Estuary Housing Association Limited

2 Central Avenue

Inspection report

Central Avenue
Billericay
Essex
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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 inspection took place on 5 July 2016 and was unannounced.

2 Central Avenue is a care home providing care and accommodation for up to 4 people living with a learning disability. The home does not provide nursing care. At the time of our inspection there were four people using the service.

A registered manager was in post at the service. 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 a good understanding in how to keep people safe. Staff knew who to contact if they had concerns about a persons' safety. There were sufficient numbers of skilled staff to keep people safe and meet their needs. There were systems in place to manage medicines and people were supported to take their prescribed medicines safely. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm.

Staff were experienced in meeting people's needs and were enabled to continue developing their skills. Decisions were made in people's best interests. Where there were restrictions on people's freedom, staff had taken the necessary measures to protect people and ensure their human rights were protected. Staff were skilled in supporting people were supported to make choices about the care and support their received.

Staff supported people to have a well-balanced diet and spent time enabling them to have a say in what food and drink they ate. People's health needs were monitored and managed by staff with input from relevant health care professionals. As people's health deteriorated staff developed new skills and knowledge to enable them to continue to meet individual needs.

People had developed long-standing relationships with staff and felt comfortable in their presence. Staff had the skills to support people to communicate their preferences. Staff respected people's right to dignity and respect.

Support was flexible and outlined in detailed person centred care plans. People were enabled to take part in activities inside and outside of the service. People were involved in residents meetings and could provide feedback about how the service was run. Complaints were usually resolved informally.

The service was well run and staff worked well together and were aware of their roles. Routines and relationships at the service were comfortable and well established and any changes were introduced gradually over time. The provider had systems in place to check the quality of the service and to make improvements where necessary.

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 plans in place to protect people from harm, whilst minimising restrictions on their freedom.

There was an established staff team in place which protected people from abuse.

Medicines were managed and administered safely, so people received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were very experienced and understood people's needs well.

People were protected because staff were aware of and followed the principles of the Mental Capacity Act (MCA) 2005.

People's nutritional needs were met by staff who understood what support they needed and enabled them to make choices about what they ate and drunk.

People were supported to maintain good health and access health services.

Is the service caring?

Good

The service was caring

Staff were patient when speaking with people and treated them with fondness.

Staff used a variety of communication methods to enable people to make choices about the support they received.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive

People received personalised care and support, which adapted to their changing needs. Care plans provided staff with the guidance they needed to meet people's needs.

People were supported to make the service homely and personalised.

Complaints and concerns were listened to and addressed appropriately.

Is the service well-led?

Good

The service was well led.

The service was well managed and the staff team worked effectively together.

The manager dealt pro-actively with poor practice and managed change in a gradual manner.

The manager and provider carried out effective and regular checks on the quality of the service.

2 Central 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.

The inspection took place on 5 July 2016 and was unannounced. The manager was not present at the service on the day of our inspection, so we arranged to speak with them later in the same week to help inform the inspection process. They also sent us a number of documents electronically, as requested which we had not been able to see during our visit.

The inspection team consisted of one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service and observing how people were cared for. Some of the people at the service had very complex needs and were not able verbally to talk with us, or chose not to, so we used observation to help us understand people's experiences of the care and support they received. We spoke with three care staff and the registered manager. We also had email contact with two health and social care professionals to gather their views about the service.

We looked at a range of documents and written records including care records and medicine charts for people who used the service. We also reviewed records about how the service was managed, including those relating to the employment of staff, complaints, accidents and incidents and quality and safety audits.

Good

Is the service safe?

Our findings

We observed that people felt at ease with staff and were in trusting relationships. They called for assistance when they were distressed or had a concern, for example we saw a person call a member of staff out of the room to ask them something in private during our visit.

Staff and management understood the importance of protecting people and keeping them safe. Staff were able to describe different forms of abuse and knew what to do if they felt a person was not safe. Where people were assessed as being vulnerable to abuse there was detailed guidance in place. Easy read leaflets were available for people to provide them and their families with information about who to contact if they had any concerns. Staff were able to describe how they might recognise possible abuse where people were not able to communicate verbally, for example through observing changes in behaviour or mood. We read in the notes from a team meeting that there had been a discussion about safeguarding, reminding who staff should contact if they had any concerns. The service notified the local authority and the Care Quality Commission appropriately about safeguarding concerns. The organisation then logged and analysed themes resulting from any referrals.

