

Eastern County Care Limited

Little Waking House

Inspection report

367-369 Little Waking Road
Little Waking
Southend On Sea
Essex
SS3 0LB

Tel: 01702217535

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08 November 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Little Waking House provides care and support for up to 13 people with either a learning disability and or autistic spectrum disorders. At the time of our inspection there were 13 people living at the service. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. This unannounced inspection took place on the 08 November 2018.

At the last inspection the service was rated Good. At this inspection we found the service remained Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last 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.

Systems were in place to ensure people remained safe whilst promoting their independence. Risks to people had been adequately identified and measures put in place with guidance for staff to mitigate the risk of harm.

Staff were trained and supported to meet people's needs. Staff were available when people needed assistance and had been recruited safely. People were involved in the planning of meals and menus. They received appropriate nutrition and hydration support to maintain their health and wellbeing.

There was a system in place to receive and manage complaints with guidance written in a format which met people's needs. People were supported and encouraged to express their views and opinions about how the service was provided and how they lived their daily lives.

People were supported by staff to lead fulfilling lives, ranging from gaining education and employment to achieving their goals. The service was committed to ensuring that people were able to engage with their hobbies and interests as much as possible.

There were systems in place to monitor the quality and safety of the service. Staff spoke very positively about the leadership and the open and positive culture of the service, and felt supported by the registered manager and provider.

Further information is in the detailed findings below

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Little Waking House

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 checked 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 08 November 2018 and was unannounced. The inspection was carried out by one inspector.

As part of the inspection, we reviewed the information available to us about the service, such as the notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We looked at the Provider Information Return. This is a form we ask the registered provider to complete detailing key information about the service, what the service does well and what improvements they plan to make.

During our inspection visit, we spoke with five people, observed how they were being supported and how staff interacted with them. We also spoke with four members of staff including support workers, the activity coordinator and the registered manager. We contacted two relatives by telephone following this inspection. We checked two people's care and medicines administration records. We also looked at records and audits relating to how the service is run and monitored, including recruitment and training for two staff and health and safety records relating to the service.

Is the service safe?

Our findings

The service remained safe. There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. Staff had a good understanding of different types of abuse. They understood their responsibilities to report any concerns to the registered manager and knew they could report allegations and/or suspicions of abuse to the local authority safeguarding team, CQC and police.

Individual risks to people were identified and risk assessment reviews were carried out to keep people safe. For example, we saw one care plan where a risk assessment had been put in place with guidance for staff to follow for a person that had potential to make allegations against other people and staff. Behaviour support plans were in place and staff told us they provided detailed guidance to de-escalate any negative behaviours in a therapeutic way. This had resulted in a significant decrease in as required (PRN) medicines and the service no longer used any form of physical restraint. One staff member said, "The care plans are detailed and we no longer use restraint but follow the guidance which works." The service had also registered with the STOMP pledge to reduce unnecessary medicines. STOMP is a health campaign to stop the over-use of psychotropic medication to manage people's behaviour.

There were enough staff to meet people's needs and people we spoke with confirmed this. One person said, "I like it, staff help me when I need it."

People's medicines were managed so they received them safely, and we saw appropriate consent had been obtained for staff to administer these to people. Medicines recording records were signed by staff when administering a person's medicines. We discussed with the registered manager that hand written medicine records required two signatures. The registered manager showed us that others did have two signatures so only the one we looked at did not. The registered manager told us they would remind staff that this was required.

Staff ensured infection control procedures were in place. Personal protective equipment was readily available to staff when assisting people with personal care. For example, gloves and aprons. Staff had also completed infection control training. At the previous inspection the service had a designated cleaner. The registered manager told us to promote life skills they had decided this was not necessary and staff now supported people to keep their personal spaces clean. A checklist was in place to ensure appropriate standards were maintained at all times. We saw a rota in place so people took turns to wash up after mealtimes.

There were a range of checks in place to ensure the environment and equipment in the home was safe. Unfortunately, on the day of our visit a burst pipe caused a leak in the main lounge ceiling, the maintenance staff were immediately on hand to identify and fix the problem. This was managed quickly and effectively and people that used the service were not affected.

The service has a system to record, monitor and manage accidents and incidents and learn from these.

Investigation procedures were in place regarding safeguarding, complaints or concerns, accidents and incidents.

Is the service effective?

Our findings

People's needs were assessed before they started using the service. People received effective care and treatment to meet their health needs. A relative told us, "We were given all the information we needed. We found this place and we had searched high and low, we are very happy to have found it."

Staff had the skills, knowledge and understanding they needed to care for people. Most staff had a qualification in care or were undertaking one. Staff training included first aid, fire safety, moving and handling, food hygiene, safeguarding vulnerable adults, and the Mental Capacity Act. Staff were also supported to undertake training specific to people's needs and had attended workshops to learn British sign Language (BSL) as one person in the service communicated using this.

