East Living Limited

Helena Road (2c-2d)

Inspection report

2c-d Helena Road
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on the 4th February 2016 and was unannounced. At the last inspection in November 2013, we found breaches of the legal requirements. At that time, people's complaints were not always addressed or action taken to resolve them, there was no system in place to ensure cleaning was undertaken effectively and there was no consent policy in place. At this inspection we found improvements had been made in these areas.

The service provides residential care for up to ten adults who have learning or physical disabilities, some of whom have sensory impairment, mental health or dementia. There are currently six people residing at the service. There is currently a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service had processes in place for staff to guide them to safeguard and protect people from abuse. Staff demonstrated their awareness of the signs of abuse and the actions they would take to escalate an allegation of abuse. People's risk assessments identified their needs and the management of them by staff. Risk management plans in place gave guidance to staff to reduce their recurrence, while encouraging safe, positive risk taking for people.

There were sufficient numbers of staff to meet people's care needs. Medicines were managed safely for people. Effective systems for the management, administration, storage, and disposal of medicines were in place.

Staff appraisal, training, and supervision supported them in their role. Staff understood best practice guidance and training used and implemented them to meet the needs of people. The registered manager supported staff so that they were effective in their role to care for people and deliver quality care.

The registered manager had an understanding of the principles the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) however DoLS notifications prior to November 2015 had not been sent to us and therefore a recommendation for this to be done was made and the service subsequently sent all outstanding notifications.

Staff had an awareness of people's nutritional needs for the maintenance of their health. The service provided meals in order to meet people's preferences, however we found that this was not always in response to their individual needs by involving them in the process. People did not always have a choice of meals they wanted and a recommendation to implement new ways of ensuring choice has been made. The registered manager has responded to this recommendation with an action plan

People had access to health care services to meet their needs and professional guidance implemented to

maintain their health.

Staff knew people well, were aware of their personal histories, and understood their likes and dislikes. People and their relatives were involved in making decisions about how they received care. Care and support delivered to people centred on their individual needs, preferences, and choices. Staff provided care and support to people in a way, which respected their dignity and privacy.

People and their relatives contributed to regular reviews of their care and support. People undertook activities of their choice, which helped them towards independence. People maintained relationships that mattered to them with support from staff if needed.

The service had a complaints procedure in place. People and their relatives were aware of how to raise a complaint and make a comment about the service if they wished.

The registered manager demonstrated clear leadership and established with staff, a positive culture within the staff team. Staff were motivated to provide good quality care, and applied best practice to help improve people's lives.

The registered manager monitored, and reviewed the service to improve the quality of care to people. Improvement plans were developed, and staff implemented these changes to provide an effective quality of care.

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. Staff were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were stored and administered safely. People were given their prescribed medicines safely.

There were enough staff working to meet people's needs.

Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Requires Improvement

The service was not always effective. The service carried out assessments of people's mental capacity and best interest decisions were taken as required. The service was aware of its responsibility with regard to applying for Deprivation of Liberty Safeguards (DoLS) however we found the provider had not sent us any statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS) prior to November 2015.

Staff undertook regular training and had one to one supervision meetings.

People using the service didn't have an input into devising their menus.

The service sought support from relevant health care professionals where people were at risk of dehydration, malnutrition or choking.

People had access to health care professionals as appropriate.

Is the service caring?

Good

The service was caring. Care was provided with kindness and

compassion.

People could make choices about how they wanted to be supported and staff listened to what they had to say.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

The staff knew the care and support needs of people well and took an interest in people to provide individual personal care.

Is the service responsive?

Good

The service was good when responding to peoples' needs.

People had access to services, which met their health care needs promptly.

People were encouraged and supported to access services and activities in their local community.

People were able to complain to the manager, and there was a system in place to manage and
resolve any complaints.

Is the service well-led?

Good

The service was well-led and the registered manager created an environment where people received a safe service.

Regular monitoring and review of the service took place and actions implemented to drive improvements.

The registered manager involved people and staff in the development of the service.

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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.

Before our inspection we reviewed the information we held about the service. This included the last inspection report for 12th November 2013. We contacted the local authority contracts and commissioning team that had placements at the home. We also reviewed notifications, safeguarding alerts and monitoring information from the local authority.

