Estuary Housing Association Limited

230a Mountnessing Road

Inspection report

Mountnessing Road
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Essex
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05 October 2016

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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

The unannounced inspection took place on the 29 September and 05 October 2016.

230A Mountnessing Road provides accommodation and nursing care for eight persons who have learning disabilities and other multiple/complex needs.

The service is required to and did have 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.

Staff had good knowledge of safeguarding procedures and understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Management applied such measures appropriately.

There was sufficient, regular and consistent staff to meet people's individual needs. A robust recruitment process was in place and staff were recruited and employed upon completion of appropriate checks. Care workers were well trained and effective support was delivered by staff who felt supported. People's safety was ensured whilst independence and wellbeing was promoted by the staff providing the care. People's medicines were managed safely by qualified staff.

People had enough to eat and drink and staff understood and met their nutritional needs. People were offered choice. Staff ensured people had access to a range of health professionals to maintain the good health of people.

Privacy and dignity was valued by staff that were observed to be respectful and compassionate towards people. Staff interacted with people respectfully and displayed kind manners. Staff understood their roles in relation to encouraging people's independence whilst mitigating potential risks. People displayed good knowledge of the people they supported and provided support in a person centred way. People were helped to identify their own interests and pursue them with the assistance of staff. These person centred activities took place within the service as well as in the community.

The registered manager and provider had effective quality assurance systems in place to identify any improvements needed. A complaints procedure was in place and had been used appropriately by management. Systems were in place to make sure that people's views were gathered and the service was well managed.

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.

There were sufficient staff to meet people's assessed needs. Appropriate checks had been carried out to ensure a robust and effective recruitment process was in place.

People felt safe living at the service. Care plans and risk assessments were in place to ensure peoples safety.

Medicines were dispensed and monitored safely.

Is the service effective?

Good

The service was effective.

Management and staff had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected.

Staff were able to apply knowledge to support people effectively. Staff attended various training courses to support them to deliver care and fulfil their role.

People's nutritional needs were met safely. People were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

Staff and people had developed positive caring relationships and were able to communicate effectively with each other.

Privacy and dignity was respected.

People's choices were listened to advocacy services were used appropriately.

Is the service responsive?

Good

The service was responsive.

People were being supported to identify and carry out their own person centred interests.

Policies and procedures in place for receiving and dealing with complaints and concerns received.

Care plans contained detailed information required to meet people's current needs.

Is the service well-led?

Good

The service was well-led.

Management were respected by staff that aligned themselves with the values of the service.

There were quality assurance systems in place to identify and make improvements to the service.

The culture of the service was open and transparent.

230a Mountnessing Road

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.

We inspected 230A Mountnessing Road on the 29 September and 05 October 2016 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

During our inspection we spoke with the registered manager, six members of care staff and the nursing manager. Four relatives were spoken with for their views about the service and where possible their feedback has been added to the report.

Not everyone who used the service was able to communicate verbally with us. Due to this we observed people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We spent time observing care in the communal areas and we used the Short Observational Framework for Inspectors (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk to us.

We observed interactions between staff and people. We looked at management records including samples of rotas, two people's care records and risk assessments. We looked at five staff recruitment and support files, training records and quality assurance information. We also reviewed four people's medical administration record (MAR) sheets.

Good

Is the service safe?

Our findings

Relatives told us they felt people were safe living at the service. One relative said, "I know [person's name] is safe there 24/7, they think the world of [person's name]" Another relative said, "Oh yes, I'm very happy knowing [person's name] is safe there, it puts my mind at rest."

Care workers knew how to keep people safe and protect them from avoidable harm. Safeguarding was part of the mandatory induction training programme and care workers had all received regular safeguarding training. They were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. Care workers repeatedly told us they knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. One care worker told us, "I would make sure the person was kept safe and report it to the manager. If I wasn't satisfied with the outcome I'd contact safeguarding board myself."

The registered manager had a good understanding of their responsibility to safeguard people and although there were no current safeguarding's they verbalised how they would deal with concerns appropriately to ensure people were safe and protected from potential harm.

Staff had the information they needed to support people safely. We saw in people's care records guidance for care workers which detailed information on the specific hoist and slings and how care staff were to use these. These documents from occupational therapists were person centred and ensured care workers had the information they needed to keep themselves and people safe whilst using moving and transferring equipment.

