

# Estuary Housing Association Limited

## 7-9 Third Avenue

### Inspection report

Third Avenue  
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Essex  
SS11 8RF

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Date of inspection visit:  
17 November 2022  
24 November 2022

Date of publication:  
28 December 2022

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

7-9 Third Avenue is a small care home providing care and support to people with a learning disability and autistic people. The property is a 6 bedroomed bungalow and there were 6 people living at the service at the time of the inspection.

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

#### Right Support:

The provider did not always ensure people were supported to have the maximum possible choice, control and independence. People's care plans and daily records lacked information about how staff supported people to engage with meaningful activities and achieve goals.

Staff supported people with their medicines in a way that promoted their safety and achieved the best possible health outcome. Staff supported people to maintain their health and wellbeing.

#### Right Care:

The provider had not always promoted opportunities for people to try new activities that enhanced and enriched their lives.

Staff had not always received specialised training to understand people's individual communication methods. However, staff were able to tell us how people liked to interact and the methods they used to communicate.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

The service had enough staff to meet people's needs and keep them safe. People received consistent care from staff who knew them well.

#### Right Culture:

The culture of the service was not always positive and staff did not always understand best practice in relation to the wide range of strengths and needs people with a learning disability and autistic people may have.

The provider did not always have effective oversight over the quality and safety of the care people received. People and those important to them, were not always actively involved in planning and reviewing their care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 02 August 2017).

### Why we inspected

We undertook this focused inspection to assess whether the service was applying the principles of right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 7-9 Third Avenue on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to the management of safety and oversight of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 7-9 Third Avenue

## Detailed findings

### Background to this inspection

#### The 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 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.

#### Service and service type

7-9 Third Avenue is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. 7-9 Third Avenue is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. However, the provider had submitted an application for a member of the management team to become registered. We are currently assessing this application.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 1 person who used the service and 5 relatives about their experience of the care provided. We spoke with 6 members of staff including the manager and support workers. We spent time observing people's care to understand the experiences of people who could not talk with us.

We reviewed a range of records. This included 3 people's care records and 2 people's medicines records. We looked at 3 staff files in relation to recruitment and staff supervision and variety of records relating to the management of the service.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments in place which were personalised to their needs; however, these had not always been updated following input from health professionals to ensure the information remained relevant. For example, 1 person's eating and drinking risk assessment did not include the most recent guidance from the speech and language therapist about how to add nutrients to their meals. This meant there was a risk the person may not receive appropriate meals to support them to gain weight and remain healthy.
- Staff had not always accurately recorded information about people's health support needs in their daily notes. For example, weight and fluid monitoring charts had not always been fully completed where needed. This meant there was a risk any concerns may not be identified and addressed.
- Incidents had not always been promptly recorded and the manager was not always able to demonstrate how incidents had been analysed to identify any trends.
- The provider was not always able to demonstrate how the lessons learnt from incidents were shared with staff in order to minimise the risk of a reoccurrence.

We found no evidence people had been harmed. However, the provider had not effectively managed risks to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the provider confirmed they had updated their tracker for monitoring incidents and accidents and were providing additional management support in the service to ensure all information was recorded and actions identified. The manager confirmed they had updated the care plan information and were holding a meeting with staff to discuss the importance of accurate recording in daily notes.

Using medicines safely

- The provider could not demonstrate how they offered people the opportunity to take their medicines in private when appropriate and safe to do so. The manager told us they were in the process of reviewing where people's medicines were stored and how they were administered to ensure it reflected people's individual preferences.
- The provider completed regular audits of people's medicines. However, during the inspection we found 1 error which had not been promptly identified and reported. Following the inspection, the manager confirmed this had now been reported appropriately.
- People were supported to make decisions about their medicines where possible. For example, guidelines were in place about how to offer medicines and what to do if a person refused.

- Staff had received medicines training and the provider had assessed their competency to administer medicines safely.

#### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The communal bathrooms were worn and in need of refurbishment and this meant it was difficult to maintain safe hygiene practices. Following the inspection, the provider confirmed a refurbishment plan was in place.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Whilst guidance was in place, not all staff had received up to date training in managing infection prevention and control risks.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider had a policy in place; however this had not been reviewed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.

#### Visiting in care homes

- The provider ensured visitors were able to come into the service without restrictions and in line with government guidance.