The inspection team consisted of two inspectors. We spoke with three people living at the home and two relatives. We also spoke with the registered manager, the team leader, quality assurance manager and three support workers. We observed care and support in communal areas and also looked at some people's bedrooms and bathrooms with their permission. We looked at three care files, staff duty rosters, a range of audits, complaints folder, minutes for various meetings, staff training matrix, accidents and incidents book, safeguarding folder, three staff files , activities timetables, three medicine records, health and safety folder, food menus, cleaning records and the policies and procedures for the home.

Good

Is the service safe?

Our findings

At our last inspection of this service in November 2013 we found that there was no system in place to ensure cleaning was undertaken effectively. During this inspection we found these issues had been addressed. The provider had introduced a robust cleaning schedule and we were shown records for the frequency of this and the level of cleaning that was carried out. For example, we saw that cleaners visited on a weekly basis, and were there on the day of inspection where a 'general' clean was taking place. Records showed that on a monthly basis there was an in-depth clean, for example where wall tiles and high cupboard tops were cleaned.

Staff told us they had undertaken training about safeguarding adults. Staff we spoke with were able to name the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. One member of staff said, "If I suspect it (abuse) I would have to talk to my manager." The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to violence and aggression, working with hazardous substances and grievance, bullying and harassment. Accident and incident policies were shown to us and how to raise alerts was clearly documented in the relevant policies.

Individual risk assessments were in place regarding people's financial risks. These stated that to help safeguard people from the risk of abuse the registered manager had to verify all large purchases bought on behalf of people, that monies held were to be checked at each staff shift handover and that bank statements were to be reviewed. A member of staff told us, "We count the money together at handover." Records confirmed this which meant the home was supporting people with their money safely.

Risk assessments were in place which provided guidance about how to support people in a safe manner and mitigate any risks they faced. Risk assessments balanced safety with supporting people to be independent. For example, risk assessments on making hot drinks recognised there was a degree of risk involved but that it was also important for the person to have some degree of control and independence when making drinks for themselves. Risk assessments were person centred and based around the individual risks people faced. For example, one risk assessment on mobility stated, "He needs two staff members to stand in front of him and prompt him gently to get up but do not pull his arms." Risk assessment processes were effective at keeping people safe from avoidable harm.

Staff told us the service did not use any form of physical restraint when supporting people. Risk assessments included information about supporting people who exhibited behaviours that challenged the service. These concentrated on seeking to de-escalate any aggression and providing re-assurance to the person and the warning signs for staff to look for which might indicate the person was becoming distressed. Other

assessments included risks associated with mobility, eating and drinking, community access and the use of public transport assessments.

Staff said they thought staffing levels were adequate. One staff member said, "We have enough staff to do everything we need to do." During the course of our inspection we observed staff had time to support people in a relaxed and unhurried way. People's requests for staff support where attended to in a prompt manner.

The service had a robust staff recruitment system. Records showed that all staff had references and DBS checks were carried out. The service carried out risk assessments where appropriate for any contentious DBS findings. This process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

Staff told us they were only allowed to administer medicines to people after they had undertaken training and assessed as competent by the registered manager to do so. Medication audits were completed fortnightly and records confirmed this. The registered manager showed us the daily checks completed for medicines which included the process of counting medications and recording quantities after each administration. People's medications were stored in their rooms in a safe and secure way with locks, and their medicine records were correctly used to show that administration had occurred and documented any issues. This meant that medicines were stored and administered safely.

Requires Improvement

Is the service effective?

Our findings

Staff told us they had regular training which included an induction programme at the commencement of their employment. The induction included completing the Care Certificate. This is a training programme designed for staff that are new to working in social care. One member of staff said, "There was a one week induction, you had to read through all the resident's files and you do shadowing." The same staff member said they had undertaken training about person centred care, infection control and safeguarding adults. Another staff member said, "I had lots of training, equality and diversity, safeguarding and whistleblowing, manual handling, medication." We were shown 'Induction Packs' that staff were given to work through during their induction and once they had completed each section, it was signed off by their supervisor.

We looked at the training matrix which included courses such as safeguarding adults, manual handling, dignity and respect and infection control. The training matrix showed when staff last attended these courses and any upcoming training to be completed.

