

Estuary Housing Association Limited

Estuary Housing Association Limited - 16 Vista Road

Inspection report

16 Vista Road
Wickford
Essex
SS11 8EJ

Tel: 01702462246
Website: www.estuary.co.uk

Date of inspection visit:
28 November 2019

Date of publication:
20 December 2019

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

About the service

16 Vista Road is a residential care home providing accommodation and personal care without nursing for up to three people with learning disabilities. At the time of inspection, three people were using the service. The service is set in a house with large gardens in a residential area.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

A relative told us they were very happy with the care their family member received at the service,

Care and treatment were planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had received appropriate training. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. Medication was dispensed by staff who had received training to do so.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff promoted people's independence through encouraging and supporting people to make informed choices.

People, their relatives and advocates were involved in the planning and review of their care. Care plans were

reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported to make plans for the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: The last rating for this service was Good (last report published 03/05/2017).

Why we inspected: This was a comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 16 Vista Road on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Estuary Housing Association Limited - 16 Vista Road

Detailed findings

Background to this inspection

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

Inspection team

The inspection team consisted of one inspector. We inspected on 28 November 2019.

Service and service type

Vista is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well,

and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts. We used all this information to plan our inspection.

During the inspection

We communicated with three people and one relative and observed staff interactions. We spoke with the registered manager, quality manager and three care workers. We reviewed two care files, medication records and information held in relation to the running of the service such as audits and a staff file.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "It is basically our responsibility to protect people; I would tell my manager and see what they recommend and make an official report."
- The registered manager clearly displayed safeguarding guidelines for staff to follow if they had a concern and these detailed how staff could report concerns to external authorities. The provider also had a 'whistle blowing' policy which was visible for staff to see.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. These assessments were person centred and aimed at maintaining people's independence. For example, how staff could support people with accessing the community safely or how people could be supported safely in the kitchen.
- People were cared for in a safe environment. The registered manager completed regular audits of the environment to make sure this remained safe for people. One member of staff said, "We carry out different checks on different days for example on a Monday we check the fire alarms and on Sunday we do all the vehicle checks."
- Each person had a personal evacuation plan in place. In the event of an emergency, there was a grab bag placed by the front door containing important information staff might need if they were to evacuate the service.
- The provider employed maintenance staff to ensure their premises remained well maintained and health and safety checks were completed.

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care.
- The registered manager told us they had recently recruited new staff who were going through the probation period. Any bank or agency staff that were used were regular to the service and knew people well.
- Comprehensive safety checks had been carried out on staff before they started work. These included checks on their qualifications and experience, reviews of their employment history, obtaining previous employer references, criminal records, and proof of identification.

Using medicines safely

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicine.

- Support plans clearly described the medication used and contained medication histories. Where people were prescribed as required medication there were clear protocols in place for their use.
- The registered manager had put systems in place to closely monitor medication to ensure people received their medication safely. The medication charts we reviewed were in good order.

Preventing and controlling infection

- Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- The service had cleaning schedules in place and appeared clean throughout.
- The registered manager had policies in place for staff to follow in the event of an outbreak of an infectious disease.

Learning lessons when things go wrong

- The manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings, in supervision, and at staff handovers. Staff also used a communication book to share information.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed, and care, treatment and support were delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- Care plans were regularly reviewed and kept up to date taking into account people's choices for support.
- The registered manager kept themselves up to date with current guidance and implemented this at the service such as making sure people received good oral healthcare.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. Staff new to care were supported to complete the care certificate, an industry recognised induction and training to equip staff with the skills they need to provide care. One member of staff told us, "I have had a good induction, I started by being supernumerary and was given plenty of time to get to know people and go through their care plans." Another member of staff said, "I am working through the care certificate."
- Staff had regular supervision meetings with the registered manager to support their development.

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

- People and staff met weekly to plan meals together. Staff prepared and cooked most meals, but people were encouraged to assist if they wanted to. One member of staff said, "When we are in the kitchen [people's names] like to come in and help either getting items out of the fridge or laying tables. [person name] makes their own breakfast everyday."
- Staff monitored people's weight for signs of changes and were necessary referred people for medical assessment.
- Care plans detailed what support people needed with food such as encouragement with healthy eating or if they were at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan and a health passport that would go with them to any healthcare appointments.
- People were supported to access healthcare support from GPs, learning disability specialists, medical consultants, dentist and opticians.

