Estuary Housing Association Limited

Estuary Community Support and Supported Living Services

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

Summary of findings

Overall summary

This inspection took place on 19 January 2016, 8 February 2016 and 26 February 2016 was unannounced and carried out by one inspector.

Estuary Community Support and Supported Living Services provide a mixture of services to younger adults who have learning disabilities and/or autistic spectrum disorder. People may be either living in their own homes in the community or in one of the services' supported living schemes.

There were two registered managers in post, one managed community services and the other managed the supported living schemes. 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. Both registered managers were responsible for this location.

People received their care and support in a way that ensured their safety and welfare. Staff knew how to protect people from the risk of harm. They had been trained and had access to guidance and information to support them with the process. Risks to people's health and safety had been assessed and the service had support plans and risk assessments in place to ensure people were cared for safely.

Sufficient numbers of staff had been safely recruited, they were well trained and supported to meet people's accessed needs and preferences. People received their medication as prescribed. Where people's medication was managed by the service there were safe systems in place for receiving, administering and disposing of medicines.

Registered managers and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Appropriate DoLS applications had been made when needed in the supported living schemes.

People were supported to have sufficient food and drink to meet their individual needs. Their support needs had been assessed and the support plans gave staff the information they needed to meet people's individual needs safely. People's healthcare needs were monitored and staff had sought advice and guidance from healthcare professionals appropriately.

Staff knew the people they supported well and were kind, caring and compassionate. They ensured that people's privacy and dignity was maintained at all times. People expressed their views and opinions and they participated in activities both in the supported living schemes and in the local community.

People concerns or complaints were 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 sufficient 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 well trained and supported staff.

The registered managers and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

People had enough food and drink to meet their needs and keep them healthy. They experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with dignity and respect. They were kind, caring and compassionate in their approach.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good

The service was responsive.

The assessments and support plans were detailed and informative and they provided staff with enough information to meet people's diverse needs effectively.

The provider had an effective complaints procedure and had dealt with any complaints effectively in a timely manner.

Is the service well-led?

Good

The service was well led.

Staff and managers shared the registered managers' vision to provide people with good quality care that met their physical, social and spiritual needs.

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

Estuary Community Support and Supported Living Services

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 19 January 2016, 8 February 2016 and 26 February 2016. This was an unannounced and carried out by one inspector.

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.

Some of the people who used the service were not able to communicate with us verbally so we used facial expressions, gestures and body language to obtain their views.

We spoke with six people who used the service and one of their visitors, the head of the service and the quality improvement lead. We also spoke with one of the two registered managers, four supported living scheme managers and five staff. We reviewed seven people's care files and 15 staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and compliant records.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse. People using the community services told us that they felt safe and comfortable when staff were in their homes. People living in the supported schemes also told us they felt safe. Others who were unable to verbally communicate their views appeared to be relaxed, happy and at ease when interacting with staff.

Staff demonstrated a good knowledge of how to safeguard people and described the actions they would take in order to protect them from harm or abuse. There were good safeguarding procedures in place and each member of staff had been given a safeguarding booklet for ease of reference should they need to check the process. One staff member said, "I have my own booklet and have received training with regular updates. If I was concerned about anything I would report to my manager or the social services or the CQC." Another staff member said, "The training is really good and the updates remind me of the procedures so I have the knowledge I need to ensure that I take the right action. I feel confident to report any concerns."

Risks to people's health and safety were well managed in both the community service and in the supported living schemes. People living in the supported living schemes were supported to live in a safe environment. Scheme managers had ensured that safety checks had been carried out in all of the schemes that we visited. Staff working in the schemes were aware of safety procedures and had received training. People's living environment had been fully risk assessed and management plans put in place for any identified risks. Staff told us, and the records confirmed that they had received training in first aid, health and safety and fire awareness. There were details in the support plans about emergency services such as for the gas, electricity and water supplies.

There were risk assessments and management plans in place for all areas of identified risk such as for people's mobility, skincare, falls, nutrition, accessing the community and using public transport. Staff had a good knowledge of people's individual risks and how they were to be managed. One person who lived in a supported living scheme told us how they were regularly supported to go out locally using public transport. This showed that people were supported to take everyday risks to enable them to live a more fulfilling life.

We observed that there were enough staff to meet people's needs. People living in the community were quite happy with the service and most had regular staff to attend them. The service employed its own bank staff and ensured that people received continuity of care because people knew the staff well. The supported living schemes directly employed staff in each of the schemes and duty rotas showed that there were sufficient suitable staff to meet people's needs at all times.

The service had a robust recruitment process in place to ensure that people were supported by suitable staff. All of the appropriate employment checks such as Disclosure and Barring (DBS) and written references had been carried out before staff started work. Staff told us that the service had a thorough recruitment procedure. One staff said, "I had to wait for my checks to be carried out before I could start work." This showed that only staff suitable to work with vulnerable people were employed by the service and ensured that it protected people from the risk of being supported by unsuitable staff.