Staff told us they had one to one supervision with their manager which they said was helpful. One staff member said about their supervision, [We talk about] "How I feel about the place and the residents. He [registered manager] told me how I was doing." Records confirmed staff had one to one supervisions. Supervision records showed discussions about team work, the Care Certificate and training, key working and staff performance. We saw that supervision was used to address concerns such as discussions about medicine recording.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

Care plans set out that people were supported to make their own decisions. For example, the care plan for one person stated, "I know my mind and like to make my own decisions." We saw that mental capacity assessments had been carried out in line with the principles of the MCA, for example about managing people's finances and the administration of medicines. Where appropriate best interests meetings had been held with the involvement of the person, their relatives, staff from the service and representatives from the local authority that commissioned care from the service.

We found the provider had not sent us statutory notifications for people authorised for Deprivation of Liberty Safeguards (DoLS) prior to November 2015. The registered manager told us that they would make this a priority as per our recommendation and we subsequently received all outstanding notifications within a reasonable timeframe.

Staff told us that most people were able to make decisions about their daily lives and they were supported to do so. For example, staff explained how they helped people choose breakfast, saying, "You bring three packets of cereal and [person that used the service] points out what they want." The registered manager told us people were involved in choosing the furniture at the home and the paint colour for their bedrooms.

A staff member who was preparing the evening meal on the day of inspection told us they said they knew what to cook because it was detailed on the menu. However, they were not aware of how the menu was devised. The service had a four week rolling menu that reflected the cultural background of people that used the service. However, there was no indication that people who used the service had much input into this. The quality assurance manager told us at their most recent monitoring visit of the service they had found that there was only limited opportunity for people to choose and plan the menu. The registered manager acknowledged this was an area that the service could improve upon, telling us, "We recognise it's [the system for choosing food] is not where we want to be." Shortly after the inspection, the registered manager provided an action plan in relation to food choices and advised us that there were now weekly meetings to plan for the week ahead, there would be the use of a menu board with attachable images and each resident would be choosing their meals for the week including side dishes and desserts and a small amount of ready meals would be kept in stock for any resident who changed their mind about what they wanted to eat.

Records showed that people had access to health care professionals. Records were maintained of medical appointments and of any follow up action that was required. They showed people saw various health care professionals including speech and language therapists, GP's, chiropodists and dentists. We saw examples of recommendations from speech and language therapists in relation to the textures of food and drink for people with any swallowing difficulties and there were pictorial examples of how thickened fluids should appear in consistency. This provided clear guidance for staff to ensure that guidelines were followed correctly.

Hospital passports were in place which included information about the person for use by hospital staff in the event that the person was admitted to hospital. This included information about their communication, medical history and any medicines they were prescribed. Health action plans were also in place which provided information about how to support people to maintain a healthy lifestyle. For example, they included guidance about diet and exercise and details of relevant health care professionals for the people.

Good

Is the service caring?

Our findings

People said staff respected their privacy. One person said that staff, "Let me know" if they want to come in to their bedroom by knocking first. Staff told us how the promoted people's privacy. One member of staff said, "You give them privacy, you close the door and put the towel on them when you're doing personal care."

During the course of our inspection we observed staff interacted with people in a friendly and respectful manner. People were relaxed and at ease in the company of staff.

Care plans showed that the service sought to promote people's independence. For example, the care plan for one person stated that it was important that the person participated in doing their laundry. Another care plan included information about what staff needed to provide support with in relation to personal care and what the person was able to do for themselves.

People's bedrooms were looked at with permission and were homely, cosy and personalised to the tastes of the individual. One person told us they liked their room and were happy with the way it was decorated. Rooms contained personal possessions such as family photographs and religious objects. This was in line with information about the person's spiritual needs contained within their care plan.

Care plans included information about meeting people's communication needs. For example, the care plan for one person stated, "It is important that others talk to [person that used the service] in a calm and respectful way and that they check that she has understood what has been said and agreed. She will often appear quiet or reserved. It is important that this is not interpreted as [person that used the service] being unable to communicate or understand events or discussions around her." Staff were knowledgeable about how to communicate with people who had limited speech communication skills. For example, staff explained how they used body language and that people used limited sign language to communicate. One staff member said, "We have pictures we show them of holidays, when we go clothes shopping we show them clothes to choose."

Relatives we spoke with gave positive feedback about the service. One relative told us "I do find Helena Road very supportive, not just for [person that used the service] but as a family." This family member also said "staff are very welcoming", and that their family member is "always happy." Another relative said that they were "Impressed with the staff during a period towards the end of last year, when [person that used the service] was admitted to hospital." They told us that they were happy with the way staff advocated on behalf of their relative.

Good

Is the service responsive?