- Staff made prompt referrals to make sure people were getting all the support they needed. One relative told us, "The staff deal with any health appointments and let me know what has happened."

Adapting service, design, decoration to meet people's

- The service was based in a residential area. The service was spacious with different areas people could spend their time. Each person had their own large room which had been decorated and personalised how they wanted.
- There was a large garden for people to access.
- The service was well maintained, and the registered manager told us that people's bedrooms had recently been painted.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS. Staff knew how to support people in making decisions and how to facilitate giving them choice over their day to day decisions and activities.
- Appropriate applications had been made to the local authority for DoLS assessments. The registered manager supported people to access advocates when appropriate, these are independent people who support people to ensure their rights and best interests are being protected. This told us people's rights were being protected.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met.
- The provider supported cultural and diversity days amongst people who used their service as fun events for people to join in with. The registered manager told us how they had attended these days with people and that they enjoyed taking part in African drumming.
- People had good relationships with staff. Staff showed patience and understanding. They took time to interact with people and to look for facial expressions or hand gestures as a means of communication. They listened to the people they supported. We saw people were smiling and happy seeking out the company of staff.

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

- People and relatives were involved in planning their support needs. Care plans were very person centred and provided staff with all the information they needed to support people.
- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed. One member of staff said, "I work with [person name] we have been going out every week. I have seen their confidence grow."
- Staff were able to recognise how people communicate their needs and were able to support them with making choices and decisions about their care. For example, they knew if one person put on their shoes this indicated they wanted to go out for a walk and staff facilitated this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected, and people were treated with dignity and respect. Each person had their own large room that they could access at any time. Support plans identified that people needed private time.
- A relative told us, "[Name] loves living there, they really see it as home now."
- Staff knew people well including their preferences for care and their personal histories. People were supported as individuals to enhance their quality of life, this included respecting their age, sexual orientation, cultural and religious needs.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and included information on people's background, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed to ensure staff had the most up to date and relevant information to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- Care plans clearly documented the different ways to communicate with people. This included specific words, sounds and gestures people used to communicate.
- Staff also used pictures and objects of reference to help some people communicate.
- Where needed people were supported with eye tests.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Each person had their own interest and activities they enjoyed doing. This included attending activities in the community and going to day centres. One member of staff said, "[Person name] likes to go out every day so they have varied activities including walks or shopping. Once a week we have a group trip out otherwise it is individual trips out doing what they enjoy."
- People were supported to maintain contact with friends and family. A relative said, "[Person name] comes home every few weeks to see me and sometimes I go and visit."
- The registered manager told us every year people chose a holiday and spent time away together.

Improving care quality in response to complaints or concerns

- There was a complaints system in place which was accessible for everyone. A relative said they would raise any concerns with staff.

End of life care and support

- The service was not supporting anyone on end of life care. However, this had been considered in people's care plans and with relatives how people would wish to be supported.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff placed people at the centre of the service. All care delivered was person centred and aimed to promote people's happiness and independence. One relative said, "[person name] is very happy the staff are very good."
- There was a positive culture at the service one member of staff said, "We want people to have a good quality of life to feel included in everyday activities."
- People indicated to us they were happy at the service and were relaxed and comfortable with staff. We saw many photographs of activities people had enjoyed. This demonstrated people were experiencing good outcomes.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People benefited from a consistent staff team that worked together and understood their roles and responsibilities. Staff told us they worked well together as a team to support people. They had handover meetings every day and had staff meetings which included discussing people's care needs and progress.
- There was a positive management structure in place which was open and transparent. Staff told us they felt very supported by the registered manager. One member of staff said, "The support has been very good."
- The registered manager and provider understood their responsibility under duty of candour to be open and honest if things go wrong.

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

- The provider sent out an annual survey for people, relatives, staff, and other healthcare professionals. People at the service were assisted in completing pictorial surveys to gain their feedback.
- We saw copies of surveys and feedback which was positive. A relative told us communication was good with the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurances processes in place. Regular audits were completed on all aspects of the service giving the registered manager and provider a good oversight.
- The provider arranged for audits to be completed at the service, to check they were performing in line with

regulations and drive continually improvements using their quality teams.

- The registered manager supported staff to continuously learn and develop their skills. They had recently sourced additional training to help staff understand the effects of Parkinson's.
- The registered manager worked in partnership with other healthcare professionals such as GPs and occupational therapists to ensure people's needs were met and they had positive outcomes whilst living at the service.