

# South Essex Special Needs Housing Association Limited

## Long Lane

### Inspection report

130 Long Lane, Grays, Essex, RM17 5AU  
Tel: 01375 394649

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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

The unannounced inspection took place on the 10 November 2015.

Long Lane provides accommodation and support for up to two people living with a learning disability.

The service is required to and did have a registered manager. 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.

Staff delivered support effectively and care was provided in a way that intended to promote people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient members of staff enabled people's individual needs to be met adequately. Qualified staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

# Summary of findings

People were given support and advice regarding purchasing and cooking food, which allowed an informed choice to be made by each individual. Staff and manager ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs; to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People

were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service as well as in the community.

Systems were in place to make sure that people's views were gathered. These included regular meetings, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits the manager carried out, which identified any improvements needed. A complaints procedure was in place and had been implemented appropriately by the management team.

# 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?

The service was safe.

People felt safe living at the service. People's safety was supported by appropriate risk assessments to ensure people's safety.

The recruitment process was effective in recruiting skilled staff after appropriate checks had been carried out. Staffing levels were adequate to meet the needs of the people.

Medicines were dispensed and stored safely for people's health and wellbeing.

Good



### Is the service effective?

The service was effective.

Management and staff had a good knowledge of Mental Capacity Act 2005 and Deprivation of Liberty, which helped to ensure people's rights were protected.

Staff received a suitable induction. People were cared for by staff that were trained. Staff felt supported in their role.

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

Good



### Is the service caring?

The service was caring.

Staff treated people kindly and respected people's privacy.

Positive caring relationships were created between people and staff.

Good



### Is the service responsive?

The service was responsive.

Care plans contained all relevant information needed to meet people's needs.

People were supported to identify and carry out their own person centred social interests.

The service knew how to respond to complaints in a timely manner.

Good



### Is the service well-led?

The service was well-led.

Staff respected and shared the management's values. Support and guidance were provided to promote a high standard of care for people.

There were systems in place to seek the views of people who used the service and others. The service used this feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



# Long Lane

## 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.

We inspected Long Lane on the 10 November 2015 and the inspection was unannounced. The inspection was carried out by one inspector.

Before the inspection we reviewed previous reports, recent information from the local authority and notifications that

are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. This information was used to plan what we were going to focus on during the inspection.

We spoke with two people living at the service, one member of staff and the registered manager. We observed interactions between staff and the people they supported. We looked at management records including samples of rotas, two people's individual support plans, risk assessments and daily records of care and support given. We looked at two staff recruitment and support files, training records and quality assurance information. We also reviewed two people's medical administration record (MAR) sheets.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. One person said, “I really enjoying living in the service, the staff here make me feel safe when I am at home and when we go into town”.

Staff showed they had a good knowledge of how to keep people safe and protect them from any potential harm. Staff were able to indicate how people may be at risk of harm or abuse and how they would go about protecting them and ensuring their safety. Staff told us that they would escalate their concerns to the manager. If the concerns were about the manager staff stated they would contact the provider and/or other external agencies, such as, Social Services. Staff knew about the provider’s whistleblowing policy and procedures.

Staff had the information they needed to support people safely. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for one person in relation to them accessing the community and using public transport this documentation displayed how to support the person and respected their freedom. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person’s risk assessments where kept up to date and any changes to the level of risk were communicated to all the staff working in the service. We saw other risk assessments covering areas such as supporting people in the community safely, managing their medication and supporting their personal care.

People were cared for in a safe environment. The provider employed maintenance staff for general repairs at the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. Staff were trained in first aid and if there was a medical emergency staff knew to call the emergency services. Staff also received training on how to respond to fire alerts at the service.

There were sufficient staff on duty to meet people’s assessed needs and when people accessed the community additional staff were deployed. The manager adjusted staffing numbers as required to support people needs. The manager employed permanent members of staff for the service and if required the manager would use staff from one of their ‘sister’ services to provide additional support as and when required. One member of staff informed, “we have regular staff in this service but should we be short staffed, staff from the other sister service are able to cover”. A sample of rotas that we looked at reflected sufficient staffing levels.

The provider had a robust recruitment process in place which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People received their medication as prescribed. We found all medication records (medication administration charts) were all up to date and there were no omissions or gaps. Where possible and deemed safe to do so, the service encouraged people to participate in the administration of their own medication, whereby people were reminded of the time they had their medication and encouraged to visit the medication room at the prescribed time so they can take their medication. One person informed us that they received their medication on time and knew what time they had to attend the medication room.

Medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications. Medication was clearly prescribed and reviewed by each person’s General Practitioner (GP). The service carried out regular audits of the medication. This assured us that the service was checking people received medication safely.

# Is the service effective?

## Our findings

We found staff to have good knowledge and the skills they needed to provide good quality care to people using the service.

Staff informed us at commencing employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans as this ensured staff had good knowledge of the people they were supporting. As part of the induction process staff informed us there would be a period of being observed by an experienced member staff and by the manager who would regularly give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting.

