

# South Essex Special Needs Housing Association Limited

## Aveley House

### Inspection report

Arcany Road  
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Essex  
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11 September 2019  
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23 September 2019

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### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Aveley House is a domiciliary care service providing personal care to over 400 people at the time of the inspection.

The service was supporting over 500 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

At this inspection, we found that there was a lack of managerial oversight of the service. Effective quality assurance checks were not in place to enable the manager and senior staff to assess and monitor the quality of the service. The service arrangements were not robust as they had not recognised the issues we identified during our inspection.

The provision of planned staff supervision meetings and appraisals were not consistent. Training was provided but some practical elements of training were not shown or practised by the staff. People using the service and their relatives informed us that the staff did attend the care visit but times were not set and hence it was not possible to determine if the call visits were late or staff stayed for the full length of time.

Staff were recruited by senior staff through a recruiting procedure which included checking with the disclosure and barring service the candidate was safe to work at the service. However, we saw gaps in staff employment histories and some documents were not signed,

Each person had a care plan containing a risk assessment. Staff were aware of people's needs and how to support them, however this information was not always fully recorded. The service had a complaints process but no complaints were recorded.

Staff carried out an assessment of people's needs before they commenced using the service. The information recorded people's preferences and choices. Some people using the service and their relatives were complimentary about the support provided by members of staff, while expressing concerns about the inconsistency of not knowing which staff were coming to care for their relative.

Staff recorded when necessary how they had supported people to have enough to eat and drink of their choice. However details of choice and how the support was delivered were not always fully recorded. People's care plans recorded information about support provided by other professionals and when appointments had been made for them by the staff with their permission.

The new manager had commenced an audit to determine if peoples prescribed medicines were being administered and recorded and staff had received training in the administration of medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us that their personal care and support was provided in a way which maintained their privacy and dignity. People spoke positively about the way staff treated them and reported that they received appropriate care. Staff demonstrated a good knowledge and understanding of the people they cared for and supported, such as people with a diagnosis of diabetes or dementia.

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 (and update)

The last rating for this service was Good (published 16 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Aveley House

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one Inspector, an Assistant Inspector and two Experts 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager 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. The registered manager had recently resigned from the service and a new manager had been appointed and was seeking registration.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 11 September 2019 and ended on 23 September 2019. We visited the office location on 11 and 16 September 2019.

#### 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 from the previous 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 used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service when we visited them with their permission in their own homes. We spoke with a further 22 people and nine relatives about their experiences of the care provided by telephone. We spoke with nine members of staff including the new manager, training manager and care co-ordinator.

We reviewed a range of records. This included five people's care and nine medicine. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We looked at training data, quality assurance and other records.

# 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.

### Staffing and recruitment

- All of the required recruitment checks to ensure staff were of good character had not been completed. We found current recruitment processes were established to ensure there was a check with the disclosure and barring service to determine if the potential staff member was suitable to work in care. However, we found gaps in the employment histories in the staff application forms and some important documents had not been signed.
- We identified concerns regarding call scheduling, this was because people did not have visit times stated in their care plans. This meant calls had not always been planned in line with people's preferences and we could not be sure the staff always stayed for the full length of time of the call.
- Comments from people who used the service included; "The carers come in twice a day but the timings can be a bit off, they can be a bit different to what they told me." Another person told us, "Four days per week it's the same person at the same time but it is a different people on Friday and I am never sure when they will come." A relative told us, "We have two visits per day and it is not a regular person and it is a range of times for both visits rather than a specific time."
- Some people told us they did receive a rota so they knew who was coming to care for them but if staff were ever very late, they rarely received a phone call to inform them.
- We were not told of any missed visits but the provider was not monitoring effectively whether any missed calls had taken place. There was no missed call log or recording of late calls and the reasons why.
- The new manager who had been in post for two weeks informed us they would be addressing all of the above issues including setting up a missed call log and late visits log.

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

- People told us they felt safe using the service as they knew the staff.
- The service had policies and procedures to guide staff in safeguarding people from the risk of harm and abuse. The service had included in the policy details of how the local safeguarding team could be contacted.
- Staff informed us they had received safeguarding training and were aware of what actions to take should they become aware of a safeguarding matter. A member of staff told us, "I can inform the local authority."

### Assessing risk, safety monitoring and management

- Risk assessments were in place in each of the care records we reviewed. These had been reviewed and updated at regular intervals. They gave staff good information on how to reduce risks to people's safety.
- One person informed us their care needs changed and this was reviewed with a senior staff member and written into their care plan and risk assessment. They told us, "Someone from the office came and filled in the plan with me and the carers read it and fill it in each time they come."

