Estuary Housing Association Limited

3 Hainault Avenue

Inspection report

Hainault Avenue
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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

Summary of findings

Overall summary

This comprehensive inspection was carried out on 4 and 16 October 2018 . The inspection was announced as 3 Hainault Avenue is a small care home and we wanted to be sure that someone would be in when we inspected. The service is registered to provide accommodation with personal care for one person with a learning disability. At the time of our inspection one person was using the service.

At the last inspection the service was rated as 'Good'. At this inspection we found the service remained good.

3 Hainault Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The premises where care and support was provided had been adapted to meet the persons needs and was situated in a quiet residential area close to all local amenities.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. "People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy.

There was a registered manager in post who was also the registered manager for another service owned and operated by the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Risks to the person had been identified with management plans in place to provide guidance to staff. There were sufficient staff employed who had been safely recruited. Staff were aware of risks to the person and knew what to do to keep them safe. Staff had received training in safeguarding and could identify abuse and knew how to report concerns.

Medicines were safely stored, recorded and administered in line with current guidance to ensure the person received their prescribed medicines safely. Staff had received training in infection control and the home environment was clean and hygienic.

Staff received training, supervision and support to be competent in their role. The service supported the person to access healthcare services to maintain their physical and mental health and wellbeing. The person was supported to have enough to eat that met their health needs and preferences.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The person was supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and respectful of the person's privacy and dignity. Independence was promoted and encouraged and the person was assisted to maintain relationships that were important to them.

The person's needs had been holistically assessed and they received personalised care tailored to them. The person led a full life and was supported to participate in a range of activities of their choosing. The person was supported to express any concerns and information was made available in easy read format to support understanding.

The service was well led. The registered manager was supportive and accessible and had introduced some positive changes since being in post. The person's and staff views were invited and listened to in order to improve the service. Quality assurance systems and processes were in place to monitor the safety and effectiveness of the service.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

3 Hainault Avenue

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 comprehensive inspection was undertaken by one inspector on 4 October 2018 with a follow up visit on 16 October 2018. The provider was given 24 hours' notice because the service was a small care home where the person was often out during the day and we needed to be sure that someone would be in.

Before the inspection, we reviewed the Provider Information Return (PIR) that the registered manager had submitted to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information that we had received about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with the registered manager and two staff working in the service. We were unable to speak with the person using the service, therefore we used other means to obtain their views, for example, reviewing minutes of meetings they had attended and looking at past satisfaction surveys they had completed. We also provided the person with a questionnaire which they filled in. This helped us to find out how the person felt about the service they received. As part of our inspection we also looked at the person's care plan and other documents relating to the management of the service including staff records, minutes of meetings and quality assurance audits.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

The person who used the service provided written feedback stating that they felt safe living at the service. We saw that staff were trained in how to protect people from the risk of abuse and knew the signs to look for and how to report any concerns. The registered manager understood their safeguarding responsibilities and had systems in place to ensure concerns were appropriately investigated and reported to the relevant authorities.

Financial audits were in place where the service was responsible for people's money. These were designed to protect people from financial abuse and balances were checked daily.

Individual risks to the person had been identified with management plans in place which minimised the risks without unduly impacting on the person's rights and freedom. Staff were aware of the risks to the person and knew what to do to keep them safe. A communication book, daily log system and staff handover were all used to share information on any changes including risks to ensure all staff had the most up to date information.

Systems were in place to record and monitor incidents and accidents and this information was reviewed by the registered manager then sent to the provider to analyse for trends to prevent reoccurrence.

The person was supported by a stable and longstanding staff team to ensure continuity of care. There were sufficient numbers of staff available to provider cover who had been safely recruited. The service also employed bank staff to cover staff absence. In the event that agency staff were required, the service only used the same two agency staff. This ensured that the person was only ever supported by staff who knew them well.

There were systems in place to administer, store and dispose of medicines safely. The person's medicine records showed that they had received their medicines as prescribed. Medicines were only administered by staff that had been trained and assessed as competent.

Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). We observed that the home environment was clean and free of odours.

Lessons had been learned by the new registered manager who had implemented changes which had a positive impact on service delivery. For example, to help new staff get to know the person quickly and access to up to date information the registered manager had designed a one page summary which new staff were required to read and sign off.

Good

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged the rating remains 'good'.

The person's needs had been comprehensively assessed and a care and support plan was developed which was adapted as things changed. Care staff contributed to reviews of the care and support plan as they knew the person best.

Staff received training and supervision to support them to be competent in their role. Training delivered was a mixture of E-learning and face to face. Plans were in place for new and existing staff to complete the Care Certificate which represents best practice for inducting new staff into the health and social care sector. We did find a gap in staff learning which meant training had not been provided that met the individual needs of the person living at the service as specialist training in autism had not been provided to staff.

We discussed our concerns regarding the lack of autism training with the registered manager who advised that this oversight had already been identified and training was in the process of being arranged.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

Appropriate mental capacity assessments had been completed and an application for DoLS had been made. However, we found there were conditions on the person's DoLS which the registered manager was not aware of. We were provided with assurances that the registered manager would immediately review the conditions to monitor that they were being consistently met.

The staff team had received training in the MCA and understood their responsibilities to support people to make their own decisions. We saw that the principles of the legislation were interwoven throughout the person's care plan reinforcing good practice. This ensured that the person was supported to make their own choices.

