

## Estuary Housing Association Limited

# Estuary Housing Association Limited - 1 Bradd Close

### Inspection report

1 Bradd Close  
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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?

Requires improvement 

### Overall summary

This inspection took place on 8 January 2016.

1 Bradd Close is registered to provide accommodation with personal and nursing care for eight people who have a learning disability. There were seven people receiving a service on the day of our inspection.

A registered manager was 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.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment

# Summary of findings

procedures were thorough. Risk management plans were in place to support people while keeping them safe. There were also processes in place to manage any risks in relation to the running of the service.

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 staff treated people in a caring way. People were supported to participate in social activities including community based outings.

Staff used their training effectively to support people. The staff and registered 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.

Care records were regularly reviewed. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed.

The provider and registered manager had systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed. However improvement was required to ensure they were used consistently to ensure they were effective. People knew the manager and found them to be approachable and available in the service. People's relatives 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.

# 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. There were systems in place to manage risk for the safety of people living and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs safely.

People's medicines were safely managed and people received their medicines as they should.

Good



### Is the service effective?

The service was effective.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and support.

Staff received training suitable for their role.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet. People were supported to access appropriate services for their on-going healthcare needs.

Good



### Is the service caring?

The service was caring.

People were provided with care and support that was personalised to their individual needs. Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, as was their right to make decisions and choices.

Good



### Is the service responsive?

The service was responsive.

People's care was planned so that staff had guidance to follow to provide people with consistent person centred care. People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

Good



### Is the service well-led?

The service was not consistently well led.

Requires improvement



# Summary of findings

Systems to assess and support quality outcomes were not used consistently to ensure improvement where this was required.

People had confidence in the manager and found them available and responsive.

The atmosphere at the service was open and inclusive.

# Estuary Housing Association Limited - 1 Bradd Close

## 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 8 January 2016 and was unannounced. We spoke with relatives during the inspection and also spoke by telephone with people's relatives on 22 January 2016.

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 one person who received a service. As some people could not tell us their views about the service verbally we spoke with four of their relatives. We also spoke with the registered manager, the provider's representative and five staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to three 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

Relatives told us they felt reassured that people were safe living at the service. One relative felt this was because they and the person knew the staff well and felt safe with them. Another relative told us, "I definitely feel [person] is safe there because of the quality of the care they offer people and how caring all the staff are. I listen to the way they treat all the people who live there so well, I feel at peace."

Systems were in place to keep people safe. Staff had attended training in safeguarding people. The registered manager and staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe. The registered manager told us of action taken by the registered provider in response to a concern. This had included a referral to the appropriate professional registering body. This showed that the registered provider had taken appropriate steps to ensure people were safeguarded.

People's individual risks were assessed and actions were planned to limit their impact. People's care plans included information about risks individual to them such as in relation to choking and a care plan was in place to help staff to manage these safely. Staff were aware of people's individual risks and how to help people in a safe way. Staff were provided with training on risk assessment to enable them to mitigate risks to those living and working in the service. Equipment had been accessed for people to ensure their safety and that of staff supporting them.

The registered manager had procedures in place to identify and manage risks relating to the running of the service. These included relating to fire safety and dealing with emergencies. We asked the registered manager to send us confirmation of the current safety of water in the service. This was not provided. Processes were in place to keep people safe in emergency situations. These included individual emergency evacuation plans. Staff were aware of emergency plans and how to respond to emergency situations.

People were protected by the provider's staff recruitment processes. The registered manager told us that most staff had worked at the service for a number of years. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service and they had had an interview to show their suitability for the role. This was confirmed in the staff records we reviewed. Records were available to show that suitable checks were confirmed as in place before agency staff came to work in the service.

People were supported by sufficient numbers of staff to meet their needs safely. The registered manager told us they assessed staffing levels each month with the staff team to make sure there were enough staff to support people in a way that met their individual needs. The business emergency plan included actions to take should the service did not have enough staff available. A staffing rota was in place to enable forward planning to ensure that staff were available in sufficient numbers at the times that suited people's needs. Relatives told us there were enough staff to support people safely. Staff reported that there were sufficient staff to enable them to meet people's needs appropriately. We saw examples throughout the day of staff spending quality time with people as well as completing the necessary care tasks.

People received their medicines in a timely and safe manner. We saw that staff dispensed people's medicines safely. The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines administered. Protocols were in place to guide staff where people had medicines on an 'as required' basis. This included where one person had their medication crushed to make it easier for them to take. It recorded the involvement of the persons' GP to ensure the medicines properties were not adversely altered in that process. Medication administration records were consistently completed and tallied with the medicines available. Daily stock checks were not always accurately recorded. Monthly medication audits systems were in place to ensure safe management of medicines; however these had not been completed since October 2015.

