

Estuary Housing Association Limited

2 Central Avenue

Inspection report

Central Avenue
Billericay
Essex
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20 February 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

2 Central Avenue is a residential care home that provides personal and nursing care for up to four adults who have a learning disability and who may also have an autistic spectrum disorder. At the time of the inspection there were three people living at the service.

People's experience of using this service:

- ☐ Risks to people were identified to prevent people from receiving unsafe care and support. However, not all risks for people were lessened at the earliest opportunity for their safety and wellbeing.
- ☐ Although staffing levels were not always maintained, this did not impact on people using the service.
- ☐ People received their medication as prescribed but minor improvements were required to PRN 'as required' protocols.
- ☐ Recruitment procedures were followed to ensure the right staff were employed but improvements were required to ensure profiles from staff employed through an external agency were sought and readily available.
- ☐ People were protected by the providers arrangements for the prevention and control of infection.
- ☐ Staff had an induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were in place for staff to receive regular formal supervision.
- ☐ People's nutritional and hydration needs were met. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support.
- ☐ People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- ☐ People were treated with care, kindness, dignity and respect. People received appropriate care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported.
- ☐ Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances.
- ☐ Social activities were available for people to enjoy and experience both 'in house' and within the local community.
- ☐ Arrangements were in place to assess and monitor the quality of the service provided. However, areas which required improvement were not picked up by the registered provider's or manager's quality assurance arrangements.
- ☐ The service sought people's and others views about the quality of the service provided.

Rating at last inspection:

Following the last inspection the rating of the service was 'Good' (Last report published September 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as outlined in our inspection programme and schedule. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well led

Details are in our Well-Led findings below.

Requires Improvement ●

2 Central Avenue

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

2 Central Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At this inspection three people were living there.

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on the 20 February 2019 and was unannounced.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service.

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff and the registered manager. We reviewed two people's care files and one staff recruitment file. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint records.

During our inspection visit, we spoke with two people using the service and the registered manager. Following the inspection we spoke with two members of staff. We observed the support provided throughout the service. We looked at records in relation to people who used the service including two care plans and three medication records. We looked at records relating to recruitment, training and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

Using medicines safely

Learning lessons when things go wrong

- Staff did not ensure all risks for people were mitigated at the earliest opportunity for their safety and wellbeing. Water from people's wash hand basins was too hot and this presented a potential scalding risk. The hot water temperature on the 15 February 2019 from one person's wash hand basin recorded 71.5° degrees centigrade. This was not reported to the registered manager or escalated to the service's 'estates' department for immediate action. We brought this to the registered manager's attention and following the inspection action was taken to ensure hot water was now at the right temperature. The registered manager wrote to us following the inspection and confirmed the wash hand basin was located within a vacant bedroom. This information was not conveyed to the inspector by the registered manager despite being shown the hot water temperature record during the inspection.
- One person's freestanding wardrobe did not have a retaining bracket to prevent the furniture from falling, or being pulled forward with a potential to cause significant injury and harm. We brought this to the registered manager's attention and following the inspection action was taken to make this safe.
- Recommendations highlighted as 'high' and 'medium' risk as detailed within the service's legionella risk assessment dated October 2016 and November 2018 remained outstanding. No information was evident to show these had been actioned and works completed. We wrote to the registered provider and requested additional information. The registered provider confirmed six out of 21 recommendations had been completed. Although a further internal audit was planned for April 2019 it remained unclear as to which recommendations were completed or outstanding. Following the inspection the Care Quality Commission was advised that all outstanding actions were completed by 5 March 2019.
- Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- PRN 'as required' protocols were not completed for all medicines prescribed in this way. Not all PRN protocols had been reviewed by their due date.
- Certificates relating to the servicing of equipment and utilities were routinely completed. This referred specifically to the service's fire arrangements, gas and electricity.

Systems and processes to safeguard people from the risk of abuse.

- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse. Staff spoken with had a good understanding of what to do to make sure people were protected from harm or abuse and staff had achieved up-to-date safeguarding training.
- No safeguarding concerns had been raised since our last inspection to the service in 2016.

Staffing and recruitment.