Where people's medication was managed by staff, it was done so safely. In the supported living schemes the level of support people needed with their medication varied, some people required reminding, others needed prompting and others required medication management. In all of the schemes medication was appropriately and safely administered where required. We saw that there were protocols in place for as and when required medication (PRN) to ensure that people were only administered the medication as intended by the prescriber.

People receiving community care had a range of different systems in place for ordering receiving and administering their medication. Staff were very clear about the level of support each individual required and the records had been appropriately completed. Medication record sheets were of a good standard and had been completed appropriately. Staff had received medication training, regular updates and had their competency to administer medication had been regularly checked. This showed that people received their medication safely and as prescribed.

Good

Is the service effective?

Our findings

People were supported by well trained staff who felt truly valued. Staff told us, and the records confirmed that they had a good induction, which included shadowing more experienced staff until they felt competent to work alone. Staff who were new to care had either completed or was working toward the care certificate. This is a set of minimum standards that all health and social care staff are expected to adhere to in their role and is often covered as part of their induction training. Forty three of the service's 60 staff had either achieved or were working towards a National Vocational Qualification (NVQ) or QCF (qualifications and credit framework- the new NVQ). A further five staff, who had been recently employed, were due to start a QCF on completion of their probationary period.

Staff had received regular supervision and they said that they felt well supported by the registered managers. One staff member told us, "My manager is always there if I need them, I get good support and the registered manager is in the office during the week if I need to talk with them about anything." Another staff member said, "There is always someone on call out of hours to support me if I need advice or guidance in a difficult situation."

Staff had the knowledge and skills to support people and to meet their needs. People said that they felt the staff were well trained. Staff told us, and the records confirmed that they had undertaken recent training which included infection control, medication, safeguarding people, fire, health and safety, moving and handling. They had also completed risk and conflict management, equality and diversity, data protection, food hygiene, emergency first aid, intensive interaction in practice and fraud.

Some staff had received more service specific training according to the needs of the people they supported. For example staff had been trained in diabetes, epilepsy, dementia and Makaton. Makaton is a language programme that uses signs and symbols to help people to communicate. Another example was for dysphagia awareness and texture modification (for people requiring softened foods) and for the use of a percutaneous endoscopic gastrostomy feed (PEG). One staff member said, "The training with Estuary is very good and I get regular updates to refresh my knowledge. If I identify a training need my manager arranges the training for me quite quickly."

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 in the community support area of the location. We also checked whether any conditions or authorisations to deprive a person of their liberty in the services supported living schemes were being met. Staff demonstrated a sound knowledge of

the MCA and DoLS and they had a good understanding of how to support people to make everyday decisions. Staff told us, and the records confirmed that they had received training and updates in the MCA and DoLS. One staff member said, "I fully understand the need for people to make their own decisions wherever possible and when they have to be made for them it must be in their best interest." Appropriate DoLS applications had been made where necessary in the supported living schemes and mental capacity assessments had been carried out where required in both parts of the service. People told us that staff asked for their consent when supporting them and saw and heard this in practice when visiting the supported living schemes. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were supported to have enough food and drink to maintain a balanced diet. They told us they were helped in a variety of ways. People receiving a community support service told us that staff supported them to prepare their meals and snacks. People living in the supported living schemes had their meals prepared and cooked for them. Some people in the schemes were able to do more for themselves than others and staff supported them appropriately according to their individual needs. Where it was necessary people's dietary intake had been recorded and their weight monitored to ensure that their nutritional intake kept them healthy and well.

People's healthcare needs had been met. They told us, and the records confirmed that they were supported to attend a variety of healthcare appointments such as for the dentist, optician, physiotherapist, district and specialist nurse and the doctor. Some people in the supported living schemes received health specialist's services such as occupational therapists and chiropodist in their homes. 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.

Good

Is the service caring?

Our findings

People told us that the staff were always kind caring and 'nice to them'. They were relaxed, happy and comfortable in staff's company. A visitor to one of the supported living schemes told us that the person they visited was much happier living in the scheme than they were in their last home. They said, "The staff all seem to be so kind and genuine and treat [person's name] with respect. They always look nicely turned out and are ready when I call to collect them."

Staff supported people to maintain their independence. People living in the supported living schemes told us that they decided what they wanted to do and when they wanted to do it. They chose when to get up and when to go to bed. People using community services said that staff supported them to maintain their independence. For example by supporting them to go shopping for themselves and to attend local social clubs where they were able to maintain relationships with their friends. One person said, "I go out all the time. I have a good life because the staff helps me." People told us that they were able to practice their faith. Staff told us, and the records confirmed that people were regularly supported to attend their local church.

