

Estuary Housing Association Limited

Estuary Housing Association Limited - 16 Vista Road

Inspection report

16 Vista Road
Wickford
Essex
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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 22 April 2015.

16 Vista Road provides care and accommodation without nursing for up to three people who have learning disabilities. There were three people living in the service on the day of our inspection.

At our last inspection on 27 August 2014 we had concerns about staff recruitment. At this inspection we found that recruitment processes had been improved to protect people against the risks of being supported by unsuitable staff.

Staff had the necessary skills and knowledge to meet people's assessed needs safely. They were well trained and supported.

Summary of findings

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

People were not able to share their views with us verbally but they used facial expressions, gestures and body language to communicate with us. They indicated that they felt safe and were comfortable with staff. Staff had a good understanding of 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 care plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed. There were safe systems in place for receiving, administering and disposing of medicines.

The manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and they had made applications

appropriately when needed. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals.

People were supported to have sufficient amounts of food and drink to meet their needs. People's care needs had been assessed and catered for. The care plans provided staff with sufficient information about how to meet people's individual needs and preferences and how to care for them safely. The service monitored people's healthcare needs and sought advice and guidance from healthcare professionals when needed.

Staff were kind and caring and treated people respectfully. People participated in a range of activities that met their needs. People were made to feel welcome and were able to receive visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

The service had an effective quality monitoring system to ensure that people received good care and the service continually improved for people. There was an effective system in place to deal with any complaints or concerns.

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?

This service was safe.

People were protected from the risk of harm. There was sufficient suitable, skilled and qualified staff to meet people's needs.

Medication management was good.

Good



Is the service effective?

This service was effective.

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

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

People experienced positive outcomes regarding their health.

Good



Is the service caring?

This service was caring.

People were treated respectfully and the staff were kind and caring in their approach.

People had limited verbal communication, but had been involved in planning their care as much as they were able to be. Advocacy services had been accessed when needed.

Good



Is the service responsive?

This service was responsive.

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

There was a clear complaints procedure and complaints had been dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

There was a positive open culture and staff had confidence in the manager and shared their vision.

There was an effective quality assurance system in place to ensure that the service maintained its standards.

Good



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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 22 April 2015 was unannounced and carried out by one inspector.

We reviewed the Provider's Information Return (PIR). The PIR is a form that the provider completes before the inspection. It asks for key information about the service, what it does well and any improvements it plans to make. We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported

to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spent time observing care in the communal area and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We communicated with all three people who used the service, although they were not able to share their views with us verbally, they used facial expressions, gestures and body language to communicate with us.

We also spoke with two relatives, one health and social care professional, the registered manager and three members of staff. We reviewed all three people's care records and six staff recruitment files. We also looked at a sample of the service's policies, audits, staff rotas, complaint records and training records.

Is the service safe?

Our findings

At the last inspection on 27 August 2014 we had concerns about staff recruitment. The provider had not carried out appropriate pre-employment checks because their staff application form had not requested a full employment history as required by law.

At this inspection we found that the staff application forms had been reviewed to ensure that they asked for a full employment history. The manager had explored any gaps in employment and recorded the information on the staff member's file. This meant that people were protected because the service completed effective recruitment checks to ensure applicants suitability to work with people in the service.

There were sufficient staff to meet people's assessed needs. The staff duty rotas showed that staffing levels had been consistent over the four week period checked. Staff told us that there were enough staff at all times. One staff member said, "There are always two staff throughout the day and a third staff member works across both shifts so that people can access the local community." People were supported in a timely way and at their request without delay.

People were relaxed and comfortable in staff's company and were smiling and responding to staff in a positive way. Staff demonstrated a good knowledge of how to recognise

signs of potential harm and they described the actions they would take if they suspected it. One staff member said, "I have had training and know how to report any concerns to the manager. I know that they would be investigated thoroughly and that people would be protected." There was a clear safeguarding policy and procedure available for staff to refer to when needed. The training records showed that all staff had received training and annual updates in safeguarding adults.

Risks to people's health and safety were well managed. There was information about risks in the entrance hall in the form of an 'Emergency Grab Folder.' It contained people's family contact details, their medication and their personal evacuation plans. This meant that should there be a disaster such as a fire or a flood, people's distress would be minimised because staff had quick access to important information.

People's medicines were managed safely. Staff had received training in medication management and they had been given regular updates. Their competence to administer medication had been regularly assessed and checks on the medication system had taken place. Medicines were stored and disposed of safely in line with current guidance. Staff had access to information about medication administration to refer to if necessary and the manager was fully aware of recently published professional guidance. People received their medicines as prescribed.

Is the service effective?

Our findings

People received a service from staff that were well trained and supported. Staff told us that the training was good. One staff member said, “I have worked for the organisation for years and have had a lot of training. I think that the training is very good. I have recently had training at Vista Road in data protection, risk and conflict management and the Mental Capacity Act and Deprivation of Liberty.” The training records showed that staff had received recent training in a range of subjects including some that were more specific to people’s support needs such as epilepsy and intensive interaction in practice.

People received their care from staff who had the knowledge and skills to support them effectively. Staff had a full induction when they first started work at the service. Regular staff supervision had taken place and staff told us that they felt supported to do their work. They said that they had regular one-to-one meetings with their manager and that they had an annual appraisal. They told us that the manager was available for advice and guidance should they need it. There were staff supervision and appraisal records on all of the staff files that we viewed.

