

Health and Home (Essex) Limited

# Health and Home Ltd - North Road

## Inspection report

148-150 North Road  
Westcliff On Sea  
Essex  
SS0 7AG

Date of inspection visit:  
04 October 2016  
10 October 2016

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03 November 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

The Inspection took place on 4 and 10 October 2016 and it was unannounced.

Health and Home – North Road is registered to provide accommodation and personal care without nursing for up to nine adults with a range of different needs. The service can cater for older people, people living with dementia, physical disability, sensory impairment, learning disabilities with autistic spectrum disorder, alcohol or drug misuse, eating disorders and mental health disorder. There were nine people living in the service on both days of our inspection visits.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received safe care and support. Staff had a good understanding of how to protect people from the risk of harm. The service had employed enough staff to meet people's assessed needs. The recruitment process was thorough and ensured that staff were suitable to work with vulnerable people. People received their medication correctly as prescribed.

Staff were well trained and supported and had the knowledge and skills to carry out their role. They had access to guidance and information to support them when necessary. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and had received training to ensure that where people lacked the capacity to make decisions they were protected. People were supported to maintain a healthy balanced diet and their healthcare needs had been met.

Staff were kind, caring and thoughtful and they knew the people they cared for well. They respected people and ensured that their privacy and dignity was always maintained. People expressed their views and opinions and were supported to follow their individual hobbies and interests. The service provided people with advocacy contact details for use if needed.

People's care and support needs had been fully assessed and they had care plans and risk assessments in place to ensure that they were cared for in a way that they preferred. The care plans provided staff with the information that they needed to meet individual's needs and preferences and to care for them safely. People were confident that their concerns or complaints would be listened to and acted upon. There was an effective system in place to assess and monitor the quality of the service and to drive improvements.

## 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.

People were protected from the risk of harm. Staff had been safely recruited and there were enough suitable, skilled and qualified staff to meet people's assessed needs.

Medication management was good and ensured that people received their medication as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were well trained and supported.

Staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and it had been applied appropriately.

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect by staff who knew them well and were kind, caring and compassionate in their approach.

People were kept involved in their care and support. Advocacy services were available if needed.

### Is the service responsive?

Good ●

The service was responsive.

People's needs had been fully assessed and their care plans were detailed and informative to provide staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints would be dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff had confidence in the registered manager and shared their vision to provide people with good quality care that met their needs.

There was an effective quality assurance system in place to monitor the service and to drive improvements.

# Health and Home Ltd - North 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.

This inspection took place on 4 October 2016 and 10 October 2016 and it was unannounced and carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with seven people, one visiting relative, the provider/director and four staff. We reviewed four people's care files and all five staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

# Is the service safe?

## Our findings

People were protected from the risk of abuse. They told us that they felt safe and secure and throughout our visit we saw they were relaxed and happy in staff's company. One person told us, "It's nice here – I feel safe and all the staff are great." Another person said, "I feel safe in this home and I am happy that I have the freedom to go out when I want." There was information, and a flowchart, displayed on the office wall informing staff of how to deal with safeguarding concerns. Staff had received training in safeguarding people and they demonstrated a good knowledge and understanding of the safeguarding procedures and how and when they would apply them. There was a policy and procedure in place for staff to refer to if needed. One staff member said, "I would report any abuse to my manager after making sure that it stopped and the person was safe. I know that I can report it to the local authority or CQC."

Risks to people's health and safety had been well managed. All staff had received training in fire safety and first aid and they knew to call the emergency services if needed and there were detailed fire evacuation plans in people's care plans. Staff told us, and the records confirmed that regular fire checks had been carried out. There were risk assessments in place, together with management plans for people's skincare, nutrition, mobility, falls and for accessing the local community. Staff were able to demonstrate a good knowledge of individual's identified risks and they described how they managed them. One person told us that they visited the local shops and that they often went out alone. They said they had a mobile telephone in case of any problems. Staff told us, and the records confirmed that the person had a clear risk management plan in place and that it had been agreed with the person that staff would telephone them if they were not back at the agreed time. The person told us that this made them feel safe when they went out.

