

Estuary Housing Association Limited

Sydervelt Lodge

Inspection report

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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 

Overall summary

This inspection took place on 10 November 2015 and 18 December 2015.

Sydervelt Lodge is registered to provide accommodation with personal care for five people who have a learning disability. There were five people receiving a 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. Recruitment procedures were thorough. 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.

Summary of findings

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 as and when required. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. People were supported to participate in social activities including community based outings.

Staff 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.

Care records were regularly reviewed and showed that the person and their relatives where appropriate had been involved in the planning of their care. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People confirmed they received the care they required.

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 registered manager had systems in place to check on the quality and safety of the service provided and to put actions plans in place where needed.

Summary of findings

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 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.

People's medicines were safely managed and people received their medicines as they should.

Good



Is the service effective?

The service was effective.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and 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. People were supported to access appropriate services for their on-going healthcare needs.

Good



Is the service caring?

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.

Good



Is the service responsive?

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.

Good



Is the service well-led?

The service was well led.

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

The atmosphere at the service was open and inclusive.

There were systems in place to monitor and continually improve the service.

Good



Sydervelt Lodge

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 10 November 2015 and was unannounced. We also spoke by telephone with relatives of people using the service on 18 December 2015.

Before the inspection, we 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 three people who received a service. As some people could not tell us their views about the service verbally we spoke with four of their relatives. We also spoke with the registered manager and two staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to two 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

Relatives told us they felt reassured that people were safe living at the service. One relative felt this was because the person knew the staff well and felt safe with them. Another relative told us, “[Person] loved it from the moment they walked in there and felt at home and the staff were so kind.” We saw that people living in the service approached staff confidently and interacted with them in a relaxed way.

Systems were in place to keep people safe. Staff had attended training in safeguarding people. 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. The registered manager had maintained clear records of any safeguarding matters raised in the service. These showed that the registered manager had worked with the local authority to ensure people were safeguarded.

People’s individual risks were assessed and actions were planned to limit their impact without restricting people unnecessarily. People’s care plans included information about risks individual to them and a care plan was in place to help staff to manage these safely. Staff were aware of people’s individual risks and how to help people in a safe way. Equipment had been accessed for people to ensure their safety and that of staff supporting them. The registered manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. These included risks relating to water and water safety, the environment and dealing with emergencies. Processes were in place to keep people safe in emergency situations. These included individual emergency evacuation plans. Staff were aware of emergency plans and how to respond to emergency situations.

People were protected by the provider’s staff recruitment process. The registered manager told us that no new staff had been recruited to the service for some years. Staff told us that references, criminal record and identification checks had been completed before they were able to start working in the service and they had had an interview to show their suitability for the role. This was confirmed in the staff records we reviewed.

People were supported by sufficient numbers of staff to meet their needs safely. The registered manager told us how they assessed staffing levels each month with the staff team to make sure there were enough staff to support people and in a flexible way that met their individual needs. Application had been made to a funding authority for increased staffing hours in line with an identified change to one person’s needs. A rolling rota was in place that was planned with staff in advance to ensure that staff were available in sufficient numbers at the times that suited people’s lifestyles. Staff reported that there were sufficient staff to enable them to meet people’s needs appropriately. We saw examples throughout the day of staff spending quality time with people as well as completing the necessary care tasks.

People received their medicines in a timely and safe manner. We saw that staff dispensed people’s medicines safely. The provider had systems in place that ensured the safe receipt, storage, administration and recording of medicines. Medication administration records were consistently completed and tallied with the medicines available. Prescribed creams were recorded as administered. The service had procedures in place for receiving and returning medication safely when no longer required. Assessments of staff competence to administer medicines safely were completed. Monthly audits were carried out to ensure safe management of medicines.

Is the service effective?

Our findings

Relatives told us they felt staff were skilled and competent and provided people with the care and support they needed. One relative said, “The staff are superb and give wonderful care.”