The person received support to have enough to eat and drink that met their health needs and preferences. They were also supported to maintain their health by attending regular health checks and medical appointments. The service worked with health and social care professionals to ensure good outcomes for the person. All health care appointments and outcomes were documented in a health action plan and a

hospital passport had been developed to provide guidance to healthcare staff if needed.

The home environment was suitable for its intended purpose with a wet room installed to support the person's independence with their personal care. The drive had recently been repaved and furniture replaced to maintain the property in a good state of repair. The person's bedroom was personalised and pieces of their artwork were on display throughout the home.

Good

Is the service caring?

Our findings

At our previous inspection we found the service to be caring and was rated good. The rating remains good.

The person who used the service told us that they felt listened to and included in decisions about their care and support. They told us, "I like my staff, they are kind to me." Staff we spoke with demonstrated that they knew the person they supported very well and understood the importance of respecting their, personal preferences and choices. We saw that the person was involved in decisions around their care. Information in the daily handover sheet was shared with the person who signed the form to indicate their agreement of the support they received each day.

The person was supported by longstanding regular staff who supported them on a day to day basis. This helped the person and staff to develop positive and caring relationships. We saw that emotional support had been provided to help the person understand the experience of a close relative who had dementia. The provider had organised for their dementia lead to work with the person on a one to one basis to help them understand why their relative's behaviour and abilities had changed.

Staff had received dignity training and were able to describe how they supported the person to protect their dignity and privacy. The service had developed a dignity commitment in partnership with the person which set out how they would like to be treated, for example, how they liked to be referred to and how they liked support with their personal care.

Independence was encouraged by staff with guidance in the person's care plan highlighting their strengths. This ensured that staff only provided support where needed and encouraged the person to develop their skills and abilities.

The service was complying with the Accessible Information Standards (IAS). Information was provided to the person in an easy read format with the use of pictures to promote good communication.

Advocacy services had been arranged by the registered manager to ensure the person had access to a representative to support them to express their views and be fully involved in all decisions around their care and support.

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

The registered manager continued to ensure that the person's care record was kept up to date and personalised to reflect their individual needs. The care plan included information about the persons past history, interests, likes and dislikes. This helped staff to provide person centred care, which means care tailored to meet the individual needs of the person. The care plan was regularly reviewed by the registered manager and staff team to ensure it was a reflection of the person's current needs.

Staff including the registered manager knew the person using the service very well. Staff supported the person to access a range of individual activities which they had expressed an interest in both at home and in the local area. The service had organised a lease car for the person. This meant they were able to access the community with ease. The person had recently expressed an interest in gardening so the registered manager had arranged for them to join a gardening group which they enjoyed.

Staff rotas and schedules were organised to ensure the person had access to 24 hour care and support on a one to one basis that fitted in with the person's preferred routines. For example, staff woke at 6AM to ensure they were prepared and ready to support the person when they woke at 6.30AM. When the person went on holiday, the staff ratio was increased to two staff to support one person. This ensured there was always a staff member available to respond to the person's needs.

The service supported the person to build and maintain important relationships with friends and family. Staff accompanied the person to visit friends in their homes and encouraged the person to invite friends to the service for dinner.

There was a system in place to respond to complaints. The registered manager told us that no formal complaints had been received since the last inspection so we were unable to judge the complaint procedure's effectiveness.

We saw that the service had explored with the person their wishes and preferences for their end of life planning, for example, choice of funeral arrangements. This information had been documented to ensure the person's wishes were known and respected. To support the person's understanding discussions had taken place about different options and the person had been supported on a trip to the cemetery and to watch a funeral procession.

Good

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

There was a registered manager in post who understood their registration requirements including notifying us of significant events that happened at the service. The registered manager told us they felt well supported by the provider who regularly visited to provide support and complete their own quality checks of the service.

The registered manager worked in partnership with external health and social care professionals such as social workers, advocacy services and psychiatrists to achieve good outcomes for the person who used the service. The values and vision of the service was aimed at promoting independence and delivering a person-centred approach. We found these values were shared by staff who worked at the service. Staff, management and the provider were clear about their duties and responsibilities and worked well together as a team with good communication practices in place.

Staff felt well supported by the registered manager who was supportive and accessible. A staff member told us, "We have a good home manager, they are very supportive and listens to us," The manager was hands on and worked shifts at the service to monitor the satisfaction levels of the person and staff. Staff retention was very good which meant that the person using the service benefitted from continuity of care and being supported by workers who knew them well.

The person was included in the running of the service. A regular one to one meeting had been set up which set aside protected time for the person to meet with the registered manager and a member of the staff team to talk about any issues or concerns. Satisfaction surveys were sent out annually to the person, staff and health and social care professionals to invite their feedback on the service. This information was used to drive improvements.

Quality assurance mechanisms were in place to ensure oversight of the service at manager and provider level. The registered manager completed a range of checks and audits such as care plans, daily records, MAR sheets and incident reports to monitor the safety and quality of the service received. This information was then shared with the provider who also completed their own quality checks. We found these were effective at picking up areas that required improvement. For example, the provider's compliance team had recently identified that improvements were required to support the person with healthy eating. In response a referral had been made to the dietician.

The registered manager was aware of their duties under the new general data protection regulations. We found peoples information was kept secure and confidentiality was maintained.