Estuary Housing Association Limited

230a Mountnessing Road

Inspection report

Mountnessing Road
Billericay
Essex
CM12 0EH

Tel: 01702462246
Website: www.estuary.co.uk

Date of inspection visit:
15 May 2019

Date of publication:
17 July 2019

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:
230 Mountnessing Road is a nursing home for up to eight people with learning disabilities and complex health needs. It is a bungalow set in a residential area of Billericay, Essex.

People's experience of using this service:

At our last inspection the service was rated good. Historically the service had been very settled, however the months leading up to our inspection had been affected by the absence of the registered manager. The provider had arranged good support from more experienced managers for the deputy manager as they were new in post. The provider had also used audits and quality checks during this period to improve the quality and safety of the care people received. Many of the staff had been at the service for a long time so the impact to people of the changes was minimal.

People at the service had complex needs and could not always communicate verbally. However, staff had the skills to communicate with them and to recognise any changes in their health and wellbeing. Risks to people's safety were well managed. There were qualified nurses at the service who worked with staff and external professionals to support people to remain healthy. There was detailed guidance to staff about people's needs.

Staff were very caring and compassionate and promoted a family-like atmosphere where people were treated with dignity. Staff arranged activities to support people to remain stimulated. The provider was working with staff to improve these activities and to develop a culture where people were encouraged to be more independent.

Staff offered people choice about day-to-day decisions. 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 promoted this practice.

The size of service was only marginally larger than recommendations within current best practice guidance. This guidance promotes people living in a small domestic style property to enable them to have the opportunity of living a full life. Staff told us that in the past the service had a more institutionalised feel but

that this had changed, and the property was now much homelier.

Rating at last inspection:
Good. The last report was published on 4 November 2016.

Why we inspected:
This was a planned inspection to check that this service remained Good.

Follow up:
We will continue to monitor this service to ensure people receive care which meets their needs.

For more details, please see the full report which is on the CQC website at 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.

230a Mountnessing Road

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.

The unannounced inspection took place on 15 May 2019 and was carried out by one inspector.

Service and service type:
230a Mountnessing Road is a care home. People in care homes receive accommodation and nursing or personal care as a 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was on had been absent for a couple of months, and the service was being run by the deputy manager, with support from two registered managers from the provider's other services.

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.
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. The registered manager had completed a PIR which helped to support our inspection.

We focused on speaking with people who lived at the service and observing how they were cared for. Where

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 a registered manager from another service, who was covering for the absent registered manager and the deputy manager, who are referred to in the report as the management team. We also met with the providers quality compliance manager.

We spoke with 4 care and support staff. 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 two health and social care professionals who were involved in the care of the people at the service. We also spoke with a family member for their views on the service.

After the inspection senior staff sent us additional information, as requested and we spoke with a representative from the provider known as the Nominated Individual to find out more about the management of the service.

Good

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 they felt able to speak out if they had concerns about a person's safety. They had attended safeguarding training and were aware of the provider's procedures.
• There had been a recent increase in the level of safeguarding alerts early in 2019. The provider had looked into the actions taken by the registered manager following these incidents to ensure the concerns were dealt with appropriately. They were also working well with the local authority to investigate the concerns. We found the provider had responded well and used their systems effectively to keep people safe during this period.
Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• There were detailed assessments to support people and staff to minimise risk. Staff knew what to do to support people to remain safe. Throughout our visit we observed staff checking a person who was at risk of falling was using their new frame.
• There were detailed and personalised plans in place to guide staff in the event of an emergency, such as a fire at the property.
• Senior staff used information from mistakes to make the service better. Following a concern about catheter care, nursing staff had been asked to change how they communicated and recorded their support to help minimise risk to people's safety.

Staffing and recruitment
• There were enough staff to meet people's needs and staff continued to be safely recruited.
• In the past the service had been two linked bungalows. Some senior and care staff told us this division still existed in how staff worked and we saw during our visit there were greater pressure on staff in some areas. The management team was aware there was room for improvement in how staff worked together as a team and were taking action to address this.
• The recruitment of permanent nursing staff was a challenge. The provider managed this by using familiar agency nurses who knew people well, so the impact on people was minimal.

