

Estuary Housing Association Limited

3 Hainault Avenue

Inspection report

Hainault Avenue
Rochford
Essex
SS4 1UH

Tel: 01702545753
Website: www.estuary.co.uk

Date of inspection visit:
18 March 2016

Date of publication:
06 April 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 18 March 2016.

3 Hainault Avenue is registered to provide accommodation with personal care for one person who has a learning disability. There was one person living at the 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. Risk management plans were in place to support people to have as much independence as possible 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 were supported to eat well and were encouraged to choose healthier food options to maintain their health and well-being.

There were sufficient, skilled staff to support people at all times and there were robust recruitment processes in place. Staff were caring and respected people's privacy and dignity. People were supported to participate in social activities including community based outings.

Staff felt well trained and supported and used their training effectively to support people. The 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.

People received personalised care and staff knew them well. Relationships between people, relatives and staff were positive. Staff were caring and responsive. Care plans were clear, provided staff with guidance and were reviewed regularly. People and their relatives were involved in planning and reviewing their care. People were supported to express any concerns and information about making complaints was available in easy read format.

The service was well led; people knew the manager and found them to be approachable and available in the home. People living and working in the service 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. The provider and manager had systems in place to check on the quality and safety of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff 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.

Medicines were safely managed and people received their medicines as they should.

Is the service effective?

Good ●

The service was effective.

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

Staff received training and supervision suitable for their role.

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

Is the service caring?

Good ●

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.

Is the service responsive?

Good ●

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.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to deliver a good standard of care.

Opportunities were available for people to give feedback, express their views and be listened to. There were systems in place to monitor and maintain standards of quality and safety at the service.

3 Hainault Avenue

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 18 March 2016. The provider was given 24 hours' notice because the service was a small care home where the person was often out during the day and we needed to be sure that someone would be in.

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 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. We also spoke with the registered manager and two staff working in the service.

We looked at one person'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

The person confirmed they felt safe living in the service. We saw that the person was confident in approaching and interacting with staff and in moving around the service. The provider had maintained clear records of any safeguarding matters raised in the service. These showed that staff had worked with the local authority to ensure clear individual guidelines were in place to safeguard the person and the staff, as identified in the provider Information Return. (PIR).

Staff had attended training in safeguarding people and were aware of the whistleblowing procedure. A copy of the current local authority guidance on safeguarding was available in the service along with the provider's own policies including on whistleblowing for staff. 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.

Risks individual to the person had been assessed and reviewed such as when in the community or travelling in the car. The assessments gave staff guidance on how to support the person safely. There were processes in place to keep people safe in emergency situations. Appropriate procedures were in place to identify and manage any risks relating to the running of the service. These included fire safety, water safety and the environment.

Safe recruitment processes were in place to ensure that staff were suitable to work with people living in the service. Staff told us that references, criminal record and identification checks had been completed before they started working in the service. Suitable checks had also been completed on the regular agency staff who worked in the service. This was confirmed in the staff records we reviewed.

There were enough staff available to meet people's needs safely and a one to one staffing level was in place. Staff and the registered manager confirmed that there were enough staff available to enable them to meet people's needs safely and well, including such as with social activities and appointments. This was confirmed in the person's support records and staff rotas we viewed.

The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Medication administration record (MAR) charts were completed consistently and a check on the quantity of medicines in stock was accurate. Medicines were managed safely and in accordance with the prescriber's instruction. We saw that staff followed safe working practice when administering people's medicines while respectfully supporting the person's involvement in the process. Medicines were securely stored and systems were in place to obtain and return medicines safely. Assessments of staff competence to administer medicines safely were completed and medication audits were carried out to ensure safe management of medicines.

Is the service effective?

Our findings

People were supported by staff who were well trained and provided with opportunities for guidance and development. 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 the training they needed to enable them to provide the person with safe, quality care. Staff told us they felt well supported and received regular formal supervision and appraisal with their manager. Records provided by the registered manager confirmed this and showed that these were used to support staff to set personal goals for skills development.

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. We saw that staff knew how to support people in making decisions and they explained how people's ability to make informed decisions can change from time to time.

The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. The registered manager told us that capacity assessments had not been completed for day to day decisions as they were currently unnecessary. A formal assessment had been completed where needed for a significant decision relating to finance. The registered manager demonstrated that an application had been made to the local authority for a DoLS assessment.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs and preferences. Conversations between the person and staff showed that healthy eating was encouraged while personal preferences were respected. Staff advised that a planned menu was not in place as the person choose what they wished to have each meal from a selection they had chosen while shopping. The person confirmed that they enjoyed the food and drinks at the service and that they had made their own breakfast. We saw that they made their own food choices and were involved in preparing their own lunch. The person also told us they were going food shopping that day supported by staff and also offered to make us hot drinks.

Is the service caring?

Our findings

People received care and support which was individualised and person centred. We saw that the person had signed their care records to confirm they had been included and agreed with them. All the interactions observed between staff and people were positive. Staff engaged the person in social conversations and listened to what the person had to say. The person knew staff by name and initiated conversations with them. We saw that staff approach to the person was kind and caring. A relative commented in the recent satisfaction survey, "I think [person] is very happy here."

The person was confident in making choices such as discussing with staff what they would eat, what activities they wished to pursue and telling us they liked to spend time lying down after lunch. The person told us they were involved in choosing the décor of their home and confirmed they choose paint colours, pictures and wall decorations. The registered manager confirmed that advocacy services would be access for the person in relation to making any significant decision.