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. The service took the required action to protect people’s rights and ensure people received the care and support they needed. Staff had received training in Mental Capacity Act (MCA) and

Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. There were assessments of people’s capacity in the care files that we viewed and staff knew to check that people were consenting to their care needs during all interactions.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. They helped with the food shopping and were able to choose what they wanted to eat and drink. There were good supplies of fresh and frozen foods available and the menus reflected people’s preferences. Where there was a need, people’s food and drink intake had been recorded and their weight monitored to ensure that their nutritional intake was sufficient to keep them healthy.

Staff supported people to maintain their health. Staff had recorded people’s healthcare appointments, together with the outcomes and any further actions required. There were health action plans and hospital passports on the care files that we viewed. Health action plans are detailed plans describing how the person will maintain their health. They detail the dates of routine appointments and check-ups and they identify people’s specific healthcare needs and how they are to be met. A hospital passport is a document that describes how the person communicates, this includes information about their routines, and how to identify if they are in pain and things that are important to people that hospital staff would need to know to keep the person safe and happy.

Is the service caring?

Our findings

People were relaxed and happy in staff's presence. Staff displayed kind and caring qualities and read people's body language to help them to understand what they were trying to communicate. Staff knew people well and were able to describe their different styles of communication.

The relatives of people we spoke with told us that the staff were all kind and caring. They said that staff showed concern for their relative's well-being and that they responded to their needs quickly. They told us that they had been asked for the person's personal history to enable staff to better support the person in a way that they would prefer.

People were treated with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful way. Staff took the time to listen to people and waited for their response before

continuing with their care. People indicated that they were treated in a 'nice' way. People responded to staff's interaction in a very positive manner, for example, they were happy, smiling and nodding in agreement.

People had been involved, as much as was possible in planning their care. There was good information about people's likes, dislikes and preferences in regard to all areas of their care, which included a life history. Where people did not have family members to support them to have a voice, they had access to advocacy services. Care records showed that advocates had been involved in people's care in recent months. 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.

Relatives told us that they were able to visit the service whenever they wanted to. They said they were always made to feel welcome and that staff were always kind, caring and respectful when they visited.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. There were detailed pre-admission assessments undertaken before people moved in to the service. Detailed and informative support plans had been devised from the pre-admission assessments. Further assessments had been carried out to ensure that the service continued to meet people's changing needs. Relatives told us that people's needs had been fully assessed and that the service kept them involved and up-to-date about their relative's health and care needs.

Staff responded quickly when needed using different communication styles according to the person's needs. People were asked for their views on a daily basis and we heard and saw this in practice. One person had a communication dictionary and this explained the words that the person used and was unique to them. It helped staff to communicate better and to understand and meet the person's needs.

People had access to a range of activities and had regularly accessed the local community. They had attended local colleges, shops and parks and trips to the seaside in the

service's own transport. Staff told us and people confirmed that they often ate out in local pubs and cafés. People were supported to visit the local supermarket to buy their weekly shop and they chose the foods they wanted to eat.

People were encouraged and supported to maintain relationships with their family and friends. One relative told us that the service encouraged and supported their relative's home visits. They said, "[Person's name] enjoys their home visit but they have their own life and are very happy living at Vista Road and always look forward to going back home to their friends."

The service had a good complaints process in place which fully described how any complaints or concerns would be dealt with. The process was made available to people who used the service, their families and their friends in an accessible format. The records showed that no complaints had been raised recently and that in the past complaints had been dealt with appropriately. Relatives told us that they knew how to complain and that they felt confident to do so if the need arose. The manager told us that they welcomed complaints and compliments because they felt that they were an opportunity for them to learn and improve the service.

Is the service well-led?

Our findings

The service had a positive, open and inclusive person-centred culture. There was a process in place for gathering people's views about the service and how to improve it. People had recently completed a pictorial survey questionnaire which asked them what they liked and what they did not like about the service. The results were positive and any areas in need of improvement had been addressed. The manager told us that support staff had helped people to complete the questionnaires and a discussion took place about the need for people to be supported by others to ensure that their views and opinions were genuinely their own.

Health and social care professionals told us that they felt the service was of good quality and that they had no concerns. One health and social care professional told us that the manager was actively seeking support for one person's day time opportunities and for accessing the local community safely. This showed that the manager asked others for their views and opinions to ensure that people received person centred care and maintained strong links in the local community.

Staff and relatives told us that the manager was very approachable and supportive. They said they had no trouble contacting them and that they always responded positively. There were clear whistle blowing, safeguarding and complaints policies and procedures. Staff were confident about how to implement the policies and they told us that the manager encouraged them to be open and honest about any concerns. One staff member said, "I have regular supervision and appraisal and I see the manager most days. If I had any concerns I would report them to the manager. If they were about the manager I would contact the provider and I know that it would be dealt with confidentially."

Regular staff meetings had taken place where staff had been able to discuss issues such as safeguarding people, health and safety and meaningful activities. Staff told us that they had regular handover meetings between shifts and that a communication book was also in use. They said that the communication book was helpful when they had been away from work for a few days because it quickly enabled them to access the information they needed to provide people with safe care and support. This showed that there was good teamwork and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The service had robust quality assurance systems in place to continually improve the care people received. The manager had carried out regular checks such as for the medication system, health and safety and support plans. The provider had visited the service regularly and had carried out a compliance visit on a quarterly basis. A report on the visit had been prepared and had highlighted any necessary actions giving timeframes for them to be met. Subsequent reports showed that the actions had been followed up at the next visit to ensure that they had either been completed or were in progress.

The service delivered high quality care. There were clear aims and objectives that focussed on people's rights to privacy, dignity, independence, choice and fulfilment. Staff and management were clear about this and shared this vision. Records viewed were of good quality, clearly written and stored safely. Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system that was password protected to ensure that information was kept safe.