Using medicines safely
• There were effective systems in place to support the safe administration, ordering, storage and disposal of

medicines.
• Qualified nurses supported people to take their medicines. Nursing staff had chosen to revert to dispensing medicine from original packaging, even though this was not required by their pharmacy. The nurse on duty said this was safer and told us, "This way you know exactly what you are giving."
• During our visit a person became unwell with toothache. As well as administering medicine for pain, the nurse reviewed the information from a recent dental appointment and ensured staff had supported the person to use their new specialist toothpaste. They also observed the person throughout the day, to check there were no other concerns the person had been unable to tell them about.

Preventing and controlling infection
• Staff received training in how to minimise the risk of infection.
• The provider carried out audits which highlighted any actions required to minimise risk to people's safety from the spread of infection. Recent audits had highlighted that staff had not being cleaning as required, putting people at risk of infection. The provider took effective action to resolve this and we found on our visit that the property was clean and free from malodours.

Good

Our findings

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 people's feedback confirmed this.

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

• Senior staff carried out detailed assessments of people's needs and developed informative care plans for staff to follow.

• Care plans were comprehensive and offered staff practical advice. Complex tasks, such as those which needed specialist equipment were described in detail.

• Staff were clear about the different responsibilities of nursing and caring staff.

Staff support: induction, training, skills and experience

• Staff knew people well and had the skills to meet their needs. New staff received a detailed introduction to the service with training provided to new and existing staff, as required.

• Regular agency staff could opt into the provider's specialist training, which helped ensure they had the necessary skills to meet people's complex needs and worked consistently with other staff.

• Supervision and team meetings had reduced in the immediate absence of the registered manager and this had affected morale. However, this was being addressed by the provider to ensure staff were communicated with and supported.

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

• Staff supported people to eat in line with their preferences. A person told us, "I like toast. I have toast for breakfast."

• Meal times were a shared sociable event, though staff told us people could eat at the time they wished, for example if they had a lie in they might have a late breakfast.

• People received the necessary support and monitoring to minimise the risks around eating and drinking.

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

• We noted several examples where there had been benefits to people's health and wellbeing following their arrival at the service, such as support with diet and weight loss leading to improvements in a person's

diabetes.
• People had access to nurses at the service. Nursing staff knew people and their communication needs well which helped them spot any deterioration in health. Throughout our visit we saw care staff communicating well with the nurse and asking for advice about people's health.
• Nursing staff promptly accessed external professionals as needed, such as the dentist and specialist nurses. A health professional told us, "I always get a warm welcome and an update from the nurse when I visit."

Adapting service, design, decoration to meet people's needs
• The property was being updated to reflect the emphasis on working with people to increase their independence. As there were two kitchens, one was being turned into a training kitchen to help people develop their skills.
• Staff described how the décor was now more attractive and less institutionalised than in the past, with colourful walls and pictures.
• There was a sensory room at the service which people used for therapy and relaxation.

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 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 checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Most people living at the service were not able to make complex decisions. However, we observed staff supported people to make decisions about their care, such as what they ate and drank.
• Assessments of people's capacity tried to understand the reason why a person might need support to make a decision. For instance, one care plan stated a person was not able to understand the importance of reducing the risk of infection. Although staff made decisions in the person's best interest they still asked for consent whilst providing support, in line with the guidance in the care plan.
• Senior staff had requested authorisation from the relevant authorities when restricting people of their freedom. These applications were personalised, appropriate and reviewed as required.

Good

Our findings

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

Ensuring people are well treated and supported; respecting equality and diversity
• We observed people were relaxed when spending time with their care staff.
• There was a warm family-like atmosphere at the service and a culture of people joining together for activities, such as sharing lunch together. We observed that one person chose not to eat with others at meal times and this was respected.
• A relative told us their family member was well supported and said, "[Person] has lived in other places but this is where they have been looked after best. The staff really show respect and are kind."
• Staff regularly took a person to visit their relative when they became too frail to visit. A member of staff explained the importance of this visit, demonstrating a compassion for the whole family.

