

Estuary Housing Association Limited

Norton Place

Inspection report

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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?

Requires improvement 

Overall summary

This inspection took place on 29 June 2015.

Norton Place provides accommodation and nursing care for up to 11 people who have a learning disability; some of whom may have dementia related needs. There were 11 people living in the service on the day of our inspection.

Improvements were needed to the quality assurance system because shortfalls in the quality of the service had not been identified through routine management checks therefore the quality assurance system was not always effective.

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.

Summary of findings

Staff had the necessary skills and knowledge to meet people's assessed needs safely. They were well trained and supported. There were sufficient staff who had been recruited safely to ensure that they were fit to work with people.

People were not able to share their views with us verbally but they used facial expressions 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 support plans and risk assessments in place to ensure people were cared for safely. People received their medication as prescribed and 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 and Deprivation of Liberty Safeguards (DoLS) and 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 support 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. Families and friends were made to feel welcome and people were able to receive their visitors at a time of their choosing. Staff ensured that people's privacy and dignity was maintained at all times.

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. Staff had been safely recruited and there was sufficient suitable, skilled and qualified staff to meet people's assessed 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.

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

People had sufficient food and drink and experienced positive outcomes regarding their healthcare needs.

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 people's relatives were confident that their complaints would be dealt with appropriately.

Good



Is the service well-led?

The service was well-led.

However, there were shortfalls in the quality of the service that had not been identified through routine management checks therefore the quality assurance system was not always effective.

Staff had confidence in the manager and shared their vision.

Requires improvement



Norton Place

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 29 June 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.

Where people were not able to communicate with us verbally they did so using facial expressions and body language. We also spoke with four relatives, the registered manager, the deputy manager and nine members of staff. We reviewed four people's care records and seven staff members support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

People indicated to us that they felt safe. They were comfortable and relaxed in staff's company, they responded positively to staff interaction and smiled when staff talked with them. People's relatives told us that their relatives were safe, happy and well looked after.

The manager and staff demonstrated a good knowledge of safeguarding procedures and when to apply them and there was a policy and procedure available for staff to refer to when needed. Safeguarding issues, incidents, accidents and concerns raised prior to the inspection had been reported, fully investigated and appropriate actions had been taken. Staff had been trained and had received regular updates in safeguarding people. One staff member said, "The training is good, if I had any concerns about abuse of any kind I would report it straight away to either the manager or the social services."

Risks to people's health and safety were well managed. People were supported to take every day risks such as with their mobility, their skincare and accessing the community. Risk assessments had been carried out and there were clear management plans on how the risks were to be managed. Staff had a good knowledge of each person's identified risks and described how they would manage them. The manager had ensured that other risks, such as the safety of the premises and equipment had been regularly assessed and safety certificates were in place for the premises.

There were sufficient staff to meet people's assessed needs. Staff told us that there were enough staff on duty and one staff member said, "There are four care staff on in

the morning and we have a chef and a cleaner in the week so we have more time to spend with people." Another said, "I think we are quite well staffed, and if we are short we use regular bank or agency staff for consistency of care." Staff responded to people's needs quickly when required and the staff duty rotas showed that staffing levels had been consistent over the preceding six weeks. People's relatives told us they felt that there were sufficient staff on duty when they visited.

The service had robust recruitment processes in place to ensure that people were supported by suitable staff. The provider had obtained satisfactory Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us that they had not been able to start work at the service until their pre-employment checks had been received.

People's medicines were managed safely. Staff had been trained and had received regular updates to refresh their knowledge and the deputy manager had carried out competency checks to ensure that they administered medication correctly. There was a good system in place for ordering, receiving and storing medication. The deputy manager told us that medication was ordered on a weekly basis to ensure that any changes were acted upon swiftly. Opened packets and bottles had been signed and dated with the date of opening and a list of staff signatures was available to identify who had administered the medication.

Daily checks had been recorded and medication records had been appropriately completed to show that medication had been administered safely. People received their medication as prescribed.

Is the service effective?

Our findings

People received their care from staff who had the knowledge and skills to support them effectively. Staff told us that they had received good training and support. They said that the manager or deputy manager were available for support and advice when needed. One staff member said, “I have worked here for a long time and I have always found the training and support very good and we have an appraisal every year.” Another said, “I am new to the service and feel that the training and support on offer is very good.” Staff told us, and the training records confirmed that they had received recent training which included, professional boundaries, risk assessment, food hygiene, infection control, safeguarding people and health and safety. Staff had also been trained in subjects that were more specific to people’s individual needs such as diabetes, epilepsy, dysphagia and nutrition.

Staff had received a thorough induction to the service where they shadowed a more experienced member of staff until deemed competent to work alone. Supervision records showed that staff had received opportunities to meet with their manager on a one-to-one basis to discuss their views and personal development needs. The manager said that because of various reasons their aim for supervision of every eight weeks had not always been met, however, they had put a plan in place to address this.

The manager and staff knew how to support people in making decisions and had been trained in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and they had a good understanding of the Act. The service took the required action to protect people’s rights and ensure that they received the care and support they needed. Appropriate applications had been made to the local authority for DoLS assessments and

there were DoLS authorisations in place where required. There were assessments of people’s mental capacity in the care files that we viewed and during our inspection we heard staff asking people for their consent before carrying out any activities. This meant that decisions were made in people’s best interest in line with legislation.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. The chef told us that people chose what they wanted to eat and drink based on staff’s knowledge of their likes and dislikes. They said that although there were no written menus in place they planned the meals according to this. The chef and the manager told us that they were planning to introduce a pictorial menu to help people to visually choose their meals. There were ample supplies of fresh, frozen, canned and packaged foods in the store cupboards and there were also nutritional supplements available for use when people were not eating well. 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.