- The senior staff were aware of the action they should instruct staff to take in the event a person had suffered a fall or was not at home.

#### Using medicines safely

- Staff received regular medicines training. Assessments of staff's competency to administer medicines were recorded.
- Medicine administration records (MAR) were sufficiently detailed with the information staff required to administer the medicines
- Where people required staff support to apply creams, there was information recorded to instruct staff what cream should be applied.
- The new manager had introduced an audit to sample the quality of MAR's each month. Previously a smaller sample of medicine audits were carried out but not always on a monthly basis meaning that any issues could not be quickly addressed,
- The new manager was also introducing an audit of people needing medicines at a specific times were receiving their medicines at those times.
- People we spoke with were all content with the way staff supported them with their medicines. One person told us, "I have the same staff each day and if my tablets ever change they explain them to me and because of that I feel safe." A relative told us, "The staff come twice a day to put in [my relatives] eye drops. They are rarely if ever late and they write in the MAR chart and care plan."

#### Preventing and controlling infection

- Staff told us there was sufficient personal protective equipment, such as disposable gloves and aprons to maintain good standards of infection control.
- There was a policy and procedure for staff to follow regarding infection control. People we spoke with told us staff consistently washed their hands before and after providing personal care for them.

#### Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the management team. They detailed the nature of the incident, time and action taken to resolve it.



# 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.

Staff support: induction, training, skills and experience

- New staff received an induction and shadowed a more experienced care worker prior to them working on their own.
- The training manager had planned the training syllabus for the new and existing staff but they had not receiving planned and formal supervision or an annual appraisal.
- The training for basic life support included staff watching a DVD but did not provide an opportunity for the staff to practice cardiopulmonary resuscitation (CPR).
- When we spoke with staff they were not clear if they were achieving the Care Certificate as part of their induction training.
- Staff were asked to complete answers to questions each month. However supervision sessions and yearly appraisals were not planned for all staff and some staff informed us that they did not know what happened to the answers they provided to the monthly questions.
- Staff informed us they were supported by more experienced staff with any issues or advice as required. The new manager planned to review the supervision and appraisal policies with the intention of planning these sessions in advance.

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

- People's needs were assessed before the service began providing support to them to determine if the service would be able to meet their needs.
- People's care was regularly reviewed to ensure they received support that identified and met their changing needs.
- There was a customer profile for each person who used the service. The profile contained important information about the person including their likes and dislikes and what was important to them.

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

- Care plans recorded people's dietary needs when the staff were required to support the person with identified nutritional needs.
- People told us they were happy with the support they received with their meal preparation. One person told us, "I chose the food each time and the staff prepare it for me."
- Staff informed us they had completed food hygiene training to ensure they were confident with meal preparations when this had been assessed as a need to be achieved. Staff also informed us they built up relationships with people and if they noticed meals were not being eaten, they would raise this with the

person and their managers.

- A member of staff informed us, they always ensured they left people with hot or cold drinks of their choice and would commence daily food charts if required.

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

- Staff told us about the healthcare needs of people they supported, and they knew when to contact outside assistance such as the GP. We saw records that showed when healthcare professionals had been contacted for specialist advice.
- Information provided by healthcare professionals was followed by staff which ensured people were supported to maintain their health and wellbeing. A relative informed us they were in close contact with the staff to ensure the care was provided by all parties involved in the care of their relative.
- Care plans confirmed that staff had worked with people and relatives to discuss and seek permission to arrange appointments with other healthcare professionals about identified concerns. One person told us, "They arranged to call the doctor for me and it all worked out fine."

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 described to us the approaches they took when supporting people to make decisions and maximise choice. These discussions demonstrated that people were involved and encouraged to make their own decisions and that staff listened to and respected them.
- People were supported by staff that knew the principles of the MCA and recognised the importance of people consenting to their care. Staff informed us about the training they had received about MCA and the importance of clearly recording.
- One person told us, "The staff are very helpful. They always ask and explain and help me with what I can no longer do for myself."

# 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

- We received positive feedback about the approach used by the staff and the care they delivered to people. One person told us, "The staff are highly respectful of me and very polite."
- Each person had their life history recorded which staff used to get to know people and to build positive relationships. One person told us, "I think they know me very well and while they are working we do have some interesting conversations."
- Staff knew people's preferences and used this knowledge to care for them in the way they wished. One person told us, "They know my routine and keep to that."
- People informed us the staff treated them with kindness and respect. One relative told us, "The staff are always pleasant to me and they treat [my relative] so well with everything they do, they are kind, caring and very nice people."

