

Estuary Housing Association Limited

Norton Place

Inspection report

162 Ness Road
Shoeburyness
Essex
SS3 9DL

Tel: 01702291221
Website: www.estuary.co.uk

Date of inspection visit:
25 July 2016
02 August 2016

Date of publication:
05 September 2016

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

This inspection took place on 25 July 2016 and 2 August 2016 and was unannounced.

Norton Place provides accommodation and nursing care for up to 11 people who have a learning disability; some of whom may have dementia related needs. There were 10 people living in the service on the days of our inspection.

There was a registered manager in post. 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.

There were enough well trained and supported staff who had the knowledge and skills to care for people safely and meet their individual needs and wishes. Staff had been safely recruited to ensure they were fit to work with vulnerable people. Where people were not able to share their views with us verbally they used their individual style of communication which included facial expressions and body language to communicate with us. People indicated that they felt safe and we saw they were comfortable in staffs' presence. Staff demonstrated a good knowledge and understanding of how to protect people from the risk of harm. They had been trained and had access to information and guidance to support them with the process.

Risks to people's health and safety had been assessed and well managed. There were support plans together with risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and there were safe systems in place for receiving, administering and disposing of medicines.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had made appropriate applications when needed.

People had enough to eat and drink to meet their individual needs and preferences. Their care needs had been fully assessed and their support plans provided staff with the information they needed to meet people's needs and to care for them safely. People's healthcare needs were monitored and staff sought advice and guidance from healthcare professionals when needed.

Staff treated people with respect and were kind, caring and compassionate in their approach. They respected people's privacy and treated them with dignity at all times. People expressed their views and opinions in their own individual style of communication. People were supported to participate in activities that were meaningful to them and they regularly accessed shops and parks in the local community. People's family and friends were able to visit at any time and were always made to feel welcome. Advocacy services were available when required. An advocate supports a person to have an independent voice and enables

them to express their views when they are unable to do so for themselves.

Relatives had confidence in the service and felt that the registered manager would listen and act on any concerns or complaints. Improvements had been made to the systems used to assess and monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of harm. Staff had been safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated respectfully by staff who knew them well and who were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

The assessment and support plans were detailed and informative and they provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people

were confident that their complaints would be dealt with appropriately.

Is the service well-led?

Good 

The service was well led.

Staff had confidence in the registered manager and shared their vision.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Norton Place

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 took place on 25 July 2016 and 2 August 2016 it was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spent time observing care in the communal area and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Where people were not able to communicate with us verbally they did so using facial expressions and body language. We also spoke with three people's relatives, one health and social care professional, the registered manager, the deputy manager, one qualified nurse and nine members of staff. We reviewed three people's care records and four staff files. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People were comfortable and relaxed when staff interacted with them and they responded positively by smiling and acknowledging staff when they talked to them. People indicated to us that they felt safe. Relatives told us that they felt their family members were safe, happy and well looked after. The registered manager and staff had a good understanding about how to safeguard people. They knew there were policies and procedures that set out how to report any suspected abuse and were able to tell us why and how they would apply the procedures if necessary. The registered manager had dealt with safeguarding issues, accidents and incidents appropriately. They had reported, investigated and taken any necessary action. Staff had received training and had regular updates to refresh their knowledge. One staff member said, "I would report any concerns to the manager and the local authority if necessary to make sure the person was kept safe." Another staff member said, "I would tell the manager and social services if anyone was being abused. I have had training that was good and taught me about the different signs of abuse. I would not put up with it."

Risks to people's health and safety were well managed and they were cared for in a safe environment. People were supported to take every day risks. There was risk assessments together with management plans to inform staff how to support people with their mobility, skincare, nutrition and falls. Staff had received training in first aid and fire safety and they knew to call the emergency services when needed. People had detailed emergency evacuation plans in place for use in the event of an emergency such as a fire or flood. Staff described people's individual risks and how they would manage them. The registered manager had ensured that other risks, such as the safety of the premises and the equipment in use had been regularly checked. There were up to date safety certificates in place for the premises and any equipment that was in use. Repairs to the building had been carried out appropriately and there was a list of emergency telephone numbers available for staff to contact contractors in the event of a major electrical or plumbing fault.

There were enough staff to meet people's assessed needs. Staff told us that they thought there was generally enough staff on duty to meet people's needs. However, one staff member told us that there had been problems at times when they had to rely on agency staff because permanent staff had not been at work due to sickness. They said, "When there are more agency staff than permanent staff it is difficult because you have to tell them what to do, which makes your job harder. It does not happen often because we use regular bank and agency staff but now and again it has happened." There were four care staff, one qualified nurse, the chef, the activities person, the registered manager and the deputy manager on duty on the morning of day one of our inspection and three care staff, one qualified nurse in the afternoon. The registered manager and deputy manager were in the building part of the afternoon shift. Staff responded to people's needs quickly when required and the staff duty rotas showed that staffing levels had been consistent over the six week period checked. People's relatives told us they felt that there were enough staff on duty when they visited the service.