The person was supported to maintain and develop relationships at home and in the community, for example being support to visit their elderly relative and to meet with their friends. The person showed us photographs of their holiday with a friend and told us they went to visit their friends at their home too, which they enjoyed. Staff had worked with the person living in the service for a number of years which enabled confident relationships to develop. Staff clearly knew the person's likes and dislikes and they chatted easily together in an appropriately familiar way. Staff confirmed that friendships with neighbours was also supported. A comment in the recent satisfaction survey noted, "I am always made welcome, offered tea or coffee and made to feel at home."

Staff showed understanding of the person's anxieties and situations in the community that upset the person. Staff told us how they responded to this and comforted the person to lessen their distress as confirmed in the PIR and the person's care plan. We also saw that staff spoke in a calm and clear way to the person and provided reassurance.

The person was treated with respect. Staff spoke with the person in a way that made the person feel valued, for example always referring to the person's 'work' as this mattered to the person. The person's privacy was respected and staff asked for the person's consent about entering their room. The key to the person's bedroom was in the lock so that they had a positive choice as to whether or not they locked their bedroom door.

The person was encouraged to maintain and develop independence skills in line with their plan of care. This included choosing the clothes they wore with staff supporting them to think about the suitability of the clothes in relation to the weather. The PIR told us that the person was being advised each time someone came to the door and asked to answer the door appropriately dressed and in a manner that showed kindness and respect, whilst identifying who the person is coming into the person's own home. We saw this in practice where staff arrived for shift or maintenance staff came to complete work to the premises.

Is the service responsive?

Our findings

Care and support was individually planned to meet the person's individual needs. The Provider's Information Return (PIR) confirmed that an assessment of the person's needs had been completed many years ago and appropriate accommodation sourced in response to the person's specific needs. Records showed that the person was included in the planning of their support.

A care plan was in place showing the support the person required. This was reviewed routinely and staff were aware of the strategies in place, for example, to support the person to develop social skills within acceptable boundaries. The PIR told us that the approach to the person's support was to be positive and not focus on historical behaviours. The guidelines in place were clear and we saw that staff implemented them consistently such as in relation to social interaction, physical contact or supporting the person through their anxieties. The service had also developed an established staff group to better support this. The success of this response was evidenced in the person now being able to access experiences such as attending their GP surgery, going to the gym, the pub and to church. The person's physical needs had also been considered. The bathroom had been converted to a wet room in response to the person's increasing age and to ensure the person's home continued to meet their needs.

The person had support to access a range of activities that interested them and met their needs both in the community and at home. We saw that staff discussed the person's activities with them and that the person signed the records to confirm the activities and outings they had participated in each day. The person told us that enjoyed working at a daycentre, going to the pub, eating out, going shopping and to visit friends and a relative. They also told us that they went on a recent holiday and enjoyed swimming and cycling. The person told us of their 'at home' pastimes which included craft, watching television and listening to music by their favourite singer.

The provider had a complaints policy and procedure in place. The registered manager told us that no formal complaints had been received since the last inspection so we were unable to judge the complaint procedure's effectiveness. Information on how to make a complaint was displayed in an easy to read format to be more accessible to people using the service. People felt confident to raise concerns. The person was asked each month if they had any concerns. This was recorded in the records of those meeting with confirmation that the person felt able to tell staff if they had any complaints. Two people who responded to the satisfaction survey of 2015 confirmed they would feel comfortable to raise any concerns should they need.

Is the service well-led?

Our findings

The service was well led and had a recently registered manager in post. They demonstrated 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 had systems in place to ensure staff had the information they needed to provide a good service. Clear and effective communication systems were in place, including handover and a communication book. We saw, for example, that all staff had signed to confirm they had read the person's plan of care and risk management plans after each full review. Records and documents relating to the running of the service and the care people received were clear and well organised.

There was an open and inclusive approach in the service. The registered manager was allocated seven and a half hours each week to manage the service. They told us that they spread the hours to enable them to visit the service frequently and made their diary accessible so that staff would know how to contact them if needed. The registered manager also worked some additional shifts as a 'bank' support staff member. This enabled them to remain aware of how the service was operating and directly in touch with the person on a regular basis. Staff told us that the registered manager was always available and listened to them and to people living in the service.

Systems were in place to seek the views of the person, their relative and others as to the quality of the service provided to people. Records of the monthly meeting between the person and their keyworker showed that the person's views were requested and accommodated on all aspects of the service they received such as planning holidays and the changes to the person's environment. A summary of the 2015 survey showed positive responses in all areas including that a relative was satisfied with the care the person received in the service.

The provider had systems to monitor, assess and improve the quality and safety of the service. Checks were completed in the service for example on medication, health and safety and finances. The provider had completed a full audit of the service in May 2015. The registered manager confirmed that actions identified, such as implementing the individual guidelines to safeguard the person and the staff, had been completed.

The provider was introducing standardised procedures to ensure that all the required in-house checks were completed. External audits were to be completed six monthly and aligned with the commissions five key questions to ensure that the service met legal requirements. The first of these had recently been completed and looked at whether the service was safe. An action plan was in place and we saw that steps were being taken to address the outcomes. This showed that the provider was continuously monitoring and improving the quality and safety of the service.