the staff member and helping them with what they needed so as to improve the service for people.

People were encouraged to make their own decisions and were asked for their consent before care and support were provided. People had their ability to make decisions assessed where needed. People who had been assessed as not having the ability to make their own decisions had best interest decisions recorded. Appropriate support was provided to ensure people had information to help them to make decisions, such as about personal relationships. Where formal advocacy services were not available when requested, staff had accessed support for people from other professionals. This had included social workers and behavioural therapists to support people to make their

own decisions and choices. Staff understood their role in relation to the MCA and DoLS. The previous registered manager had appropriately applied for and reviewed DoLS applications and authorisations to ensure people's rights were being protected.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. Staff told us that people participated in planning the weekly menu. People confirmed this and that they enjoyed the food provided at the service. Systems were in place to safely support people to make their own drinks as they wished and to be involved in the preparation of snacks and meals.

People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. People's weight was monitored and any concerns were referred to relevant health professionals for investigation and advice. People's dietary requirements were known to staff so that people received the food they needed and preferred. This included arranging for 'healthy' snacks such as homemade soup, fruit and nuts to be readily available particularly for a person who wished to eat often. This meant people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs.

Each person's health care needs were identified within a separate health action plan. People had regular access to healthcare professionals. A relative said, "They definitely support people's healthcare and inform us so we can support people with appointments." Another relative told us how staff had noted an issue with a person and supported them, through the GP, to have further hospital tests to ensure their wellbeing. This information was confirmed in people's health care records and through discussions with staff.

Is the service caring?

Our findings

People lived in a caring and supportive environment. People confirmed that staff were kind to them. A relative said, "The staff are lovely to [person]. We are really pleased with the care provided, it's so homely there. Staff talk to people like friends and equals. [Person] really does seem happy there." Another relative told us, "Staff are really polite and kind with people."

People were supported to make decisions and choices in their everyday lives and to have these respected. People confirmed or told us that they had chosen the décor or furniture for their bedroom and that they chose their own clothes. People offered us hot drinks when they were making their own, supported where appropriate by staff.

People were treated with dignity and respect. People's care records showed that this had been discussed and planned with them. All observations of staff interacting with people were positive. Staff clearly knew people well and spoke with them in a respectful way. We saw that each interaction was given the time it deserved and people were responded to appropriately. Staff encouraged people to maintain their own dignity reminding them, for example, to close the bathroom door. Staff also reminded people in a positive way about respecting personal spaces. Staff used appropriate communication methods to reinforce behaviours such as knocking on doors. Another person was encouraged to be parted from a particular piece of clothing, which was stained, for as long as it took them to

put it through the washing machine and dryer. Staff reminded the person about their trip the next day and how they liked to look smart in the community. The person later told us that they had achieved this.

People were encouraged to maintain and develop independence skills. Staff told us the approach of the service was not 'hotel' style but one that empowered and encouraged people to be independent. One person was assessed as being at too great a risk when using the kettle. A hot water dispenser was provided which supported the person to safely make hot drinks more independently. A relative told us that staff promoted a person's independence and dignity during a hospital appointment. They told us how staff had encouraged the person to provide their own records to hospital staff and be involved fully in the process. Another relative said, "They really encourage independence. They let [person] have a go at things such as vacuuming."

Staff had worked with people living in the service for a number of years which enabled confident relationships to develop. Staff supported people to maintain and develop other relationships, for example providing support for people in a personal relationship and for another person to visit their elderly relative on a weekly basis. People attended clubs where they could meet with friends and socialise and were supported to meet with friends from a service they had previously lived at. Relatives told us that they always felt welcomed in the service and could visit at any time. One relative said, "We can go in any time and we are always welcomed. Staff spend time with people and really engage with them."

Is the service responsive?

Our findings

People confirmed that they felt well cared for and that their needs were met in the service. People received care and support that was individually planned and appropriate to their needs. People's needs had been assessed and regularly reviewed to ensure that the support provided responded to people's current support needs. A relative said, "They did an assessment and we do know about care plan, we have seen it and it is fine. We are invited to reviews and they keep us well-informed. We are very happy with the service and the support provided." Another relative said, "We are invited to the reviews, with [person] and the staff. We talk about how things are going and the staff communicate well with us."