There were robust recruitment processes in place to ensure that people were supported by suitable staff. The registered manager had obtained all of the appropriate checks in line with regulatory requirements, for

example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process had been thorough and they had not been able to start work until all the checks had been carried out.

People's medicines were managed safely. There was a good system in place for ordering, receiving, storing and disposal of medication. There had been a recent change to the medication system. New medication administration records (MAR) were in place and most of the medication was now in a monitored dosage system. The qualified nurse told us that the system was safer and made it easier to audit. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. Staff had been trained and had received regular updates to refresh their knowledge. The registered manager told us, and the nurse manager confirmed that the service was in the process of carrying out audits to test the competency of staff who administered medication. On day two of our inspection we saw a nurse manager carrying out a detailed assessment on the qualified nurse's competency to administer medication. Daily checks had been recorded and medication records had been appropriately completed to show that medication had been administered safely. People received their medication as prescribed.

Is the service effective?

Our findings

People were cared for by staff who felt supported and valued. Staff told us, and the records confirmed that they had a good induction. They said they had the opportunity to shadow more experienced staff until they were confident to work on their own. Staff had received supervision and felt well supported by the registered manager. One staff member said, "I do feel supported by the manager and the deputy manager. It feels that there is a real management team here now and we are moving forward." Another staff member said, "The support is good I have had my appraisal recently and am doing well."

Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role which had been regularly updated to refresh their knowledge. Specialist training such as for epilepsy and autism had taken place to ensure that staff were equipped to support people's individual needs. One staff member told us, "I think that the training is very good. We do a lot on the computer now which I think is better because you can do it in your own time and don't have to rush it. Some subjects such as practical moving and handling we have to do in person to show that we can do it properly."

Staff told us they had completed a national qualification in care and the records confirmed that eight of the service's 18 staff had either obtained or were working towards a national vocational qualification in care. People were cared for by well trained staff.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. Staff were able to describe how the MCA applied to people using their service and were aware that there were mental capacity assessments in place where needed. Where necessary appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. We heard staff asking people for their consent before carrying out any tasks. Staff were able to describe to us how they gained people's consent using individual's personal communication style. For example one person expressed their views using eye contact and another person would grunt loudly and continuously if they were not happy. Mental capacity assessments had been completed and best interest decisions had been made where required. One staff member told us, "It is to be assumed that people have capacity but if they don't have it any decisions must be made in their best interests." This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. Relatives told us that the food was very good and one relative described it as 'lovely' and they went on to say that people always had a choice. Where people required help with their meal, staff supported them appropriately ensuring they had sufficient time to eat their meal. The chef told us that people chose what they wanted to eat and that they would prepare meals in line with what people preferred. However, they also told us that they were in the process of devising a pictorial menu that offered people choices of healthy nutritious foods. There was a good supply of fresh, canned, frozen and packaged foods. The chef told us that they purchased fresh fruit and vegetables three times a week from a local supplier. There were nutritional supplements available in the store cupboards should people need to increase their dietary intake. There were food and fluid charts in place where necessary and people's weight had been monitored to ensure that their diet kept them healthy.

People's healthcare needs were met. They had been supported to attend routine healthcare appointments and the records showed that the outcomes and any follow up actions had been recorded. People had health action plans and hospital passports in place. Health action plans are detailed plans describing how the person will maintain their health. They detail the dates of routine appointments and check-ups and they identify people's specific healthcare needs and how they are to be met. A hospital passport is a document that describes how the person communicates, this includes information about their routines, and how to identify if they are in pain and things that are important to people that hospital staff would need to know to keep the person safe and happy.

Is the service caring?

Our findings

People were relaxed and happy throughout our visits and we saw that staff interacted well with people. Staff knew people well and had built up positive caring relationships with them. They described people's individual communication style and told us the best way to communicate with them. They showed kind and caring qualities when interacting with people and demonstrated how they communicated with people using body language and people's facial expressions. People were cheerful and happy and indicated that the registered manager and staff were kind to them. One relative said, "The home is lovely. All of the staff treat [person's name] like family. If I paid a million pounds [person's name] would not get better care. Staff treat [person's name] like royalty. Excellent care and we are lucky to have it." This showed that people were cared for by kind, caring and compassionate staff.

People were treated with dignity and respect. We saw and heard staff supporting people in a calm and respectful way. They allowed them the time they needed to complete the task and reassured them throughout the process. People indicated that they were treated in a 'kind and caring' manner. They responded to staff's interaction in a positive way, for example, we saw that they were happy, smiling and using their own individual style of communication to confirm their agreement to the activities that were taking place.

Relatives told us that they had been involved, as much as was possible in planning people's care. One relative said, "I visit every week and would visit every day if I lived nearer." Staff had access to good information about people's likes, dislikes and preferences in regard to all areas of their care. Staff had a good knowledge about people's lives and were able to describe how they involved people in all areas of their care, for example, one person made their feelings known by communicating with a smile if they were positive about something and not smiling when they were not in agreement.