Staff knew how to manage risks to people's safety. Each person had their own personal emergency plan which provided guidance on how to support people, for example if they needed to be evacuated in the event of a fire. The guidance was practical and tailored to peoples' needs, for instance we saw in one plan that, "staff are required to shout 'get out'." The service carried out regular tests to ensure the risk of a fire occurring and spreading was minimised. There were regular tests of the fire alarm and fire extinguisher and the advice relating to exiting the building was visible and used pictures to aid people's understanding.

There were detailed risk assessment and we felt these were written in a supportive, inclusive fashion. For example, staff were advised to use diversion tactics and humour to diffuse a situation with one person. The guidance suggested that when working with a person, staff could, "dance out of the position" or "walk away but keep within eye range." We also saw examples where staff had adapted the support being provided to people to minimise the restrictions on them. For example, staff had decanted large bottles of toiletries into small travel bottles for a person who was not able to regulate the amount of product they used. This meant they could still be independent with their personal care but risk was still minimised. However, where required, staff ensured more restrictive measures were in place to protect people who were at risk of harm. For instance, external doors were alarmed at night time due to the risk of a person absconding, though the presence of staff on duty meant the other people at the service were not unnecessarily restricted, should they wish to go out.

There were enough skilled staff to support people and meet their needs. Staff told us the service was well staffed and our observations on the day of our inspection confirmed this. We were told the manager rarely used staff from outside the staff team and if this was needed staff were used from the wider organisation's pool of staff. Staff were able to support people to go out as they wished, although this sometimes needed to be planned in advance to ensure there were enough staff left at the service to support the remainder of the people. A member of staff told us the manager booked extra staff in, for example if they were taking people

out to a special event.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had only started working at the service once all the relevant checks had been completed. We looked at recruitment files for three staff and saw that references and criminal records checks had been undertaken and the organisation's recruitment processes had been followed. Where the manager had occasionally used a worker from an outside agency there was a detailed profile to ensure they had the necessary skills to meet people's needs.

People received their medicines safely and as prescribed from appropriately trained staff. Records of people's medicines were completed appropriately and we noted that they were accurate and legible. Individual care plans were in place and were regularly reviewed. Staff were required to sign to say they had read any changes in the plans. The plans contained clear advice to ensure staff administered medicines safely. For example, part of the guidance contained pictures to show exactly what people should be taking and one person's plan instructed staff to, "Administer medication to (person) by placing the tablets on a teaspoon and giving this to them." Staff told us they had only started administering medicines after receiving training. In addition, staff had received up to date medicine training and had completed competency assessments to evidence they had the skills needed to administer medicines safely.

We observed medication being administered and noted that the staff member followed the guidance fully. The member of staff was knowledgeable and experienced in carrying out the task, for example they explained that they checked the medicines amounts and described how important this was as a colleague had picked up a mistake in the medicines sent in from their supplier. Medicine audits were completed to check that medicines were obtained, stored, administered and disposed of appropriately.

Staff recorded where people refused to take their medicines and were able to describe which medicines posed a particular risk and what measures they needed to take in response. For instance, if a person refused to take some medicines, staff would just monitor and offer them at a later date whilst for other medicines they knew to contact the G.P. urgently. When people had been prescribed medicines on an as required basis, for example for pain relief, there were protocols in place for staff to follow so that they understood when a person may require this medicine.

Good

Is the service effective?

Our findings

The staff we met were extremely experienced, for example two members of staff had been care workers for many years and at 2 Central Avenue for over 15 years. One care worker told us how they and one of the people at the service had both been there since it had opened. As a result of this level of experience, staff were able to promote a calm and efficient atmosphere.

People were cared for by staff with the skills to meet their needs and understand what their preferences were. Staff were positive about the training they received, which was a mixture of face-to-face and computer based training. Key areas of training, such as safeguarding were primarily face to face, which staff told us they preferred. We saw that the manager had systems in place to track people's training to ensure that staff developed skills needed to meet people's needs.