People were supported by staff who were well trained and supported. Staff told us they attended a range of training courses and updates including both basic topics and those more specialised to the needs of people using the service. Staff confirmed they received the training they needed to enable them to provide safe, quality care to people. One staff member told us how the rotas had been planned flexibly to accommodate their attendance at a training course. Staff also told us that 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 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 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.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a clear understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. The registered manager confirmed that this was an ongoing process especially as people’s abilities lessened over time. This meant that people’s ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person’s best interests had been clearly

recorded. Where people were deprived of their liberty the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. Where authorisations were in place, staff were aware of the conditions of the restrictions and were able to tell us how these were implemented in the person’s everyday life in the least restrictive way. This meant that the provider had acted in accordance with legal requirements.

Staff knew how to support people in making decisions and how people’s ability to make informed decisions can change and fluctuate from time to time. One person, for example, had been supported to make decisions about their end of life care where the assessment showed they had fluctuating capacity. A staff member said, “People may not be able to tell you what they want but they can sometimes show you in other ways what they want to do, for example by pointing or leading you to a place.”

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. Staff told us that people participated in planning the weekly menu and staff ensured the known preferences of those who were not able to participate verbally were included. People confirmed they enjoyed the food and drinks provided at the service. People’s dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. Pictorial food cards were available. Staff showed us that they were collating a set of ‘actual’ photographs of foods to be more realistic for people so as to enable them to make further informed choices. Staff told us about people’s favourite foods and these were recorded in people’s care records. There was a good availability of drinks and people were encouraged to drink to ensure they remained appropriately hydrated.

People’s weight and nutritional intake was monitored in line with their assessed level of risk. Staff recorded in the care records what had been consumed by individual people so this could be monitored. This meant people were supported to eat and drink well and maintain a balanced diet in line with their personal preferences and needs.

Relatives confirmed that people’s healthcare needs were effectively managed and they were well supported in gaining access to any health professional support needed. Each person had a health action plan in place to identify individual’s health care needs and the support to be provided by staff. People’s care records showed that staff

Is the service effective?

were proactive in gaining prompt and effective access to healthcare professionals and assessment services. Records also showed that people's healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.

Is the service caring?

Our findings

People received care and support which was individualised and person centred. Staff had worked with people living in the service for a number of years which enabled confident relationships to develop. All of the interactions observed between staff and the people they supported were positive. A visitor said, "The staff are lovely to [person] and speak to them nicely. We are very happy with the care here." A relative told us, "You can see that staff are genuinely caring and loving towards people."

People and their family members were involved in planning and reviewing the care provided. Relatives told us that the person and the family had been involved in the assessment and planning for the person to live at Sydervelt Lodge. One person said, "[Person's parent] was very influential in arranging this placement. While [parent] are no longer with us, we feel as a family that [parent] would be really pleased [person] is so well looked after there."

Another relative told us that the person and their family had been involved in the assessment before the person moved to this service. They had also been involved in formulating the care plan as part of the reason for the person moving to the area so as to be nearer to their family and have more family contact. The relative told us that this had proved positive for all involved.

Staff treated people with dignity and respect. We saw staff were respectful in their interactions with people and addressed people by their name. People's privacy and dignity was respected. One person confirmed they had a key so they could lock their own bedroom. A visitor told us that people were always clean and well dressed. People's records were securely stored to ensure confidentiality and respect their right to privacy. People's independence was also supported and respected. Staff showed that a specific type of tap had been installed in one person's bedroom. This enabled the person to continue to have water to wash in their own room as they chose without the risk of flooding.

The service supported relationships between people and their families by making visitors feel welcome and inviting them to join in celebrations such as birthday parties. Staff and visitors chatted in an open and friendly manner. A visitor told us they always felt very welcome when they visited the service. Another relative said, "You can tell that you are genuinely welcomed and never feel that they [staff] wished you had not come. They are always pleased to see you, make you feel at home and ask if you'd like a cup of tea." One person confirmed that the service helped them to maintain contact with their family by supporting regular visits to the family home.

Is the service responsive?

Our findings

People received care and support that was individually planned and appropriate to their needs. Each person had a care plan in place showing the support they required and these were reviewed so that staff had clear guidance on how best to meet people's current needs. Care plans were written in a person centred way so as to enable people to receive care and support that was individualised. They took into account specific needs such as in relation to end of life practices to respect a person's culture and faith. The records clarified how people needed to be supported while being empowered to maintain skills and independence.