Care plans and risk assessments had been consistently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they are making choices involving risk. For example, in one person's care records we saw a support plan and associated risk assessments regarding activities in the community. These helped enable the person, despite potential risks, to pursue an active lifestyle and avoid social isolation. This documentation displayed how staff were to support the person and respect their freedom of choice of activity. People were supported to take risks and where possible encouraged to make choices and decisions during their daily lives.

Where people had history of changes in mood and/or challenging behaviour, this was documented in their care records with likely or known factors which may have been associated with this risk and how to manage them. In turn, care workers undertook risk assessments and documented behaviour to keep people safe. These assessments identified how people were supported to live in a safe environment.

Staff were trained in first aid. If there was a medical emergency care workers knew what actions to take and had tools in place to assist them. In one person's care records we saw seizure management charts which detailed how care workers should manage one person's epilepsy. When we asked a nurse what action would be taken in the event of a seizure they echoed what was outlined in the seizure management chart.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service had been well maintained and that people lived in a safe environment. During the inspection the service underwent refurbishment works in two people's bedrooms. We saw colour samples of carpets that the people had chosen from to decorate their rooms to their own taste.

There were sufficient staff on duty to meet people's assessed needs. People were seen to be well supported and we saw good examples from care workers where people were provided and assisted with care promptly when they needed it. Feedback from relatives included, "[Person's name] gets enough time from staff to support him with what he needs." The registered manager told us that the assessing of staffing levels was an ongoing process and rotas had been prepared well in advance until January 2017. Adjustments would be made where necessary to help ensure people's care and support needs could be met. The registered manager was able to provide examples of where in the past they had requested more staff for individuals due to their care needs changing where higher staffing would be required. Care staff reported to us that although it could be challenging at times they felt there was enough staff to meet people's daily needs. The sample of rotas that we looked at reflected sufficient staffing levels.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). The service had a six month probationary period in place and also a disciplinary procedure which could be used when there were concerns around staff practice and keeping people safe. The registered manager told us although agency staff were used to cover shifts they regularly used the same individuals to provide consistency for people. The agency nurse we spoke with had a good knowledge of the people using the service and told us they had worked there regularly. The registered manager also advised that they understood the importance of recruitment and were involved in a new recruitment drive to gain more high quality nursing staff.

People received their medication as prescribed. Nursing staff who had received training in medication administration and management dispensed medication to people. We observed a person have their medication administered safely to them. The member of care workers checked medication administration records (MAR) before they dispensed the medication and they also spoke with the person about how they were feeling that day. We found staff knowledgeable about people's medicines and the effect they have on the person. Each person's medication folder was accompanied by their photograph, a record of any allergies they may have and clear directions of how medicines liked to be taken; this information supported care workers to ensure that each person received the correct medicines prescribed for them in a person centred way. The service carried out regular audits of the medication and addressed any errors to ensure people's medications were always managed safely.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous person centred care. Relatives repeatedly told us they felt care workers were competent in their roles. One care worker told us, "I have done so much training since I started here, it's good I feel confident to do my job." Other care workers we spoke with also confirmed they had received regular training and felt they had the knowledge and skills to carry out their roles. Care workers had also been provided with specialist training relevant to the people they provided care and assistance to. For instance: epilepsy training. The service's training plan for 2016 was viewed and this was seen to have set training courses throughout the year which included e-learning on specific topics.

All new staff received a corporate induction at Head Office which covered the ethics and ethos of Estuary Housing Association and a further induction at Mountnessing Road to understand the environment and needs of the people. The induction into the service included a shadowing period and extensive mandatory training before starting work. The registered manager told us that in addition to the induction the 'Care Certificate' was currently being implemented which enabled staff that were new to care to gain the knowledge and skills they needed to support them within their role. Documentation we saw corroborated the registered manager's remarks that all care workers had received an induction and regular support was provided through one to one supervision sessions, meetings and yearly appraisals. Yearly appraisals created objectives for each care worker which would impact positively on people. For example one care workers objective was to create herb and vegetable garden.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The 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 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 registered manager and staff had a good understanding of the MCA. The registered manager confirmed that some people were subject to continuous care and supervision and did not have capacity to consent to arrangements. In turn the registered manager had applied for deprivation of liberty safeguards to be put in place and people's freedom was not being inappropriately restricted. We saw that care records had identified needs for DoLS applications, where appropriate, and capacity assessments for individuals where specific decisions were required in their best interests. Risk assessments and care plans had been devised to protect the person's best interests in the least restrictive way. This showed that staff had up to date information about protecting people's rights and freedoms.