# Is the service effective?

## Our findings

Relatives told us that the regular staff did a good job looking after people and knew how to do this well. One person felt that this was not always as effective when some agency or bank staff were on shift. Another person said, "People receive quality care from staff who are brilliant, not just one, it is all staff. They go above and beyond their duties"

People were supported by staff who were well trained and supported. Staff confirmed they received an induction when they started working in the service to help them to get to know people and how to support them. Records showed that agency staff also received an induction and that the service used regular bank and agency staff members. This supported more consistency and continuity for people using the service. The manager's records and discussion with staff confirmed that staff received training relevant to their role to enable them to meet people's needs.

Staff received formal supervision although until recently the frequency had not always been in line with the provider's policy. Those records reviewed were detailed and considered the needs of the individual staff member and the service. Staff told us they felt well supported and that the registered manager was available to them regularly should they need support. The registered manager told us that staff appraisals had not been completed in the past year but were now to recommence. The registered manager told us they had completed their input to their annual appraisal in July 2015 but had not as yet had any response from the provider; however they could not provide us with a reason for this.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated an understanding of MCA and DoLS and when these should be applied. Records showed

that each person who used the service had had their capacity to make decisions such as relating to medicines, finance and personal care assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. The registered manager confirmed that this would be continued to include such as the use of bedrails and lap straps where this was indicated as being in people's best interest.

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 on authorisations to deprive a person of their liberty were being met. Where people were deprived of their liberty applications had been made to the local authority for DoLS assessments to be considered for approval. The commission had been notified where authorisations had been agreed. This meant that the provider had acted in accordance with legal requirements.

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. A staff member said, "I know people have been assessed with regard to their capacity but we always still ask, for example, what they would choose to wear. People may not be able to tell you verbally what they want but they can in other ways and you 'read' their response. Some people can actually tell you yes or no so you know if they want something or not."

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. A relative told us, "People get good food and plenty of drinks. There is always lots of vegetables and it is all home cooked food so they have good nutrition. They offer food and drinks, but if someone refuses they do not just leave it, they come back and try again and again. Staff have time to give people that kind of support to eat and drink well." During our inspection, one person had stated a desire for fish and chips at lunchtime with a lighter favourite snack in the evening and this was arranged. Staff told us about people's

## Is the service effective?

favourite foods and these were recorded in people's care records. There was a good availability of drinks and people were encouraged to drink to ensure they remained appropriately hydrated.

People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. Staff told us that while a planned menu was in place, it was being used flexibly. This was because more people needed their food to be pureed and not all foods presented well in that way. We heard staff discussing what would be cooked for the evening meal by asking people, taking into account people's preferences, what they had already eaten that day to ensure variety and what could be presented well so as to be appealing to encourage individual people to eat well. Staff were aware of people's dietary needs in relation to their health conditions and told us how these were met in the service.

Relatives confirmed that people's healthcare needs were effectively managed and they were well supported in gaining access to any health professional support needed. One relative told us, [Person] would not be here but for the staff at Bradd Close. They get any help or appointment they need organised by staff. When [person] was in hospital, staff stayed with them there, even after their shift was finished, they did not leave until they knew that [person] was going to be alright." People's healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person had a health action plan in place to identify their health care needs and the support to be provided by staff. People's care records showed that staff took prompt action to access healthcare professionals and assessment services. Another relative said, "Staff are on the mark with this. They know [person] so well they can spot signs if they are not well and staff are on the ball at getting in who [person] needs."



# Is the service caring?

## Our findings

People received care and support which was individualised and person centred. Relatives told us that people were really well cared for and treated as individuals. One relative said, “The staff are so caring, they know people’s little quirks and treat them as individuals. Staff have really special relationships with people. They are really kind and caring. I feel safe knowing [person] is there as staff really do care about them.”

Staff communicated well with relatives and kept them informed as to the care needs and well-being of people living in the service. Relatives told us they had seen people’s care plans at some time over the years but were not particularly interested in them. They told us that staff talked with them all the time, told them of any changes in the person’s needs or wellbeing and what actions were being taken in response to this and kept them involved.

People were treated with dignity and respect. Staff addressed people by name. A relative told us how staff respected a person’s personal space and that this was really important to the person. The relative also told us that the person showed if liked people or not by their specific non- verbal responses and they clearly really liked the staff who supported them. We noted however that one person’s bedroom carpet was stained and dirty. The registered manager confirmed that prompt action would be taken to address this so as to respect their personal space.

People’s personal preferences in relation to their choice and style of dressing was known to staff who took time to respect this. They told us that one person really liked wearing hats. The person had been out shopping during the inspection and returned having been supported by staff to choose a new hat, considered particularly important as cold weather was expected. Staff told us one person particularly liked to wear jewellery. We saw that the person was wearing jewellery and that staff took time to notice and compliment this, as it was important to the person

People were supported to maintain their skills and independence. One person’s care plan stated that they were to be offered food that was easy to eat and to be prompted to eat this themselves. Staff were aware of this, explaining that while the person would wait to be assisted, they could eat some their food independently if encouraged and given time.