People were cared for in a safe environment. Other risks, such as the safety of the premises and equipment had been assessed and monitored and up to date safety certificates were in place. The service's maintenance records showed that repairs had been carried out; however, it did not always show the date of the repair. This was discussed with the senior carer in charge and they said that the date of repair would be recorded for all future entries. The senior carer in charge said that there was 24 hour management cover for staff to call in an emergency. There was a list of telephone numbers for use in an emergency such as a major electrical or plumbing fault.

There were enough staff to meet people's assessed needs. People told us that staff quickly responded to their requests. During the inspection we observed staff's interaction with people. They took their time chatting with people in a friendly way with lovely smiles, nothing was rushed and staff were very aware of people's individual behaviour and mood. It was nice to see and hear staff interacting with people in this manner and this helped to keep people safe. One person said, "I go out with staff every day to get a newspaper." Another person said, "I get out a lot with staff." The duty rotas showed that staffing levels had been consistent over the five week period checked and we observed that there were sufficient staff on duty to meet people's needs at the time of our visit. Staff told us that additional staff were deployed when people needed support outside of the service to attend medical appointments. This showed that staffing levels were sufficient to ensure that people had access to the local community.

There were robust recruitment processes in place to ensure that people were supported by suitable staff. The provider had obtained all of the appropriate checks in line with regulatory requirements, for example Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that the recruitment process was thorough and that they had not been able to start work until all of their checks had been carried out.

People's medicines were managed safely. People told us that where staff supported them with their medication they did so correctly. One person said, "Staff help me with my medication and they help me to test my blood to make sure my medication is correct." The staff member administering medication on the day of our visit had a good knowledge of people's medicine needs and their individual medical history and they gave people their medication appropriately. There was a good clear system in place for ordering, receiving, storing and the disposal of medication. Staff told us, and the records confirmed that any unused or spoiled medication was returned to the pharmacy. We carried out a random check of the medication system and observed a medication round. We found that the medication was correct and the Medication Administration Record sheets (MAR) had been completed to a good standard. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication. Staff had been trained and had received regular updates to refresh their knowledge. Their competency to administer medication had been regularly checked through the supervision process. This showed that people received their medication safely and as prescribed.

# Is the service effective?

## Our findings

People were cared for by staff who felt supported and valued. Staff told us, and the records confirmed that they had a good induction to the service that prepared them for their role. They had received regular supervision and felt well supported by the registered manager. One staff member said, "I feel well supported by the registered manager and the provider and if I have any problems they always help." Another staff member told us, "The manager is very good. I feel very supported to do my work."

Staff had the knowledge and skills to care for people effectively. People said they thought that staff were well trained. One person said, "All of the staff here are excellent." Another person told us, "The staff know what they are doing and they know the best way to support me." A visiting relative told us that all the staff were very knowledgeable and knew how to communicate in a style that suited their relative's individual needs. Staff told us, and the records confirmed that they had received a wide range of training appropriate for their role that had been regularly updated to refresh their knowledge. One staff member said, "I have regular training, a lot of it is on-line but that is good and we are tested to make sure we understand it." The records showed that staff had taken a test at the end of each training course to ensure that they had absorbed the information and each had received a percentage score that showed they had. Four of the service's five staff had either completed or were working towards a national qualification in care. The fifth member of staff had started it but due to personal circumstances had decided to stop with a view to recommencing at a later date. The above showed that people were cared for by well trained staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 or authorisations to deprive a person of their liberty were being met. Staff had been trained in MCA and DoLS and they had a good understanding of how to support people in making decisions. One staff member said, "I know that people are assumed to have capacity and that if they don't have it, any decisions must be made in their best interests." Where required, the service had made appropriate DoLS applications to the local authority, and there were authorisations in place where needed. We observed staff knocking on people's doors and waiting for their consent before entering their room and we heard staff asking people for their consent before any activities took place. People told us that staff always respected their wishes. Mental capacity assessments had been carried out where necessary to protect people's rights. This showed that where people were not able to make every day decisions the service made decisions in their best interests in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. People said that

the food was good and that they were offered a choice of meals. We observed the lunchtime meal which was well presented and looked appetising. Where it was necessary people's dietary intake had been recorded and their weight had been monitored to ensure that their nutritional intake kept them healthy. One person told us, "The food is alright here – you get lots of it." Another person said, "I like the food, you get a choice and the options are on the menu board." We observed a meal and saw that the food looked appetising and plentiful. The dining room and kitchen were spotlessly clean and there were condiments on each of the tables.