People had enough to eat and drink. Together staff and people planned a four week rota of menus. One

relative told us, "They [care workers] always offer me a meal if I'm visiting, the food is lovely." Another relative reported, "They have helped [person's name] keep their weight off, which is much better for them because of the diabetes." We witnessed one person being supported to eat their lunch. The care worker was being patient and not outpacing the person. Support plans contained risk assessments regarding dietary and healthy eating and drinking specific to individuals' needs and identified the importance of monitoring weight and bowel movements where necessary; no gaps or adverse changes were identified in the monitoring records. People's care records detailed how to recognise people's choices by the way they communicated. Care workers we spoke with were knowledgeable about how people communicated and we also observed these interactions which determined choice of food.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted on the day of inspection people were supported to meet with their GP when required. The nurse in charge told us that one person had been unwell and had been prescribed a short course of medication by the GP. This information was confirmed in care records. The nurse also informed us that they monitored and recorded the person's vital signs regularly which would determine if a further GP appointment or medical intervention would be required. The nurse was confident in their decision making. People were also supported to visit other health professionals such as; epileptic consultants, dentists, opticians and chiropodists. One relative told us, "They [care workers] will always make sure district nurses or GP's visit when they need to and they will let me know if they have visited." Care workers expressed how important discussions with other care workers were, in order to monitor health together.

Good

Is the service caring?

Our findings

Relatives told us they felt the care workers had 'caring natures' and were 'kind hearted'. One person told us, "They are always friendly when I visit and [person's name] has never expressed that they are unhappy being there." Another relative said, "The staff there are very caring, [person's name] is always smiling and happy when I visit."

Care workers had positive relationships with people. Individual communication passports were created by care workers as a way to maintain these positive relationships. Communication passports detailed how care workers and any other individuals involved in people's care and support could understand people and communicate back with people effectively. For example: by mannerisms or eye movements. We saw interactions that assured us that care workers were aware and had a good understanding of people's non-verbal communication and responded to them appropriately.

People were seen to be relaxed with staff and given the time and support they needed. Many of the care staff had worked at the service for a number of years and knew the people very well. Staff were seen working hard to support each person and from their interaction you could see they wanted to make a difference to people's lives and provide good quality care. One care worker told us, "I am trying to do my best and care for people like I'd treat my own family." Care was provided with kindness and compassion and people had regular contact from the staff during our visit to ensure they did not need anything and were comfortable. One person was feeling unwell on the day of inspection. We observed all the care workers being extra attentive to their needs. One staff member told us, "I've been here a long time I understand the people here and when they are feeling out of sorts."

Staff knew people well, their preferences for care and their personal histories. One relative emotionally told us, "I feel they have provided the care we haven't been able to." People living at the service received good person centred care and the care workers were seen doing their best to ensure that where possible people had been involved in decisions about their care and the lives they lived. The service had a key worker system in place, which meant that each person had a primary and secondary staff member who worked closely with them and knew them very well. One relative told us, "They call me to discuss any care needs."

Advocacy services were instructed for people, when necessary, which facilitated a voice on their behalf for important decisions. We saw documentation that demonstrated how an advocate had helped one person communicate their preferences and choices for their end of life care. This demonstrated that the service was mindful to ensure plans were in place to facilitate a dignified and comfortable end of life.

People's privacy and dignity was respected. One relative told us, "Sometimes [person's name] prefers to be in his own room watching TV, so he can have a bit more privacy." The service had a homely feel which was promoted by the registered manager who told us, "This is people's home, I don't want noticeboards up in their living room, I want people to feel relaxed here."

Good

Is the service responsive?

Our findings

People's individual care and support needs were understood well by the service. This was revealed in detailed support plans and individual risk assessments. One care worker told us, "I read the handover book and care records before each shift so I know if anything has changed for anyone during the shift before and I will know if there's anything specific I need to do to support changes." The attitude of staff and care shown towards people was positive. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including activities, meals and relationships with one another.

Before people came to live at the service their needs were assessed to see if they could be met by the service. The registered manager explained that although there had not been any pre assessments since the commencement of their role they were well aware of the importance of the pre assessment process. They told us, "We must make sure that when we assess people's needs we have the correct staff skill set to support people effectively."

Care was person centred and responsive to people's needs. For example, one person's care records stated how the service had liaised with occupational therapists which resulted in the person receiving a new chair to improve daily posture and comfort. Another person's wellbeing needs were actively and routinely considered by ensuring they had regular sensory bathing activities. Their care records clearly detailed how to use the bath hoist safely and how to use water for sensory play.