#### Staffing and recruitment

- People were supported by a small, consistent staff team and there were enough staff available for people to take part in leisure activities and visits.
- Staff had received training in understanding the support needs of people with a learning disability and autistic people. However, it was not clear how long ago this training had been delivered or whether the provider had offered any refresher courses to ensure staff continuously applied best practice.
- The provider had processes in place to recruit staff safely. However, recruitment documentation was held electronically and the manager was unable to access this during the inspection visit.
- Following the inspection, the provider accessed the documentation and evidenced appropriate recruitment records were in place.

#### Systems and processes to safeguard people from the risk of abuse

- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. The provider had produced easy read versions of their safeguarding policy and people's relatives told us they would inform the manager of any concerns about people's safety.
- Staff had received training on how to recognise and report abuse and knew how to apply it.
- The provider was aware of their responsibility to notify the relevant authorities of any safeguarding concerns.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

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

- People were supported to participate in social and leisure interests. However, it was not always clear how often these were taking place or how people had been supported to make choices about what they wanted to do.
- People's care plans provided information about what they enjoyed and noted the importance of re-introducing outdoor leisure activities following the pandemic. However, people's daily records did not evidence people being offered the opportunity to go out regularly or demonstrate how different activities were being introduced.
- Relatives told us people were not being supported to go out as much as they used to be. Comments included, "[Person] certainly needs more to do, as since the pandemic life has closed down for them," "To be honest I don't think there are many activities offered," and "The last few years have been unprecedented and I understand why so much stopped, but they do seem a bit slow in opening up."
- The service had a sensory room with a number of different sensory items for people to interact with. At the time of the inspection, this was being used as storage space and people were not able to spend time in there.
- Following our feedback, the provider arranged for the sensory room to be cleared and by day 2 of the inspection, the room was clear. One relative told us this had a positive impact on their loved one as they could now use the space again.

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

- People's care plans did not always focus on people's quality of life outcomes or any goals and aspirations they may have. However, the information was personalised and contained clear guidance about what was important to people and how they liked to be supported.
- People's care plans did not always demonstrate how people and those who were important to them had been involved in reviewing their care. Despite this, relatives told us they knew how to give feedback and had been involved in reviews prior to the pandemic.
- People were supported to understand their rights and the provider ensured any needs related to protected characteristics were met without people feeling discriminated against.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had individual communication plans in place detailing their preferred methods of communication. However, we received mixed feedback from people's relatives about how effectively staff communicated. One relative told us, "[Person] tends to make their feelings known, although there isn't much communication taking place."
- Staff had not received any specific training in understanding people's different methods of communication. Despite this, the staff we spoke with were able to explain how they interacted with people by using objects of reference and pictures.

#### Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. A procedure was in place to follow in case of any future complaints.
- The provider had produced a pictorial complaints policy to support people using the service to understand the process.

#### End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- The provider recorded information about any future end of life care wishes in people's care plans.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The provider's governance processes were not always effective in ensuring people received good quality care and support. For example, the manager's audits had failed to identify the concerns we found with the management of accidents and incidents and the completion of care plans and daily records.
- The audits and checks completed by the manager were not always up to date or accurate and this meant we could not be assured they had robust oversight over the service.
- Staff did not always have an understanding of the provider's vision for the service. However, they were able to explain their role in respect of the individual people they supported.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not fully instilled a culture which promoted people's individuality. The provider was not able to demonstrate how people were empowered to make choices and achieve meaningful outcomes.
- Staff told us they did not always feel supported or valued by the provider and did not always feel able to raise concerns with managers without fear of what might happen as a result. Comments from staff included, "I don't feel like I'm supported. We don't get any positive feedback," "I don't feel able to talk to [management team], I don't think they listen. I don't feel supported," and "[Management] don't give you the confidence to go to them with any questions you may have."

All of the above demonstrated the provider did not have effective systems in place to monitor the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's relatives told us they were able to get in touch with the manager when needed and they were kept updated about people's care. One relative said, "[Manager] has been excellent in sorting [concern] out and kept us informed all the time." Another relative told us, "I would go to the manager if I had concerns, but there has been no need to."

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

- The provider was aware of their responsibility under the duty of candour to apologise to people, and those

important to them, when things went wrong.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with other health and social care organisations to improve the care and support for people using the service.
- The provider had created an ongoing development plan for the service. Following the inspection, the management team updated this to highlight areas where improvements were needed and review the actions taken.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not effectively managed risks to people's health and safety. This was a breach of Regulation 12 (Safe Care and Treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to monitor the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>