People's healthcare needs were met. They told us that they saw a variety of healthcare professionals such as the chiropodist, dentist, optician, community psychiatric nurse, consultant psychiatrist and the doctor. People told us, and the records confirmed that they got the support they needed to help them to remain healthy. A visiting relative said, "The staff are really good at looking after my relative's health and well-being. My relative is very difficult to manage but the staff here know exactly how to meet their needs and care for them safely. The outcomes of people's healthcare visits and any follow up actions had been clearly recorded and showed how and when people had received the support they needed.

## Is the service caring?

### Our findings

People told us that the staff were kind and caring. One person said, "The staff are so kind, especially [name of staff] as they take me out a lot. They should have wings, as I think they are an angel with me." Another person told us, "All the staff here are very nice." A visitor told us that staff were all very kind and they said, "It is very reassuring to know that my relative is cared for so well as we live some way away." People seemed relaxed and happy in staff's company and we observed very good staff interaction. One health and social care professional told us, "All of the staff are lovely, they are very caring and treat people nicely. The registered manager is a kind, caring person who is very experienced and works alongside staff to ensure people are cared for appropriately." Staff knew the people they cared for well and they had built up positive caring relationships with them and they showed nice caring qualities when interacting with people.

People were treated with dignity and respect. People said that the staff always treated them respectfully. They told us that staff never rushed them and that they took the time they needed when staff supported them. We saw and heard people being supported and staff spoke with them in a calm, respectful manner and allowed individual's the time they needed to carry out tasks at their own pace. People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms.

People told us that they were able to practice their faith. One person said, "I am happy to go out to the local church on Sundays." Another person said, "I spend a lot of time in my room reading my Bible." This showed that people's cultural and religious needs had been met and they were encouraged and supported to follow their faith and their cultural needs were respected.

People received appropriate support to maintain their independence. People told us that staff encouraged them to remain as independent as possible. One person said, "I go out on my own because that is what I enjoy. Staff are at the end of the telephone if I need any help." Another person said, "I get around in my wheelchair and the staff help me to get out to the shops." People told us that they decided what they wanted to do each day, when to go to bed and when to get up. They said that staff respected their wishes.

People told us that they had been kept involved in making decisions about their care and support. They told us they made choices every day about what they wanted to do and how they spent their time. The care files provided staff with good information about people's likes, dislikes and preferences to enable them to care for people in the way that they preferred. Staff had access to good information about people's past history and they demonstrated a good knowledge of each individual and clearly knew them well. The care plans included details about people's home and work lives and their interests and hobbies. One person said, "The staff always have time for a chat with me." We observed many small one to one conversations between staff and people using the service throughout our inspection visits.

People said that their visitors were made welcome. A relative told us that they were always made to feel welcome by friendly, caring staff. They said, "The staff here are very good. It can sometimes take me three hours to get here and the staff are always kind and considerate." Where people did not have family

members to support them to have a voice, they had access to advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

People had received a full assessment of their needs prior to moving into the service and had been fully involved in the assessment and care planning process. The provider/director told us that they were always involved with people's initial assessments to ensure that the service could meet the person's needs. They were able to tell us about each person's background, preferences and needs and how the service was catering for them. Staff also had a good knowledge and understanding of people's likes, dislikes, moods and behaviours. A relative told us that staff were very good at managing their relative's mood. They said that staff knew how to converse with them to ensure that the person responded positively. This improved the person's sense of well-being. All of the care plans had been regularly reviewed and updated to reflect people's changing needs. People told us, and we saw that the service provided them with suitable equipment such as a wheelchairs and hoists, to support them with their mobility. People received personalised care that was responsive to their individual needs

People received a service that was responsive to their needs. They told us that the staff were quick to respond when they needed support. They also said that the staff never rushed them, and we saw this in practice throughout our visit. People were playing dominoes in the morning and watching a war film on television during the afternoon of our visit. One person said, "I like watching old films." Another person told us, "I go out down town and go into the charity shops – look, I've bought this DVD for a pound." Another person said, "I play table tennis, dominoes, and get out into the garden a lot." We saw that this person went out for a walk with staff during the afternoon of our visit. There was a range of books, CD's DVD's, puzzles and games available and a table tennis game under cover in the garden. The provider had built the table tennis table at the request of one of the people using the service. The table had a Perspex cover over the top so that the game could still be played if it was raining. There was tables and chairs in a shaded area of the garden and raised flower beds. One person told us that when they felt well they attended the flower bed to "keep it looking nice." People were supported to follow their own interests and hobbies as far as they were able to.