Staff were aware of people's needs and responded to this in an individual way. Staff were aware that one person's care plan noted that the person had specific behaviours relating to cleanliness. The person was included in a range of household tasks to support their need. Staff told us the position one person found most comfortable to help them to accept their prescribed eye drops. This was documented in the person's care plan. We observed a staff member supporting a mealtime for a person who had sight impairment. The staff member regularly told the person what was left on their plate and where it was so that the person could eat their own meal in line with their plan of care and support.

A relative told us that the service was very responsive to the person's changing needs and deteriorating condition. The relative told us that the service had applied for additional funding to support extra staff hours to meet the person's individual needs. They also told us that the service had quickly arranged for particular equipment to be provided following a sudden change in the person's mobility needs.

People participated in meaningful activities, social events and holidays of their choosing. It was clear from

discussions with staff that they tried to ensure each person took part in activities they liked and had interests in. Staff told us the flexible organisation of the planned rota supported social opportunities and events that people enjoyed, including those undertaken during the evening and weekends. A relative told us that staff supported individual people to go out to participate in lots of stimulating activities that they enjoyed. We saw a written comment from a professional involved with the service that observed how much was done to support people's choice and the great active lives they had.

The provider had a complaints policy and procedure in place. The information was also readily available in an easy read format for people living in the service. 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.

People felt able to approach staff and raise any issues. We saw that a person using the service approached the registered manager to tell them of an issue with the hot water in their room. They agreed a plan to check this together and again later in the day once they had ensured the switch had not been accidentally turned off. The registered manager checked this with the person who was happy as the water was at a satisfactory temperature.

Relatives told us they felt able to raise any concerns or queries. One relative said, "We have no complaints. We could approach the registered manager or staff if we did as they are very approachable." Another relative told us, "The registered manager has made it absolutely clear that if there is anything we are concerned about that we must say so. They are very approachable and we have no complaints."

Is the service well-led?

Our findings

The service had an established registered manager in post who had kept their knowledge up to date. They were aware of the new approach to inspecting care services and changes to relevant legislation and standards. This meant the service had consistent leadership from a registered manager who understood their responsibilities in relation to the standard and quality of the service they provided.

The registered manager demonstrated that they were aware of all aspects of the service and knew the people who lived there, and the staff supporting them, well. The registered manager had systems in place to ensure staff had the information they needed to provide a good service. We saw, for example, that all staff had signed to confirm they had read each person's plan of care and risk management plans. They had also signed relevant policies and procedures and minutes of staff meetings. Records and documents relating to the running of the service and the care people received were clear and well organised.

People benefited from a staff team that worked together and were clear about their roles and responsibilities. Staff had opportunities to be involved in promoting quality and safety in the service. Some staff members had designated roles such as for completing audits while another staff member had lead responsibility to oversee medicines management. A member of staff said, "We really do have a voice and can speak at staff meetings. We can offer ideas about things to better support people living here and be listened to."

Staff told us they had received support and opportunities to develop from the registered manager including

undertaking additional training and qualifications. Staff told us that the registered manager was approachable and supportive and all staff worked as a team with an effective communication systems in place to support quality outcomes for people. One staff member said, "This home runs well and people have a busy, active life. Everyone pulls together, can offer ideas and then it happens." The registered manager and staff were clear as to the aims of the service and expressed commitment to providing people with the support they required while respecting their independence and right to make their own decisions.

Reports to confirm bi-monthly external monitoring of the service by the provider in line with their policy were not demonstrated as completed since July 2015. The registered manager did not know the reason for this but demonstrated that internal systems in place to regularly monitor and improve the quality of the service were implemented. This included a range of regular audits and checks that were monitored by the registered manager. We saw that issues noted were then discussed with staff members, either in one-to-one supervision meetings or at team meetings to ensure any necessary changes were implemented effectively.

Systems were in place to gain the views of people using the service and those who matter to them. Records showed that staff supported people in reporting, for example on whether or not activities had been successful, so they could be repeated or rejected in favour of other suggestions to improve people's experiences. The analysis of feedback questionnaires recently completed by relatives and professionals demonstrated people were satisfied with the quality and the safety of the service provided to people at Sydervelt Lodge.