The manager supported staff to carry out their duties effectively. Staff told us they were well supported and received regular supervision and annual appraisals. A supervision is a one to one meeting between a member of staff and their supervisor. We were told supervision meetings were used to discuss training needs and any concerns about the people being cared for. Appraisals were used as a time to reflect on practice but also to encourage staff to think about opportunities for progression within the organisation. The manager carried out observations of staff practice and these were used as an opportunity to develop skills. A care worker told us their practice had been observed, they said, "The manager told me that was a nice piece of work because I was whistling with [person] and teaching them how to whistle too." The manager told us they challenged staff practice on a daily basis, rather than through formal observations, which they felt was more appropriate given the size of the service.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Decisions were made in people's best interest, with staff involving family and outside professionals as appropriate. Staff had received effective training to help them understand the Mental Capacity Act (MCA) 2005 and DoLS legislation and guidance, and were able to demonstrate how they applied the principles of the act in their daily practice. There were prompts in people's care plans which steered staff towards ensuring the correct procedures were followed. We saw in people's care plans that where people had been assessed as lacking capacity, staff had consulted with the necessary people to ensure that any decisions were made in the person's best interest. For instance, one care plan showed a person's mother and social worker had been consulted over decisions around finance. Staff were skilled at assessing whether people were consenting through their actions. For

example one person's records noted that they had opened their mouth for the dentist and given staff knew they would have left if closed if unhappy, this helped staff understand the persons views of going to the dentist. We observed that staff offered choice in a relaxed way. For example, we observed one care worker asking one person, "Are you going to have lunch on your chair outside today?"

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People who could not make decisions for themselves were protected. The manager had made the necessary Deprivation of Liberty Safeguard (DoLS) applications for people living at the home. For example, where a person was not able to go out independently and might need to wait for staff to become free before going out for a walk.

People were supported to have a balanced and healthy diet. There was a focus on promoting a varied diet. We observed that people ate when they wished and people were offered choice of what they wanted to drink, based on the care workers in-depth knowledge of their preferences. For example we observed a member of staff ask a person, "Do you want your coffee frothed up, like you like it." Staff used pictures to help people chose the food they wanted to eat each day. At the beginning of the week staff planned a menu with people but then checked with them daily to ensure they hadn't changed their minds.

We were told that a person drank excessive amounts of coffee and rather than restricting them from having their drink of choice, staff had supported them to move to decaffeinated coffee. Staff put snacks in a Tupperware pot for another person. This meant staff could monitor their consumption, whilst supporting the person to remain independent with their food choices. On the morning of our visit we observed one of the people asking for a beer and a member of staff suggested they had a coffee for now and went to the pub later for a 'shandy.' We felt this incident demonstrated the skills staff had to support people to keep healthy whilst maintaining their dignity and right to make choices.

People were weighed to support staff in monitoring their health. Each person had a personalised schedule for being weighed, in line with their needs and views. For example, one person was weighed monthly at the request of their GP but another person, who was at low risk chose only to be weighed three times a year.

Staff supported people to maintain good health and wellbeing. For example, a member of staff told us that they were supporting a person to lose weight and so would encourage them to go out dog walking. There were detailed plans for dealing with peoples' health, for instance, where there was a plan in place to support someone with their epilepsy, which included risk signs to look out for and guidance pictures relating to seizure management. Each person had a document to take with them if they went to hospital to assist health staff in caring for them and being aware of their needs.

Staff supported people to access health appointments, for example, a person had been referred to podiatry when their needs had changed. We noted that staff were diligent in seeking health input in response to any changes in people's health. The manager told us where one person declined health tests a referral was made to advocacy to help establish their capacity in this area and support the person to ensure decisions were made in their best interest.

Good

Is the service caring?

Our findings

Staff spoke fondly about people and treated them with kindness. When they returned from shopping with a person, one member of staff told us, "As, normal we've chatted with half of Asda." The atmosphere in the service was companionable and relaxed, more like a shared house than a formal institutionalised setting. We observed staff chatting about Wimbledon as they worked and people had chosen their own place within the service, for example they had they own mugs and preferred places to relax.