- Staff rosters showed staffing levels as told to us by the registered manager did not include the registered manager's hours and currently there was high usage of agency staff to cover permanent staffs annual leave. Staff told us they used the same agency staff wherever possible to provide continuity of care. Following the inspection the registered manager wrote to us and advised the high usage of agency staff was not a regular occurrence.
- Staffing levels as told to us were not maintained all of the time. For example, on 18 February 2019 there was only one member of staff between 14.30 and 16.15 and between 20.30 and 21.15. The staff rosters suggested there were other occasions whereby only one member of staff was on duty between 20.30 and 21.15. However, there was nothing to suggest this impacted on the quality of care people received.
- Staffing levels were determined by the Local Authority's contractual arrangements with the service.
- Staff employed by the registered provider had been recruited safely to ensure they were suitable to support vulnerable people. However, not all profiles relating to agency staff utilised at the service were available. These were requested by the registered manager and provided by the external agency prior to us completing the inspection.

Preventing and controlling infection.

- Staff had received infection control training and knew how to prevent the spread of infection.
- The service was clean and odour free. Staff had access to personal protective equipment to help prevent the spread of infection.
- Where appropriate, people living at the service were encouraged and supported to complete their personal laundry and to assist with household chores.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed, regularly reviewed and included their physical, mental health and social needs.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their needs assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills and experience.

- Staff employed by the registered provider received online and 'face-to-face' training opportunities in various subjects and topics. One member of staff told us, "The training provided is very good." Training information for two member's of agency staff showed all of their training had expired in 2018. Information for four members of agency staff showed they had only completed manual handling, first aid and basic life support training. The registered manager was not aware of the above. Up-to-date information was requested by the registered manager and provided by the external agency prior to us completing the inspection.
- All staff newly employed since our last inspection in 2016 had received an induction relevant to their role. However, evidence of an induction was not available for all agency staff utilised at the service. This had not been picked up by the registered manager.
- 'Champions' were identified in key subjects, for example, health and safety and dignity. However, although identified as a 'champion,' there was little information available to demonstrate the effectiveness of this role, for example, to offer advice and guidance to staff in these areas and to check staffs practice.
- Staff employed by the registered provider received regular supervision and an annual appraisal of their overall performance. Staff told us they felt valued and supported by the registered manager.

Supporting people to eat and drink enough to maintain a balanced diet.

- People had access to food and drink throughout the day and the overall dining experience for people was positive.
- Once a week people were able to enjoy a 'take-away' meal of their choice and preference and two people confirmed they enjoyed this.
- Where people were at risk of poor nutrition, their needs were assessed and appropriate healthcare professionals were consulted for support and advice, for example, Speech and Language Therapy [SALT] team.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support.

- The service worked with other organisations to ensure they delivered joined-up care and support. People had access to healthcare services when they needed it.
- Each person had a 'hospital passport'. If people are admitted to hospital this is used to provide hospital staff with important information about the person.
- The service was part of the 'Red Bag Care Home Scheme'. This is a new national initiative. The aim is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital; enabling relevant healthcare information about a person to be shared.

Adapting service, design, decoration to meet people's needs.

- 2 Central Avenue is a detached house within a residential area in Billericay. There were sufficient communal areas for people to use and access. People had personalised rooms which supported their individual needs and preferences.
- People had access to a secure outdoor garden. One person had a comfortable chair placed overlooking the garden so they could watch the squirrels. Staff told us the person found this enjoyable.
- One person's wash hand basin produced a trickle of hot water when turned on. The person was unable to wash at the sink in their bedroom and had to use the communal bathroom. The registered manager told us this had been like this for approximately two to three weeks. Though reported to the organisation's 'estates' department, no further action had been taken. The timeframe to address this was not acceptable. A discussion by the area and registered manager with the 'estates' department was held and the issue rectified two days after the inspection.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported as much as possible to make their own decisions. Staff asked for people's consent before providing care and support.
- Where people did not have capacity to make decisions, they were supported to have choice and control of their lives in the least restrictive way possible.
- Staff received appropriate training relating to MCA and demonstrated a good understanding of the main principles and how this impacted on people using the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- Observations showed people received person-centred care and had a good rapport and relationship with the staff who supported them, including agency staff.
- People and staff were relaxed in each other's company and it was evident staff knew people well. Staff understood people's different communication needs and how to effectively communicate with them. The registered manager confirmed no-one at the time of the inspection required specialist assistive technology.