Supporting people to express their views and be involved in making decisions about their care
• Some of the people at the service were not able to communicate verbally and benefitted from staff who knew them well. A member of staff described how they knew from the sounds the person made whether they wanted to go to the lounge or their room.
• Staff involved people in decisions about their daily care. We observed a member of staff asking a person what they wanted on the TV and putting on 'Elvis', as requested. A member of staff told us, "Even if you know what people like you still have to offer them a choice."
• Care plans were reviewed regularly by staff with family and professional input. People's views were considered, for example from observations about their reaction to certain foods and activities. However, there was scope to increase their involvement in more formal decisions about their care and service in line with best practice.

Respecting and promoting people's privacy, dignity and independence
• Staff were kind and had developed routines over many years which meant they sometimes did things for people rather then supporting them to develop their independence and skills. For example, staff provided a lovely picnic for people on the day of our inspection, however, they did not involve people in the process, such as in wiping tables or helping with food preparation.
• We discussed this with the provider and deputy manager and were assured they were working with staff to change the long-standing culture, through their investment in training and in discussions with staff.
• Throughout our visit we observed staff were respectful and promoted people's dignity.

Good

Our findings

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
• Most of the people at the service had extremely complex needs and were not able to independently engage in activities. Staff supported people to take part in some activities, though these were often based at the service. For example, a massage therapist visited the service during our visit. A person's care plan said how much they loved cats and staff supported a person to have a cat, which had its own care plan.
• The provider had recently invested in training in specialist training to promote improvements in activities, in line with best practice. The deputy manager described how staff had recently enabled a person to hold and pass a ball, so they could join in with a game.
• People's needs were constantly reviewed, and changes made where necessary. Staff worked well on a daily basis to adapt support to people's preferences. Some people and staff had been at the service for many years and certain routines had become entrenched. The provider was encouraging staff to work with people to offer new opportunities and challenges.
• The provider was committed to ensuring people had access to information in a variety of formats. Due to the complexity of their needs, most people at the service relied on staff and families to communicate verbally with them and support them to understand more complex information.

Improving care quality in response to complaints or concerns
• There were very few formal complaints, however the provider had used the recent concerns to improve the quality of care. For instance, they had changed rotas to ensure more permanent staff were now working at weekends. This meant people were being supported by staff who knew them better and could provide a more consistent quality of care.
• The provider promoted opportunities for feedback from several sources as a way of improving the service.

End of life care and support
• Support from nursing staff meant people had access to skilled support when they required end of life care. Staff had developed close relationships with people and knew how to communicate well with them about their preferences and to recognise signs of pain and distress.
• Each person had an end of life care plan which was detailed, personalised and sensitively written.
• The management team told us the service had developed networks with the local hospice.

Good

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
• The registered manager had been absent from the service for three months. However, we found the provider had managed the service well in their absence. Registered managers from two other services were supporting the service and the new deputy manager.
• Although the provider had provided effective cover in the registered managers absence, some staff told us they were unsettled by the changes and did not feel as well supported as previously. The provider was now addressing this through ensuring staff supervision and team meetings took place in line with the provider's policies.
• There were extensive audits and checks of care and accommodation. The provider had used audits effectively pick up and step in when actions had not been taken following a concern about people's safety.
• The provider had used lessons from audits and mistakes to make the service safer and reduce risk. For instance, they had changed rotas to ensure more permanent staff were now working at weekends.
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
• The provider was focused on promoting a service which was more person-centred and helped develop people's independence. They gave us good examples of where they were working with staff to promote a more empowering culture.
• The provider demonstrated a commitment to developing the service in line with best practice by purchasing a new specialist training course to develop staff skills in creating activities for people with complex needs.
• We found the provider to be open and transparent about the issues at the service when we discussed our inspection findings with them. They had notified us and the local authority, as required of any issues and concerns.

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

characteristics; Working in partnership with others
• The provider considered equality characteristics and addressed barriers when employing staff.
• A member of staff told us the service was improving how they engaged people, "In the past they did not have a voice. They now have more of a voice and let us know what they don't like."
• We saw in people's care plans that relatives and significant representatives were involved in people's care, as appropriate. A relative confirmed the service consulted them about the quality of the care and communicated well with them.