People had been actively involved in making decisions about their care and support. The support files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred. There was enough information, which included people's past history, to help staff to provide the best support to meet individual's needs. Staff told us, and the records confirmed that there was good background information in the support plans that helped them to support people to live their lives in a way that was meaningful to them.

People using the service's community services told us that they had good relationships with the staff. It was clear from visits to the supported living schemes that staff knew people well and had built up positive caring relationships with them. People using both the community service and in the supported living schemes told us they were treated with dignity and respect. We heard staff speaking to people with respect and preserving their dignity during our visits to the supported living schemes.
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. The records showed that advocates had been involved in supporting people to express their opinions.

Good

Is the service responsive?

Our findings

People had received a full assessment of their needs before their service started and there were on-going assessments to ensure that their needs continued to be met. People and their families had been involved, as much as possible in the assessment and support planning process.

There was good information available about people's family and friends. Staff told us that they communicated with people using their preferred method of communication. For some people this was verbal and for others it was by using Makaton (signs and symbols) and for others staff needed to use gestures, objects and body language. Staff were seen to communicate effectively with people when we visited them in the supported living schemes.

In the supported living schemes there were detailed person centred support plans that fully explained what staff should and should not do to support people. Where people needed support to mobilise, there was appropriate equipment available for them to do so safely. The support plans, risk assessments and management plans had been regularly reviewed and updated to reflect any changes to people's needs. People's receiving a community service also had detailed personalised support plans. Staff told us that people's support plans were reviewed regularly and updated when their support needs changed.

People in the supported living schemes and people in the community were supported and encouraged to live full and active lives within their local community. They were supported to attend local churches, local clubs, pubs, restaurants, theatres and other local amenities. People in the supported living schemes had been on holiday to various places in England including to Centre Parks and Sandringham in Norfolk. People received personalised care that was responsive to their individual needs

People had been asked to share their views and opinions about the service they received. They had been kept involved, as much as possible, in the way that staff supported them. Each person had their own unique way of communicating with people and staff used their preferred styles to keep them involved in their care and support.

People living in the community, who were able to tell us, said that they knew how to complain. They said that how to complain was in their folder and that they would tell staff or the office. In the supported living schemes people had information in their folders and staff said that family and friends had been advised of the complaints process. The provider had a very clear complaints procedure in place and the records showed that any complaints had been dealt with effectively in a timely manner.

Good

Is the service well-led?

Our findings

The registered managers of both the community service and the supported living schemes were available in the providers head office throughout the week. There was an on call rota at weekend so that staff had support at all times. Staff told us that they felt well supported by their managers. The registered managers both had a good knowledge about the people receiving a service from their respective areas. Staff told us that the registered managers had an open door policy where people could speak with them whenever they wanted to. People had confidence in them and they told us that they were approachable and supportive and that they responded positively to any requests that they made.

There were clear whistle blowing, safeguarding and complaints procedures in place and staff told us they were confident in using them. One staff member said, "If I had any concerns at all I would report them to my manager or the social services. If I felt the need to whistle blow I would do so without hesitation." Staff told us that they felt valued and that they shared the registered manager's vision for the service to provide person centred care that addressed people's physical, emotional and spiritual needs.

People had been actively involved in a variety of ways in making decisions about how to improve the service. For example, in the supported living schemes people had participated in house meetings where they discussed issues such as the décor, the food, activities and staffing. In the community care area staff had gathered people's views regularly. For example there were completed questionnaires on people's files to show that they had been consulted on all aspects of the care they received. We saw many positive comments such as, 'feel safe', 'are very good listeners', 'do an amazing job, 'very friendly', and, 'I feel comfortable to raise any complaints'.

The provider had a dedicated quality and improvement team. Regular compliance visits to both the community services and the supported living schemes had taken place. In addition to compliance and quality checks individual managers of supported living schemes had also carried out their own monthly audits to ensure that people received a good quality person centred service. The monthly manager's audits included checks on medication, support files and health and safety. Where necessary action plans had been put in place if shortfalls had been identified. People told us that they were very happy with the quality of the service. Health professionals had commented in their surveys, 'excellent staff teams', 'behave in a professional manner', demonstrate good knowledge and skills', and, 'work in a positive collaborative way'. The quality monitoring system was effective.

Staff working in the community said that there was good communication between them. The said that support notes were always very clear and explanatory and that the office kept them informed. Staff in the supported living schemes had staff meetings where a range of issues such as safeguarding people, medication and care practices had been discussed. Each of the schemes was small and staff handed over information at each shift to ensure that all staff knew about any changes to people's needs. This showed that there was good teamwork between staff both in the community and in the supported living schemes.

People's personal records were appropriately stored when not in use but were easily accessible to staff,

when needed. In the community people held their personal records in their own homes and copies were kept in the service's office in locked cabinets. In the supported living schemes personal records were safely stored in the scheme's offices where they were able for people and staff to access when necessary. The registered managers' 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.