Staff were able to describe in detail the people they cared for. Where people could become distressed, care plans were written in a personal manner and staff had taken time to work out what would help reduce stress. Even where people needed a lot of support, staff tried to support them in a dignified way. For instance, one person's care plans said, "Some days, I want space so keep your distance so I feel I am going out alone."

Staff understood the importance of giving people choice. They knew people's communication skills and were able to use a variety of methods to ensure they knew what people wanted. For example, we observed a member of staff offering a person three kinds of sandwich filling by laying them out on the table in front of them. The member of staff looked at facial characteristics as well as what the person was pointing to as part of understanding their preference. Although the person immediately pointed to one choice the staff member took time to move the fillings around to check this was definitely their choice. We felt this showed a commitment to gaining the person's view. In addition, the whole process was unhurried and done in a relaxed, friendly way. We later looked at the person's care plan and saw that staff were advised to, "Listen to [person] by watching his actions." Staff had recorded in the daily records, "Through daily observations [person] seems happy with his support."

Staff also used pictures to help communication, for example, there was a calendar of events which showed photographs and pictures of all the activities going on that week. People's plans had individual plans on how best to communicate with them, with guidance on key pictures or phrases to be used. One person had a picture of the health clinic they went to, which was used on the day of planned visits.

We noted that each person had an individual plan for ageing and end of life. These were written very sensitively and took into account the person's background and their views. Where appropriate, families had been consulted about the plans.

People's dignity was supported and attempts had been made to create a homely feel. For example, there was a colourful 'family planner' showing what was happening during the week, rather than a formal calendar. Issues of dignity and respect were considered on a daily basis and following discussions with the manager staff had purchased a new shower curtain to improve privacy for people.

Referrals were made to advocacy services when required and we saw examples of this in people's care records. Advocacy services were available for people who may need support from an independent person to speak on their behalf.

Good

Is the service responsive?

Our findings

Support at the service was flexible and informal. Each person was supported to have a distinct daily routine and encouraged to feel relaxed in their own home. Whilst people were encouraged to take part in organised activities, there was also time spent companionably with other people and staff at the service.

There were two pets at the service, a dog and a rabbit. One of the people told us the rabbit was theirs and so they had to help staff clean the cage. Staff described how the dog had its own risk assessment and care plan and they had registered it with a local charity so that the pet was well supported. The risk assessment considered all of the people's response to dogs and stated, "People who live at Central are now able to have the opportunity to have something to look after, care for, show love and compassion and have responsibility to take out for walks, feed and feel needed and loved in return." Busta, the dog was clearly an integral part of the lives of the people at the service.

People's care plans provided detailed and personalised information to enable staff to support people in ways they preferred. Staff members were able to describe in detail people's history and their physical, emotional and social needs. Care plans were regularly reviewed and people's views taken into consideration. Staff told us the care plans provided valuable advice to help them support people. For example, a member of staff told us that where a person's health was deteriorating their care plans advised staff to "break down sentences more" when speaking to them. We then looked in the care plan and saw the advice, as we had discussed with staff. The advice was accompanied by guidance on dementia, which helped staff understand the person's changing needs. Another person's plan suggested that using comedy was preferable to direct prompts. We observed staff adopting this approach when encouraging the person to brush their teeth. We were told that the person's care plan had even been updated to suggest what jokes worked best.

Each person had a helpful guide which staff could refer to, which provided a quick outline of their key needs. For example, the list advised staff whether a person needed to have a member of staff with them at all times when out in the community.

When we looked at people's care plans there were details of the tasks people engaged in as a way of maintaining their independence, for example one person was encouraged to make their own breakfast and packed lunch. The care plans prompted staff to maximise people's independence and for each person tasks had been assessed to see whether the person could achieve it with only a little or no support. The manager told us each person had a daily task they liked to do around the house, such as emptying the bin, loading the washing machine or mopping the floors.