The registered manager worked alongside staff to monitor their practice when they supported people living at the service. They held regular one to one supervision meetings with staff to identify any additional training and professional development needs. The registered manager had introduced learning circles to use with staff. Learning circles can work with one or two staff and large groups. A Learning Circle is a group of individuals with a common interest who meet regularly to learn from each other, and others, about a particular topic and in a format the group has decided upon. Learning Circles are built upon the idea that every member has something to contribute and every member has something to learn. One staff member said, "[Named registered manager] is very hands on and listens, they are very approachable. If there is a problem they get to it straight away."

Staff were aware of people's individual dietary needs and their likes and dislikes. People continued to be supported to have enough to eat and drink. The registered manager told us when they first started they had a few people that wanted to lose weight, they worked with the community nurse, a dietician. the local surgery, staff and people that used the service to create menu's that were healthier and more nutritionally balanced. One person said, "The food is nice, I like chicken and fish." People were involved where possible in the preparation of food and told us they usually prepared their own breakfast and cooked if they chose to.

People continued to be supported to maintain good health. Staff ensured people attended scheduled appointments and check-ups. On the day of inspection one person was waiting to go for a scan and came and asked the registered manager about their appointment. The registered manager then showed the person a video of the scan the person was about to have and what would happen. This seemed to reassure the person and alleviate their anxiety about their appointment. Following the persons scan the staff member supporting the person reported to the registered manager that it had gone very well. A relative told us, "They do pick up on things quite quickly. We had a meeting and my [family member] needs more one to one time to support their health needs and the manager is working on this." Another relative told us that they did need to remind staff sometimes about personal care, however they did say that the manager was very good and did communicate this to 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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. The service was working in accordance with the Mental Capacity Act 2005 (MCA) and associated principles. Where people lacked capacity, the appropriate best interest processes had been followed.

The registered manager had undertaken some excellent work and research to understand how the environment may impact on the two people that now live with dementia and was committed to creating a dementia friendly environment. They had introduced new signage and adaptations to make the environment more user friendly and interactive. Staff had undertaken dementia training and this was having an impact as one member of staff had created a reminiscence corner in the activity room and another had purchased memory soles for one person to try to improve their mobility.

Is the service caring?

Our findings

The registered manager told us there had been a considerable staff turnover since the previous inspection and they had used that opportunity to recruit and train staff that met the services mission to provide high quality care and ensure people were at the centre of everything the service did. People and relatives told us staff were caring, one person said, "Staff are friendly [named staff member] is my key worker." Another person said, "Staff are polite, I love it here." A relative said, "Staff are caring, open and thoughtful." Another relative said, [Family member] is very happy and well stimulated."

Staff treated people with dignity and respect and encouraged people to do as much as they could independently when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. Staff asked people before we looked in their bedroom's and one person wanted us to see their room independently. The registered manager trained staff to understand how to provide care while maintaining people's privacy and dignity and understood their responsibilities in relation to this. A staff member said, "We ask people how they want things done and encourage them to do most things independently."

Throughout our visit we saw staff understood the people they supported and how they communicated. We saw one member of staff communicate using sign language with one person, checking their choices for lunch and what else they required. The staff member sat and ate lunch with people chatting and using the time to encourage one person that was not eating to eat their food.

Staff told us they knew people well and they had gained knowledge and understanding of people's individual needs and preferences by talking with them and with other staff, and by reading people's care plans. Staff noticed when people were showing signs of being upset and swiftly provided care and support. The registered manager responded immediately to one person we heard shouting and left the office to support staff with reassuring this person. All the staff we spoke with were aware of people's behaviour support plans and techniques the registered manager had introduced to manage these behaviours without the use of restraint or PRN medicines. Staff spoke confidently about the different stages they were aware of and what response each stage required. The registered manager told us this has resulted in a consistent approach and behaviours had significantly reduced. We saw minutes where each person's behaviours and the appropriate response was discussed for each individual for example, for one person it stated, "No saying 'no' as this triggers the person straight away."

People were supported to maintain the relationships they wanted to have with friends, family, and others important to them. One person told us, "I visit [family members] every week." The registered manager told us that for two people staff took them to visit their family and picked them up.

People were involved in all aspects of the service, their preferences were obtained using a variety of methods. People were involved in monthly reviews of their care and people, relatives were asked their views in six monthly surveys. We saw a number of 'You said, we did'. For example, three people said they did not know who their keyworkers were so the service wrote to everyone reminding them who their key worker was

and what this entailed.

Is the service responsive?

Our findings

People had support plans that were comprehensive, person centred and detailed. There was good information on a range of needs such as personal care, relationships, communication and behaviours. The plans were all up to date and had been reviewed. A relative said, "We have a meeting once a year, but we can go in and see the manager at any time."

Staff knew about people's lives, their families and what they enjoyed doing. The service recognised the uniqueness of each person regardless of their level of disability or the support they needed.