People’s healthcare needs were met. Relatives told us and the records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy. 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 throughout our visit and there was good staff interaction. Staff displayed kind and caring qualities and read people's body language to help them to understand what they were trying to communicate. Staff were able to describe people's different styles of communication, which showed that they knew them well.

People indicated that the staff were kind and caring. One visiting relative told us that all the staff were very caring and did what they could to reassure their relative. They said that staff 'cared' and were quick to respond to their relative's needs.

People were treated with dignity and respect; for example, we saw people being supported and heard staff speaking with them in a calm, respectful manner and they allowed them sufficient time when carrying out tasks. People indicated that they were treated in a 'kind and caring' way and responded to staff's interaction in a positive manner, for example, we saw that they were happy, smiling and nodding in agreement to staff's requests.

Relatives told us that 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. Staff had a good knowledge about people's life histories and were able to describe how they involved people in all areas of their care, for example, one person made their feelings known by communicating with a smile if they were positive about something and not smiling when they were not in agreement.

Where people did not have family members to support them to have a voice, they had access to advocacy services. The manager told us, and the records confirmed that where people did not have family members to support them an advocate had been involved. 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 said that they were able to visit the service whenever they wanted to. They told us they were always made to feel welcome and that staff were 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 and informative support plans in place that had been devised from pre-admission assessments. Relatives told us that they and their relative had been involved as much as possible in the care planning and assessment processes. 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 used different communication styles according to each person's individual needs and relatives told us that staff responded quickly when needed for example, one relative told us that their relative communicated using eye contact and that staff were always quick to respond to their needs using this method of communication.

People were asked for their views on a daily basis, using a range of communication skills such as eye contact and body language, and we heard and saw this in practice. There were communication passports on people's care files explaining their specific communication needs. This showed staff how to best communicate with people and helped them to meet their needs.

People regularly accessed the local community and went out for walks to the seafront and to local shops. The service had its own mini-bus for trips that were further afield and staff told us, and the care records and photographs showed that people had accessed the wider community.

One relative told us that the activities were really good. They said that they had seen a great improvement in their relative because they were kept occupied and engaged and that made them happier. Indoor activities were mainly sensory and included touching different fabrics, looking at fibre optics and playing soft ball. Some people had been supported by staff to paint pictures and make things such as collages of photographs. Other people were supported to arrange flowers and water the garden. The manager told us that a gardening project had started where people were helping to grow cut flowers which would be cut and displayed in the service.

People were encouraged and supported to maintain relationships with their family and friends. Relatives told us that they visited regularly and that staff were very pro-active in keeping them informed about their relatives care.

The service had a good complaints process in place which fully described how any complaints or concerns would be dealt with. The manager told us, and the records confirmed that no complaints had been received so we could not assess if people's complaints had been dealt with appropriately. However, relatives of people who used the service said that although they had no complaints they were confident that the manager and staff would deal with them appropriately if they did.

Is the service well-led?

Our findings

There was a system in place for monitoring the quality of the service; however it was not always effective. There was a process in place for gathering people's views about the service and how to improve it. The last quality assurance survey had taken place in 2014 and an action plan dated 20 July 2014 had been devised. 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. Other people's views such as people's relatives, their social workers and their GP's had not been sought as part of the survey. This could mean that valuable feedback that could help the service to improve might be lost.

The provider had carried out a compliance visit on 8 April 2015 and their report had highlighted the need for improvements to be made. The report set out a number of actions but it did not state any timescales for completion. It did, however state that a follow up visit to identify progress would take place in two months and this had not yet happened. The manager had prepared an action plan to show how they intended to make the required improvements but had not provided clear dates by which the actions would be completed.

The manager told us that regular audits had taken place and we viewed a sample such as the daily, weekly and monthly medication audits, the manager weekly audit check and the annual health and safety audit. We asked to see other audit records such as for the care records, the staff files and accident and incidents but none of these were available.

The manager said that they reviewed the support plans and risk assessments at least every six months and that they reviewed staff files and accident reports as they occurred. We found that some care records had not been regularly reviewed and staff files had not contained all of

the required documentation. Regular audits of all of the systems and processes would have identified the issues that we found enabling the service to rectify them quickly to protect the health, safety and welfare of people. Improvements are needed to the quality assurance system as it has not proved to be effective.

Staff and relatives had confidence in the manager and said that they were approachable and supportive. They said that they were always available and that they responded positively to any requests. There were clear whistle blowing, safeguarding and complaints policies and procedures. Staff told us they were confident about how to implement the policies. One staff member said, "I would report any concerns to the manager who I am sure would deal with them properly." Another said they would not hesitate to report any issues of concern.

Staff meetings had taken place and the issues discussed had included professional boundaries, safeguarding people, duty rotas and staff roles. Staff told us, and the records confirmed that they had regular handover meetings between shifts. There was also a communication book in use which staff used to communicate important information to others. The communication book was particularly important because it provided information to staff who had been off duty for a while so it enabled them to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good 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. 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.