When we arrived one person had just accompanied staff shopping to the supermarket. However we found there was scope for people to take a more active part in daily tasks around the house. We observed staff and people had developed long-standing patterns, where staff carried out tasks on behalf of the people at the service, which they could have been encouraged to take part in. For example, staff put shopping away, made drinks, prepared food and the people largely sat chatting at the table whilst this was happening. This

represented a missed opportunity as some of the people at the service could have been able to engage in at least a part of these tasks. We discussed this with the manager who said a cultural change was taking place at the service to encourage greater independence, which given the long-standing relationships, was going to take some time achieve.

People were supported to celebrate important events, for example, we saw on a person's daily records that they had made a Christmas present list which they were discussing with staff. The provider made a donation so that people could go for trips out, for example, in the summer holidays. People were supported to keep in touch with their families and families told us they felt welcome to visit at any time.

Staff told us the service was flexible, one care worker said, "It's quite flexible here, we can just say, ok everyone lets go out to the beach." The manager told us staff supported people to visit their family and friends. We were told about a number of organised activities run by the provider, for example barn dances and cinema nights for people with learning disabilities living in the provider's services. People went regularly to the local pub or to local shops and one person attended a local college.

The people who lived at the service took part in meetings to find out their views about the service and share information. These were promoted positively, for example, the member of staff who ran them said the meetings included food and drink to encourage people to attend. Part of the role of this group was to plan menus and activities.

The manager gathered feedback from families. This feedback included, "[Person] is allowed to be as independent as he can be, but support is always there for him. His personal care is excellent and he's always presentable" and "I am always welcomed very professionally by the staff at Central Avenue. They are always friendly and helpful."

The provider had a clear policy in place for responding to concerns and complaints. Complaints mainly stemmed from informal discussions with family members and were resolved equally informally. Complaints were logged across the service and the wider organisation and there were used to capture improvements.

Good

Is the service well-led?

Our findings

The service was very established and settled, which resulted in a calm environment where people felt at ease. A senior manager from the wider organisation captured the culture of the service by describing it in their newsletter, "In many ways, the service is unremarkable for its similarity with everyday family life: everyone getting up at different times and wanting different things for breakfast; watching TV and complaining about the heat and doing the housework amidst banter and laughing and joking." During our visit to the service we also felt the manager and staff had succeeded in creating a feeling that you were visiting a wider family rather than an institution.

The long-standing relationships between staff and the people they supported meant staff had a high level of commitment. For example, one member of staff told us they were happy to come into the service if there was an emergency.

The manager was not at the service on the day of our visit, but the service still ran efficiently and staff knew where all the key information was stored. The manager had helped develop a service which was well run but functioned well in their absence. A social care professional we spoke to told us that they had observed positive and open interactions and relationships between people at the service and the manager.

We found the long standing relationships at the service meant patterns had developed over years into comfortable routines. A member of staff told us, "Because we don't have a high turnover of staff everyone knows their jobs." In our discussions with staff we noted there was an openness to challenge poor practice and introduce new ideas, and we were given examples by staff and managers of where staff had been challenged to improve the way the supported people.

We discussed with the manager how receptive staff were to change and they agreed that routines were on occasion quite fixed and part of their role was to encourage staff to consider whether there were different or better ways of supporting people. They gave us an example of how a new member of staff had suggested an improved way of recording and this had been positively promoted.

The manager was positively supported by the wider organisation, which helped lessen isolation. A care worker attended the organisations Health and Safety committee and was able to feedback examples of good practice. The health and social care professionals told us the service worked positively with them. One professional told us the manager has always responded well to complaints and feedback and has appeared to be prompt in implementing their suggestions

The manager carried out audits of the service weekly and monthly, these included health and safety audits and checks of medicines and care plans. The service was also audited every six months by the provider's quality and compliance team, which was followed up with an action plan with deadlines. This action plan was practical and improved the safety and quality of life for the people at the service. For example, following a recent audit a fire door was fitted to the laundry room and staff were reminded of the need to check labels on prescribed creams.

Staff told us that checks on the quality of the service had led to improvements. For example, following a visit from a regional manager, staff were required to write more clearly about how people's needs were met. The improvements resulting from these checks were evident in the people's care plans and as a result in the guidance available to meet people's needs.