The registered manager had employed an activity co-ordinator who saw their role as enabling people to maximise their potential and look for opportunities to provide meaningful activities which included education and employment. They told us they ran weekly group activities but spent a lot of time working with people on a one to one basis. People living at the service could choose what they wanted to do day to day. Some people had voluntary jobs in the local community and went to work on certain days of the week. Other people attended local clubs or leisure pursuits of their choosing. The activity co-ordinator kept records and photographs of the individual work they had achieved with people. A relative said, "Their planners are on the wall, my family member continues to go to a day centre they enjoy as they have lots of friends there."

One person now worked three days a week at a local shop after they told the activity co-ordinator this is what they wanted to do. The person also had a goal to lose weight and become healthier so the activity co-ordinator supported them to attend a weight loss group and a local Zumba class. The activity co-ordinator said, "I only went with them a couple of times now they attend independently with staff dropping them off and collecting them. They are usually waiting for me in the morning when I arrive and we go for a walk, they struggled at first but we are now walking for 45 minutes."

The activity co-ordinator told us another person had an incredible memory for dates, times and places and their communication would usually involve their memories related to these places. Together they had created a life story board that went through the person's life year by year. This meant staff now understood the person's life and previous placements, the activity co-ordinator said, "I now know their story which means they do not have to keep trying to explain their story and this enables them to move on to doing something else they like to do."

People's care and support was delivered in a way that met their needs and promoted equality. Staff had training in equality, diversity and human rights, which was discussed regularly at team meetings and in supervisions. The registered manager took time to support people with relationships and organised sexual education classes for one person and more intense one to one support for another person.

We looked at how the service managed complaints. People told us they would feel confident talking to a member of staff, or the registered manager, if they had a concern or wished to raise a complaint.

Care plans contained information related to people's end of life care. The registered manager told us a staff member had sadly passed away and staff had supported people to talk openly about their feelings and manage their grief. A memorial event was arranged by the registered manager and people, relatives and staff were invited to celebrate the staff member's life. People and staff released balloons containing personal messages and planted a tree in the garden for people to go to remember them if they wanted to.

Is the service well-led?

Our findings

People, relatives and staff told us the service was extremely well run. The registered manager had been registered since October 2017 and had introduced various new initiatives to improve the experiences for people using the service. The registered manager with support from the provider was committed to putting people at the heart of everything they did. They led by example providing hands on care to people whilst supporting and coaching staff. Throughout the inspection people and staff came to the registered manager for advice or just to chat demonstrating that their open-door policy was truly utilised.

One staff member told us, "[Named director] and [registered manager] are fantastic, it is quite unique and caring from the top to the bottom. It is a family home and we all really care." Another staff member said, "[Registered manager] is approachable, I brought my own projector in for a client to use, the provider and manager immediately purchased one, another client liked snooker so they purchased a snooker table. As long as people like things and use them they will find a way to get people the things they like." A relative said, "It is very well managed and a very good home." Another relative said, "The manager is very kind and caring, my family member always says '[registered manager] is my favourite'."

There was also a programme of regular staff meetings to enable the registered manager to receive and act on feedback raised. The registered manager told us they were committed to providing training for staff to support them to do their jobs well and the provider listened to any requests that were not included within their usual training programme. This included BSL training so staff could communicate with a person that used this form of communication. The registered manager had introduced other ways of communicating with staff and finding out their ideas such as learning circle's and Friday check in. All were created so staff can feel supported and feel involved in the running of the service.

The changes had had a positive effect on people and staff. Staff now took initiative, listened to people and involved them meaningfully in things that took their interest. One staff member said, "It is very well managed, there have been lots of changes but all have been beneficial to people, they are eating healthier food and getting out and about a lot more. It is nice to know what I am doing is making a difference to someone's life."

A relative meeting was held where the registered manager talked about the visions and values of the service asking people three questions. 'How has care impacted them?', 'Why did they choose us?' And 'What do they expect?'. Relatives were also invited to events at the service, one relative said, "The fireworks was very good and my [family member] really enjoyed it."

The provider and the registered manager undertook a range of audits in the service to enable them to measure, monitor and improve quality. Significant events, such as accidents, incidents, safeguarding and complaints, were monitored by the registered manager and by the provider for developing trends. There was a programme of quality checks, including audits within the service undertaken and overseen by the registered manager and the provider.

The registered manager had built positive relationships with a range of professionals to effectively meet the needs of people. As two people at the service now lived with dementia the registered manager had joined the local dementia alliance and was committed to raising awareness of dementia in the local community in their role as a dementia friends champion. The registered manager is currently working in partnership with Essex County Council and the Alzheimer's society to create a 'dementia friendly care home guide'.

The registered manager also invited people from the local community to events such as a Macmillan coffee morning. They told us how one person in the service likes to shred non- confidential information and how this is now taken to a person in the community for their chickens.