People told us that they were regularly asked for their views and we heard and saw this in practice. Staff consistently asked people if they needed anything done differently. People told us that they regularly discussed how they felt about the service with staff. Records of meetings had not always been kept; however, the last recorded meeting notes showed that activities had been fully discussed.

People knew how to complain if they were not happy with the service they received.

There was a good complaints process in place which fully described how any complaints or concerns would be dealt with and it included the contact details of CQC, the local authority and the Local Government Ombudsman. This provided people with the information they needed to pursue any complaint that they felt had not been dealt with appropriately by the service. No complaints had been recorded. The provider/director told us that minor concerns were dealt with immediately and people confirmed this. People were confident that their complaints and concerns would be dealt with appropriately and in a timely manner.

## Is the service well-led?

### Our findings

There was a registered manager in post, who was also registered to provide a service at a nearby care home owned by the same company. However, they were on leave during our inspection visits. The provider/director of the service provided information as part of this inspection process. Staff told us that the registered manager and the provider were very supportive and were always available if they needed help or advice. The senior member of staff told us that they were in charge of the service in the absence of the registered manager and that they had support from the provider/director. The provider/director and the senior carer had a very good knowledge about the people using the service. People knew the staff and the registered manager well and were positive when talking about them. One person said, "All of the people who work here are excellent." A visitor told us that the provider, registered manager and all the staff were knowledgeable and experienced and provided their relative with a much better quality of life than they had in their previous care home.

Staff told us that the registered manager had an open door policy where people, their relatives and staff could speak with them when they wanted to. People had confidence in the registered manager, the provider and the staff. People told us they were all very 'good at their jobs'. One staff member said, "We have a very supportive manager and they always help us to care for people." Another staff member told us that they felt valued by the management team and that they shared the registered manager's vision to provide people with good quality care that met their needs. There were clear whistle blowing, safeguarding and complaints procedures in place which staff were confident about implementing. One staff member said, "There are policies and procedures that show you what to do. If I had concerns I would report them straight away."

Staff told us that they had been regularly asked for their views about how the service was run and suggestions for how to improve it. They said that they had many informal staff meetings but they had not always been recorded. The service identified the need to improve this and had started to record staff meetings. At the last meeting staff had discussed teamwork and roles and responsibilities. The registered manager had issued all staff with written information that clearly set out staff's roles and responsibilities. Staff communicated well with each other as handovers took place between shifts and a communication book was used to record important information. Staff told us that the registered manager was part of the team and people told us that they were regularly seen around the service. One staff member said, "The manager is very supportive and listens to what I have to say. They are very good at listening to people and acting on what they say." This showed that teamwork was good and that staff were kept up to date about people's changing needs.

People told us that they were involved in making decisions about how to improve the service. They said that they discussed their views and opinions with the registered manager and staff. The service had acted upon people's views, for example at a recent meeting people had asked for new curtains and garden furniture and this had been purchased as a result of their request.

The service kept an audit log where regular audits had been recorded such as for safeguarding people, care and treatment of residents, nutrition and hydration and for premises and equipment. Medication, infection

control and complaints had also been regularly audited to ensure people's safety and welfare. People told us that they were very happy with the quality of the service. One relative said that the quality of care was excellent and that the registered manager and staff were all competent, caring and supportive.

There was an effective quality monitoring system in place. People's views had been sought and their responses had been analysed and actions had been taken to address any shortfalls. For example one person had stated that they wanted to be more active so the management built a table tennis table with a rain cover to ensure they could achieve their aims. The provider had undertaken regular quality checks which included gaining the views and opinions of people using the service and staff. An annual quality assurance survey had taken place in May 2016 and the results were positive about the care and support people received. Comments included, 'Staff are very nice', 'Very caring staff', 'staff understands my relative's condition', and, 'The friendly nature of visits'.

Personal records were stored in a locked office when not in use but they were accessible to staff, when needed. The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.