Our findings

Care plans were in place for people which included information about who was involved in developing the plan. We saw this included the person themselves and their family members along with staff working at the service. Care plans set out how to meet their individual needs in a personalised manner. For example, one care plan stated, "I enjoy looking at books and magazines" and "It is important that people do not rush [person that used the service] unnecessarily and that may mean preparing early if timescales are tight."

Another care plan included information about how to support a person when they became sad because they were not able to see a relative. The care plan for another person stated, "[Person that used the service] enjoys having their feet in a foot spa for sometimes well over an hour." This showed care plans were based around the needs of individuals.

Care plans included information about supporting people to access the community and we saw that people were able to do this during the course of our inspection. Care plans were reviewed regularly which meant they were able to reflect people's needs as they changed over time. A monthly summary was produced by people's keyworkers which monitored how they were getting on with elements of their care plan including in relation to health, activities and daily living skills.

On the day of our inspection three people visited a day service and on their return one person told us they had enjoyed it. We saw another person telling staff that they wanted to go out to get a drink and staff supported them to do this.

The registered manager told us that the service supported people to attend various activities and holidays in the community. This included trips to the zoo and Southend and we saw photographs of people taking part in these activities. We also found that two people were supported to attend a place of worship by the service by a member of staff.

During the course of our inspection we observed people engaging in various activities including looking through magazines and drawing. Care plans had activity schedules that included in house music therapy, baking and activities of their choice. We saw that these activities matched with their individual care plans which meant that care plans were being adhered to.

The service had a complaints procedure in place. This included timescales for responding to any complaints received and details of who people could complain to if they were not satisfied with the response from the service. We saw that since the previous inspection the provider had produced a pictorial version of the complaints procedure which was on display within the home. This helped to make it more accessible to people who were unable to read. We saw that complaints had been recorded and investigated in line with the complaints procedure. This included meeting with the person who had made complaints and records showed issues had been resolved to complainants' satisfaction.

Records showed the service held regular residents meetings. The most recent was on the 5 January 2016

and this included discussions about activities, health and safety and the importance of good personal hygiene.

Good

Is the service well-led?

Our findings

One family member told us that the registered manager was "always ready to do something" if there were ever any issues and that they felt that "leadership is very good."

The service had a registered manager in place who was supported in the running of the home by a team leader. Staff spoke positively about the registered manager. One staff member said, "[Registered manager] is very supportive. Anytime I have come with a query regarding a service user he comes up with a solution." Another staff member said, "[Registered manager and team leader] are very approachable so if there is anything I am not sure about I can ask." The registered manager told us, "I always try to be approachable and available." Staff told us the staff team had a good working relationship. One staff member said, "As a group we all work together as a team."

The service had a 24-hour on-call service. The number for this was on display in the office and staff told us the on-call system worked effectively. This meant that senior staff were always available to give guidance and support if needed.

Various quality assurance and monitoring systems were in place. The quality assurance manager carried out a three monthly monitoring visits. Records showed the monitoring visits were recorded with action plans. These action plans were then followed up on at the next inspection to make sure identified issues had been addressed. For example, we saw at one of these inspections concerns had been raised with the guidelines for administering 'as required' (PRN) medicines and this had subsequently been addressed.

The registered manager told us the provider carried out an annual survey of people that used its services across various locations. They told us in the past they had tried to carry out a survey for just this service but had always had very poor returns so it was not considered worthwhile. For example, they told us they carried out a survey in 2014 and only about 5 of 40 stakeholders contacted replied to the survey. They told us that they are exploring other ways to get the views of people.

The registered manager carried out audits of various health and safety records. We saw that these identified issues of concern. For example, they found that the fridge temperatures were regularly recorded as being above safe levels. The registered manager took steps to ensure the fridge was working safely. In addition, they addressed with the staff that recorded the temperatures the importance of reporting any areas of concern with the temperature.

The registered manager also told us they carried out night time spot checks. Records showed when concerns were identified they were addressed.

Staff told us and records confirmed that regular staff meetings took place. One member of staff said, "We have staff meetings every month, we talk about the residents, where we need to improve, medication." Another staff member said of team meetings, "Any issues that come up, the staff can bring them to the meeting and the managers look into it." We looked at the minutes for the most recent staff meeting on 14

January 2016 which included discussions about changes to the staff team, issues relating to people that used the service and good practice issues with regard to administering medicines