Relatives told us they visited at a time of their choosing. They said they were always made to feel welcome and were always offered a hot drink. They also told us that all of the staff were friendly, kind, caring and respectful when they visited. Where people did not have family members to support them to have a voice, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. The registered manager was in the process of updating people's support plans as changes to the format had been made by a previous manager. They told us that three of the 11 support plans had been updated so we viewed two that had been updated and one that had not. There was detailed information in the two updated support plans. The support plan for a recently admitted person included comprehensive information and had been devised from their pre-admission assessment. Pre-admission assessments for people who had lived in the service for many years had been archived so were not available to view. Relatives told us that their loved one's needs had been fully assessed and that the service always kept them involved and up-to-date about their relative's health and support needs.

People were asked for their views on a daily basis, using a range of communication methods such as eye contact and body language, and we heard and saw this in practice. Each person had clear information about how they communicated in their communication support plans. We saw that staff used different communication styles according to each person's individual needs. Relatives told us that staff responded quickly when needed for example, one relative told us that their relative communicated using eye contact and that staff were always quick to respond to their needs using this method of communication. This showed staff knew how best to communicate with people and helped them to meet their needs.

Staff told us they used a range of items to keep people occupied such as arts and crafts, soft ball, planting and film nights. The activities co-ordinator was making a sign for the conservatory out of glass beads. They told us that people would be helping to stick the glass beads to the sign. Other staff told us that people enjoyed music and that an entertainer visited regularly which all seemed to enjoy. People regularly accessed the local community and went out for walks to the seafront and to the local shops. The service had its own mini-bus for trips that were further afield and staff told us, and the care records and photographs showed that people had accessed the wider community. Staff told us that one person regularly went to the local charity shops where they purchased items of jewellery or handbags of their choosing. One the second day of our visit one person went to the local supermarket with staff to buy clothing for them.

Staff supported and encouraged people to maintain relationships with their family and friends. Relatives told us that they visited regularly and that staff always kept them informed of any changes to their relative's care and support.

There was a good complaints process in place which described how complaints or concerns would be dealt with. The registered manager told us, and the records confirmed that no complaints had been received so we could not assess if people's complaints had been dealt with appropriately. However, relatives of people told us that although they had no complaints they were confident that the registered manager and staff would deal with them appropriately.

Is the service well-led?

Our findings

At our last inspection in June 2015 we had concerns about the service's quality monitoring system as it was not always effective. Although surveys had taken place to gather people's views the service's staff had helped people to complete them. The service had not sought the views of others such as people's relatives, social workers or GPs. This meant that valuable feedback that could help the service to improve may have been lost. In addition to this the provider had carried out a compliance visit and had highlighted the need for improvements to be made. The action plan that was developed to address the improvements had not stated when the planned improvements would be made and had not been followed up by the provider to identify the progress made.

At this inspection we found that improvements had been made and were on-going. Since the new registered manager started work at the service in December 2015 they had put in place systems to obtain the views of others when surveying people and told us that advocates, friends or family were asked to support people to complete their quality assurance questionnaires. Regular compliance visits had taken place and an action plan, with clear timescales had been developed to address any issues found and the registered manager had regularly updated the action plan to show their progress.

Staff told us that they felt supported by the management team. One staff member said, "The manager is firm but fair. They listen to what I have to say and they act upon it. It is a good supportive management team now." Staff and relatives had confidence in the registered manager. One relative said, "The manager is approachable and so is the deputy manager. I think they make a good team and look after people well." The service had clear whistle blowing, safeguarding and complaints policies and procedures in place and staff were confident about how to implement them. One staff member said, "If I had any worries I would report them to the manager and I am sure they would be dealt with." Other staff told us they would report any issues or concerns to the registered manager.

Regular staff meetings had been held where a range of issues had been discussed that included training, safeguarding people, appraisals, support plans, the key worker role and care practices. Staff told us, and the records confirmed that they had regular handover meetings between shifts. There was also a communication book in use which staff used to communicate important information to each other. This showed that there was good teamwork within the service and that staff were kept up-to-date about changes to people's support needs to help them to keep people safe.

Staff and relatives told us that there was an open door policy where they could speak with the registered manager when they wanted to. Relative's told us that they had confidence in the registered manager and that they were approachable and staff said that the management team was good. Staff shared the registered manager's vision to provide people with high standards of care and support that met people's individual needs and wishes.

The registered manager had carried out their own monthly audits using 'the manager's toolkit'. This had included checks on health and safety, infection control, medication, recruitment, staffing and support plans.

People indicated (by using their own personal communication styles) that they were happy with the quality of the service. Relatives told us that the service was 'a wonderful place' 'very good' and one relative said, "I am very lucky that [person's name] is so loved and looked after so well. I never have to worry about the quality of their care as it is always 100%."

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept confidential.