Each person had a detailed support plan in place. Staff told us that they sat with people to complete the plan and to check if the person was happy with it. Reviews had been completed regularly to assess if the plans were supporting people to achieve their identified goals and to adjust the plans accordingly. This ensured that staff had up to date information on how to meet people's individual support needs. Risks relevant to the person had been identified and actions put in place to limit these in the least restrictive way. Staff and the provider's representative had a clear knowledge of each person's support plans and associated risk management plans. This meant staff were able to support people consistently and in the way they needed.

Staff assisted people with their care and support and were responsive to their needs. Staff told us, for example, that one person preferred quiet and to spend time in their own bedroom. The person confirmed this. The person's bedroom was set out in a way that partly separated their sleeping area. This allowed the person to have a sitting room area where they spent some of their day following their own pursuits.

Changes had been made to environment in reply to another person's identified need. Additional lighting was put in place inside the service and a new ramp and handrail fitted outside. A light was left on to support the person to find the bathroom at night and a sensor that alerted staff to the person's movements had been removed. Staff told us this support plan was working well for the person. The person's relative told us that the person used to be very withdrawn and had limited confidence to move about or go out. The relative advised that since living in this service, the person now gets involved in household tasks and had increased confidence, regularly going out into the community. We noted that the person moved freely around their home during our inspection.

People had support to access a range of activities that interested them and met their needs. A relative told us that one person liked jewellery so staff arranged for the person to attend a jewellery making course. Relatives also told us that people went to the pub, to shops to choose and buy magazines that appealed to them individually and to eat out in restaurants. People confirmed and told us that they had activities that they enjoyed such as horse riding, going to football matches and events in London.

The provider had a complaints policy and procedure in place. The provider's representative told us that no formal complaints had been received since the last inspection so we were unable to judge the complaint procedure's effectiveness. Relatives told us they would feel able to raise any issues with the staff at the service. One relative said, "We have no concerns and could talk to them if we did, they are very approachable." Another relative told us, "We have no complaints at all. We could raise anything with them and wouldn't hesitate, they are all so approachable."

Is the service well-led?

Our findings

The service was well-led. The registered manager of this service had recently left to manage another of the provider's services. They attended this inspection and acted as the provider's representative. A new manager had been appointed and was progressing an application to be registered with the commission as required. The provider's representative told us that the provider had a plan to support managers to lead and experience different services so as to keep their approach fresh and current. A relative expressed disappointment with the changes in management. However, they said, "The service is well managed and runs well despite the changes of managers."

Staff felt well supported and the manager was accessible and available to people. People knew the provider's representative by name and approached them with queries and requests throughout the inspection. Staff were positive about the current and previous management and the level of support that they received. Relatives told us they felt they could always speak with the manager and staff in the service at any time.

There was an open and inclusive culture in the service. The staff team knew what was expected of them and what their roles were. Staff members had designated responsibilities within the team such as for medicines, dignity, activities and health and wellbeing. Staff had opportunities to be involved in promoting quality in the service. They told us, for example, that the provider had an approach of improving the service using themes including Safeguarding or Dignity challenges. This supported staff and people to focus on these areas to ensure good practice.

A system was in place to assess the quality of the service provided. Monthly audits were completed within the

service to assess its quality and safety. Information was then returned electronically by the service to the provider each month for review. Reports and action plans from all of the provider's routine monitoring visits of the service were not available. A report of an external audit of the service in October 2015 was subsequently provided. Areas that needed improvement, such as cleaning schedules and fluff on carpets were noted, however no action plan was provided in response to this. The auditor identified that their report was only part of the compliance process and that a full report would not be available until checks on additional areas were completed. The provider's representative told us they would deal with the actions immediately and inform the new manager of the service. A detailed report was available of a finance audit of the service in August 2015. This did not identify that there were any areas of concern or any actions required.

People views were sought and listened to. Staff told us that group meetings were not best suited to the people using the service so each person met with their keyworker each month. This was to review their current support and to identify any changes or improvements that people might need or staff might suggest. A staff member said, "It is up to us to ask what people would like and to try to get it for them." The one to one planned meetings were also introduced in response to information received in a quality survey which indicated that people did not know about their finance and support plans. Records showed that these were now included and recorded as routine topics of the discussions. Relatives confirmed that they had opportunity to complete annual satisfaction surveys to share their views. The report of the last survey indicated positive responses especially regarding the care provided to people in the service.