Staff attended mandatory training when they started employment and they attended yearly refresher courses and this would either be via Distance learning, DVD or planned training dates at a local venue. We found staff to be positive about their training and they felt supported by the manager and the provider. Staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required. Staff were also encouraged to do additional training and development to continually develop their skills. Staff informed us that were offered an array of training modules which had relevance to their roles and this helped them to deliver safe and effective care to people.

Staff had regular supervision and meetings to discuss people's care and the running of the service and staff were being encouraged to be open and transparent about any concerns they may have. Staff said, "we have supervision at least once a month, however if we need to speak to the manager we can call them anytime". The manager informed that they also do observations of staff throughout their period of employment and will acknowledge areas of good practice and improvement and this keeps the staff

motivated. We found that the manager had a communication book in place for staff to use to jot down any information that maybe useful to delivering good care to the people using the service. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then make a decision within the person's best interests, taking into account the person's past and present wishes and feelings. Where a person lacked capacity the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with the person's care to ensure the people's wishes and feelings were being respected and their needs where being met in the best way possible. The manager was informed that due to recent changes in law, the Care Quality Commission was required to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS) within care settings. The manager showed an understanding of their responsibilities and how to make applications should one be required.

People said they had enough food and choice about what they liked to eat. People said they had plenty of choice over what they wanted to eat and if they did not like the choices on the menu they could have an alternative. We saw throughout the day people were provided with food and drinks.

If required people were provided with special diets such as for diabetes or if people needed soft and pureed food. Where required staff supported people to eat at the person's own pace. We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten.

People's healthcare needs were well managed. People had access to a range of healthcare professionals and services, such as, GP and Consultant Psychiatrist.

# Is the service caring?

## Our findings

Staff had positive relationships with people. People living in the service informed us that they liked living in the service and staff were very supportive and helpful.

The people's care plans we viewed detailed each person's preferences of care, including their past life history, as this ensured that staff were able to meet the needs of people effectively. People were supported to be as independent as they chose to be. People and staff were really relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about how they planned to spend their day, endorsing people's well-being. Independence was promoted and people and staff respected each other's choices, for example ensuring each other's privacy.

People and their relatives were actively involved in making decisions about their care and support. One relative informed us, "The service had involved them and their family in the care planning of the person to ensure that the transition from home to the service was good as this helped our relative settle into the service." The relative added that regular review meetings were held at the service and they were invited to ensure they had an input into how they relatives care needs were being met, in addition, staff and the manager will contact them if there has been a change in the person's needs.

Staff knew people well, their preferences for care and their personal histories. Staff said, "We can give a lot of one-to-one time with people especially when we take

people out into the community." This demonstrated that staff understood how to care for and support people as individuals. The manager informed us that they used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected. We found staff to respect people's privacy by only accessing their rooms after consulting people.

People's independence was promoted by a staff team that knew them well. We noted that people were smartly dressed. People in the service were not restricted to how often they changed their clothes and we observed staff supporting people with ensuring they had clean clothes on before accessing the community. Staff informed us that people's well-being and dignity was very important to them and ensuring that people were well-presented was an important part of their supporting role. The manager informed us people were supported to undertake tasks such as doing their laundry as this gave them a sense of involvement and engagement in their care and support.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annually reviews and support planning.

# Is the service responsive?

## Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals.

The manager met with other health professionals to plan and discuss people's transfer to the service and how the service would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. They used the information they gathered to make changes to people's support plans. Staff had carried out comprehensive assessments of people's needs before they were admitted to the service. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the

person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. Support plans were regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The service also encouraged people to access activities in the community. The manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge.

# Is the service well-led?

## Our findings

The registered manager was visible within the service and informed that in their absence there was a director who looked after the service and kept her up-to-date of all the changes and concerns. The registered manager had a very good knowledge of all the people living there and their relatives.

People and relatives felt at ease discussing any issues with the manager and her staff. One relative said, “The manager was very good and would always do what they can for the people in the home.”

People benefited from a staff team that felt supported by the registered manager. The ethos to enhance the wellbeing of the people that live in the service was put into practice by value based training and a robust induction process. Staff received regular supervision from the manager and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their manager.

People and their relatives were involved in the continual improvement of the service. The manager told us that their aim was to support both people and their family to ensure they felt at home and happy living at the service. The manager informed us that she held meetings with relatives and people using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff, be it good or bad.

There was a number of quality monitoring systems in place. Where we had highlighted some areas of improvement for example, some audits that required updating the manager responded immediately to bring all

systems up to date. We found the manager to be open and transparent and highlighted her own errors and areas which needed to improve, to ensure the service was running smoothly and continually improved the care delivered to people.

People were actively involved in improving the service they received. Management team displayed good leadership with the monitoring and auditing of the service and responsiveness to any concerns rose. The manager gathered people’s views on the service not only through regular meetings each month, but on a daily basis through their interactions with people. The manager also used annual questionnaires to gain feedback on the services from people, relatives, and other health professionals. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people’s views and responded accordingly, to improve their experience at the service. The registered manager reported that a requirement has been identified for people to understand the complaints procedure better and stated that issues such as this are discussed at the residents meetings to make improvements.

The manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. For example, they carried out regular audits on people’s support files, medication management and the environment. The manager was very keen to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements. Residents meetings also took place every two months to listen and learn from people’s experiences.