The service supported relationships between people and their families by welcoming visitors. Relatives told us they felt welcome anytime they visited. They also told us that staff from the service provided transport and support so the person could visit family in their home. One relative said, “I go regularly and I can also pop in any time, I always feel welcome and so I feel nothing is hidden. Everything is always as it should be, it is always so clean and people are always dressed well.”

# Is the service responsive?

## Our findings

People received care and support that was individually planned to meet their needs. Each person had a care plan in place showing the support they required and these were reviewed so that staff had clear guidance on how best to meet people's current needs. We noted however that where people had a pressure relieving mattress on their bed, the correct mattress setting for the individual person was not included within their plan of care. The registered manager confirmed this would be addressed immediately. Care plans were written in a person centred way so as to enable people to receive care and support that was individualised. They took into account individual needs such as in relation to basic end of life practices to respect a person's culture and faith, or specific dietary needs. The records clarified how people needed to be supported while being empowered to maintain skills and independence.

People received care and support that was responsive to their individual needs. A relative told us, for example, that staff used an affectionate family name for one person, with the family's agreement, as it helped the person to feel reassured if they became distressed. The relative also told us that, where a person was unable to distinguish day and night, staff repeated a particular phrase used by the family that helped the person to understand it was night. This enabled the person to maintain an established day and night pattern and to get a good night's sleep to support their wellbeing. Staff told us of a person who was at nutritional risk and where they had identified that the person was more likely to eat in the morning. Staff made sure that additional time was spent supporting the person during this time to maximise their calorific intake as well as offering foods that the person liked as 'little and often' during the day. This was confirmed within the person's support plan and monitoring records and in discussion with a relative.

People participated in meaningful activities and social events that suited their needs. This included attending day centres and having therapies at home. Staff told us that, as people were getting older and their needs were increasing, activities had had to change to reflect this. This was confirmed by relatives who told us that staff tried really hard to find things that people enjoyed. Some people had shorter trips out now as opposed to holidays away or full day trips. Christmas shopping trips for example, were completed earlier as some people found the noisier and more crowded shops upsetting. We saw that people's interests such as in music, or activities they enjoyed such as sensory therapies, were supported.

The provider had a complaints policy and procedure in place. The information was also readily available in an easy read format for people living in the service. The registered manager told us that no formal complaints had been received by the service while they had been in post. A complaint was made directly to the provider regarding the suitability of the furniture in the communal lounge in the service. While no records relating to the complaint were available in the service, the provider's audit of the service recorded this and action taken to replace the furniture.

Relatives told us they felt able to raise any concerns or queries with staff and the registered manager as they were so approachable. One relative told us how they had spoken with staff to query a product being used as the person had itchy skin. The relative told us this was listened and the change of product made immediately in response to their concern. Relatives also confirmed they would approach the provider directly where this was the most appropriate route to enable changes to happen.

# Is the service well-led?

## Our findings

The service had a recently registered manager in post. They confirmed they had kept their knowledge up to date regarding changes to relevant legislation, standards and inspection approach and so were aware of their responsibilities in relation to the quality of the service they provided. The registered manager told us had also been managing another service since July 2015, sharing their time between the services.

Aspects of the provider's quality assurance processes were not comprehensive or completed consistently in line with their own timescales. Care plan audits were not completed; therefore the lack of pressure mattress setting information, or the need to review capacity assessments had not been identified. The registered manager told us, for example, that monthly audits of medicines had not been completed since October 2015. Planned bi-monthly staff meetings were last recorded in July 2015. The registered manager was unable to provide a clear explanation as to why these had not been carried out. Reports to confirm external monitoring of the service by the registered provider in line with their policy were stated as not completed between February 2015 and October 2015.

The registered manager told us they had not received support through regular formal supervision. Their annual appraisal had not been completed by the registered provider to ensure competence in the role. The provider

was taking action to address these shortfalls. A quality monitoring visit of the service had recently been completed and a detailed action plan produced for the registered manager and operations manager to complete within stated timescales. A new operations manager had been very recently been appointed and attended the inspection. They confirmed their post was to provide supervision and support to the registered manager.

Relatives and staff found the registered manager's leadership approach to be open and positive. One relative said, "I am delighted that [registered manager] is back in the service as [they] are wonderful. What we discuss, they listen to and really understand." Another relative told us they knew the manager well and felt the service was very well run. Staff told us that the registered manager was approachable and supportive and all staff worked as a team with an effective communication systems in place to support quality outcomes for people. A staff member said, "Staff morale is better and staff are more confident since [registered manager] has been here permanently. I do feel supported even though supervisions have not been regular and we did not have appraisals last year."

Systems were in place to seek the views of relatives as to the quality of the service provided to people. A summary of the 2015 survey showed that relatives were satisfied with the care people received in the service. The provider's recent action plan includes a requirement for action to be taken on the feedback received.