Supporting people to express their views and be involved in making decisions about their care.

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives were given the opportunity to provide feedback about the service through the completion of annual questionnaires. For people using the service, this was provided in an appropriate format, to enable them to understand the information.

Respecting and promoting people's privacy, dignity and independence.

- People's dignity and privacy was respected. People received support with their personal care in private. Staff were discreet when asking people if they required support to have their comfort needs met.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. One person who idolised a major well known football team was observed to wear a replica football shirt and told us they liked to wear it.
- People were supported to maintain and develop relationships with those close to them. One person regularly saw their relative each week and spent time with them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's support packages were funded by the Local Authority. An initial assessment of people's needs was completed by the Local Authority and together with the registered provider's assessment, this was used to inform the person's care plan.
- Care plans covered all aspects of a person's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff spoken with had a good understanding and knowledge of people's individual care and support needs.
- Information available showed people's care plans were reviewed and updated to accurately reflect where people's needs had changed and adjustments to the information recorded were required.
- Suitable arrangements were in place to ensure people using the service had the opportunity to take part in leisure and social activities of their choice and interest, both 'in-house' and within the local community. This included attendance at adult education college classes.
- People had access to transport to enable ease of community access.

Improving care quality in response to complaints or concerns.

- The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service.
- No complaints or concerns had been raised since our last inspection to the service in 2016. A record of compliments was not maintained.

End of life care and support.

- The registered manager told us there was no-one currently requiring end of life or palliative care. However, the registered manager was aware how to access local palliative care support and services if needed, as a person who passed away in 2018, had been judged as requiring end of life care. An end of life care plan had been put in place for this person detailing how they were to be supported.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered provider's quality monitoring was not effective in identifying the concerns found at this inspection. Areas which required improvement, for example, ensuring risks to people's safety and wellbeing were addressed in a timely manner and information relating to agency staff being in place and up-to-date, were not picked up by the registered provider's or manager's quality assurance arrangements.
- The registered provider's and manager's quality monitoring processes had failed to pick up that the role of 'champion's within the service were not as effective as they should be.
- Not all audits viewed had an action plan confirming if areas highlighted for corrective action had been addressed, for example, medication and health and safety. Following the inspection the Care Quality Commission was advised that actions were identified on the Service Improvement Plan for the registered manager to complete. These are checked by the registered provider's quality and compliance team. However, this document was not provided or brought to the inspector's attention.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- Since our last inspection in 2016, a new manager had been appointed in July 2017. The registered manager attended regular manager meetings.
- The registered manager told us they received regular formal supervision and were valued and supported by the organisation.
- Staff were complimentary regarding the registered manager. One member of staff told us, "[Name of registered manager] is very approachable."
- The registered manager was present on the day of inspection. Feedback of the inspection findings was completed with the registered manager and the provider's compliance manager.
- The quality rating of the service was displayed in accordance with the law. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf. Comments recorded were positive. One relative wrote, 'I can't praise the staff enough, my [relative] is not only cared for exceptionally well but they're happy and refer to 2 Central Avenue as home.' One person's comments recorded by staff, stated, 'I am happy with everything.'

- The registered provider provided people with a quarterly newsletter. This told them what was happening within the organisation and within other care services.
- Staff meetings were held to enable the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Where issues were raised, an action plan had not been completed detailing how these were to be monitored and addressed. For example, in June 2018, this stated one person living at 2 Central Avenue required a structured activity plan. The registered manager confirmed at this inspection that this remained outstanding. Following the inspection the Care Quality Commission was advised this person's ability to engage with social activities was not consistent and proved difficult to provide a structured activity plan.

Continuous learning and improving care.

- The registered provider was a finalist for the Skills for Care Accolades Award 2018, celebrating excellence for people who work in adult social care.
- The registered provider had achieved TPAS accreditation. This accreditation assesses how the organisation engages with people using the service across all of their services and schemes.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from.