People were supported to take part in meaningful activities that interested them. The garden contained a fish pond which gave one person a purpose to tend to the fish. Maintenance had been undertaken on the garden and raised beds prepared for people to take part in gardening. We saw people being supported and transported by the service to attend activities in the community such as therapeutic trampolining. A care worker told us, "We all have a laugh together, I love taking them trampolining and seeing big grins on all their faces. It's a real pleasure."

Activities in the home were also directed at people's individual choices. We saw one person enjoying producing her own artwork. We heard the registered manager and care workers discuss the task of finding a venue to display the person's artwork. One person's care records indicated how the person liked to spend some time on their own in the day. We observed this person enjoying time in the sensory room with care workers regularly checking on them to avoid social isolation. Weekly, one on one, interactive aromatherapy sessions were also available for people, which we saw took place on the day of inspection for several people. Relative's confirmed that people's changing needs were supported by care workers. One relative told us, "I know [person's name] likes going to the park and they [care workers] take them there."

Support plans were detailed and provided information that was specific to the individual. Documentation clearly stated how to best support people with their specific needs. For example, people's care records clearly outlined support which was required for the health and safety of the individual and others when interacting with each other. We observed staff that were knowledgeable about people's relationships with each other and ensured that action was taken for people to live together harmoniously. One care worker

told us, "You can't afford to not be alert here. Things happen and you need to respond to changing behaviours." Staffs actions reflected appropriate directions within people's care plan. Incidents were recorded in the daily notes and care plans were regularly updated with relevant information if care needs changed. Staff told us that when the plans were updated each staff member signed a document to state they had read and understood the change within the support plan. Relatives told us they were contacted or spoke to the staff whenever any changes to care and support were needed. This told us that the care provided by staff was current and relevant to people's needs.

The registered manager had effective policies and procedures in place for receiving and dealing with complaints and concerns received. The registered manager told us what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would notify their seniors or manager to address the issue. There were details of how to complain and processes clearly displayed for people to see in the entrance. Complaints were also monitored monthly by the registered manager. Relatives repeatedly told us they had no cause for complaint.

Good

Is the service well-led?

Our findings

The service had a registered manager in place who actively promoted a positive culture. Although the registered manager had only been registered with the service for a short period it was apparent through observations and communications, that staff respected and the people and relatives had a fondness for the registered manager. One relative told us, "[Registered managers name] is very good, he's a lovely man. He does his job and does it well." The registered manager and care workers, of which many were long serving, were all very familiar to the people within the service. The registered manager expressed a keenness to employ dedicated and committed staff to provide a home that helped people achieve individual daily challenges so they could feel as independent as possible. Staff shared the same vision as management. One care worker told us, "We are trying to maintain and increase people's independence, it's difficult as people get older, but it's what we strive to do every day." Another said, "We must get involved in all activities to make sure we help give people choices, they can do what they want in their own home; we don't want this place to be institutionalised."

The attitude adopted by management to enhance the wellbeing of the people that live in the service was reinforced by a robust induction process to recruit appropriate individuals. Also, the continued learning of staff in subjects specific to the people that live in the service facilitated person centred care. One staff member told us, "Person centred care means making sure that the care we provide is centred on each individual and not to become institutionalised." Staff felt very supported by the managers. One member of staff adamantly told us that the registered manager was extremely supportive and felt they could speak about any issues that arose. Staff received regular supervision and a yearly appraisal, which was documented within staff files.

The management maintained transparency with staff, people and relatives. Staff meeting were held every two months. One member of staff told us how staff meetings were a useful way for staff to communicate and discuss specific concerns. A relative told us, "Everyone [staff] is really approachable; when we visit all the staff are friendly and polite. It feels like a family environment there." Staff's and relative's opinion of management demonstrated a positive culture which was open and inclusive.

The registered manager told us people's views on the service were gathered informally through interactions with people, relatives, staff and health professionals alike. The registered manager worked closely with the provider to drive improvements. For example the registered manager told us they had arranged meetings with the provider to discuss what further improvements could be made to the environment. The provider carried out yearly satisfaction surveys and service improvement plans were created from responses. However the registered manager had identified the need to explore new ways to gain feedback from people with communication difficulties.

The monitoring and auditing of the service and responsiveness to concerns raised, displayed good leadership by management. The registered manager used routine quality monitoring systems to review and improve the quality of the service provided to people. For example they carried out regular audits on people's support files, medication management and the environment. The registered manager told us, "I

feel I am turning the culture of the service to introduce and appreciate audits rather than being scared of audits."