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

- People told us they were offered choices. Relatives confirmed this and complimented the staff on their caring approach. One relative told us, "They are respectful and polite."
- Staff encouraged people to make choices in the way they received their care and this was recorded in their care plan. People told us they could make choices to live their life as they preferred. A relative told us, "[My relative] now struggles to make themselves understood but the staff do not rush. They provide choices of what they want to wear by showing them different clothes so that they can point to which one they want."

Respecting and promoting people's privacy, dignity and independence

- The service recognised people's diversity. The provider had policies which highlighted the importance of treating everyone with dignity and as individuals. One person told us, "They always respect my dignity."
- Staff informed us how they ensured people received the support they needed whilst maintaining their dignity and privacy. For example, making sure doors and curtains were closed before providing personal care.

# 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 now deteriorated to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The service had not recorded any complaints this year. We discussed this with the new manager and senior staff and accepted that staff may well be skilled in resolving and defusing situations at source. However, as no complaints were recorded, we could not be assured that the service was following its own policy and procedure.
- The new manager was planning to provide clear instructions for staff to ensure that any complaints were recorded and actions taken to resolve the complaint would be recorded and examined to see what lessons could be learnt.
- The people we spoke with stated they had no reason to complain. One person told us, "I have no reason to complain, I am very grateful for what they all do for me." However, we heard that although not complaining some people would have liked the times that staff were coming to support them were clarified and specific. One person told us, "The staff come four times a day, never miss but I do not know what time they are coming and sometimes it is much later than others."

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

- Each of the care records we reviewed included a summary of care needs with enough information about the tasks to be completed at each call.
- The service identified people's information needs by assessing them. However, the care records did not always explain how the staff were to support the person, although from speaking with staff they demonstrated they knew how people wanted to receive their care.
- For example, in one care plan it stated the person could become dehydrated. The plan stated provide and encourage drinks. However, there was no information about what those drinks were. We saw concerns recorded over malnutrition and the care plan stated to encourage to eat. There was no information about choices of food and how staff had been able to encourage the person to eat.

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.

- People were provided with a welcome pack when using the service which provided important information for them about the service with regard to telephone numbers and addresses. The manager explained that information would be provided in a format for them which best suited their needs.

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

- The new manager was aware of this requirement and intended to speak with people and staff to develop how the service would be able to support people to develop and maintain relationships to avoid social isolation.
- Staff we spoke with were aware that frequently they were the only people the person would see in that day and how they ensured they spent time speaking with them.

End of life care and support

- At the time of the inspection the service was not supporting anyone who was approaching the end of their life.
- The staff were aware of how to access additional support to enable them to support a person required end of life care.

# 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 now deteriorated 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 service did not have a call visit monitoring system in place that informed the managers when and if the staff had attended the call visit or were running late. This increased the risk that timely action would not be taken to keep people safe or ensure their needs were met.
- The training manager was not receiving supervision and a yearly appraisal. Although some staff were receiving supervision through spot checks of their work. They were not receiving planned face to face supervision. We found no supervision record of planned or supervision provided other than some notes in staff files.
- Some staff application forms we viewed were incomplete.
- People's needs were assessed and recorded but the service had not recorded in the care plans we saw to explain how the care was to be provided and be person-centred.
- The service was providing support to over 500 people but had not recorded any complaints this year.
- This evidence demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 due to a failure to ensure systems and processes of governance are operated effectively to ensure regulatory compliance.

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

- We explained in summary our findings at the inspection to a senior member of staff and to the new manager. The staff were accepting of our findings and the new manager informed us that they would commence addressing the issues. They had already identified the need for more robust auditing of medicines and in the few weeks they had been in post had already addressed that issue.

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

- Senior staff informed us they completed regular spot checks with people who used the service. This was for the purpose of building and maintaining relationships with the people using the service and to resolve any matters at the time as well as support the staff.
- Staff told us staff meetings were held every two to three months within the various areas the service provided support. Staff also informed us if they were unable to attend they were able to access the

information.

#### Continuous learning and improving care

- Information regarding good practice and relevant legislation was on display in the office. This included information about safeguarding, mental capacity and healthy eating.
- The new manager told us they intended to build and attend good practice events provided by the local authority.

#### Working in partnership with others

- We saw evidence the service worked in partnership with the local authority and other relevant health care professionals to support people's changing needs.

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

- Some people informed us they were contacted by staff via the telephone for their views of the service. Although other people could not recall this happening or could remember completing surveys.
- We understood from the care reviews which were planned six monthly or more sooner if required, this was an opportunity for the senior staff to speak with people using the service as were spot checks to identify any issues.
- The new manager informed us they planned with the support of the senior staff to continue with this approach while also developing further opportunities for people and staff to feedback their views for consideration.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to ensure compliance with the requirements of this part of the act. Regulation 17 (1) and (2) (a and b).</p>