

# Estuary Housing Association Limited

## 7-9 Third Avenue

### Inspection report

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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

At the last inspection in March 2016, we reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to the specialist training and appraisals for staff, monitoring of weight and hydration of people who used the service and quality assurance systems.

We carried out an unannounced inspection of 7-9 Third Avenue on the 6 and 7 June 2017, to see if the provider had made the necessary improvements to the service. Records showed that improvements which were in progress at the last inspection had been completed. The service was given a rating of 'Good'.

7-9 Third Avenue is a small residential home providing intensive support for people who have learning and physical disabilities. The property is a six bedroomed bungalow and there were six people living at the service at the time of the inspection.

There is a registered manager at this location. 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 knew how to protect people against the risk of harm and abuse. Risks to people's health and wellbeing were assessed in order to minimise them and ensure people maintained their independence. People were given their medicines in a safe and timely way.

Staffing levels in the service were appropriate to meet people's needs. Staff members did not start to work at the service until satisfactory employment checks had been completed

A programme of induction, training, supervision and appraisals for staff were in place and they had the knowledge and skills to care for people effectively. Specialist training was now being provided to staff.

Systems were in place to ensure that people's rights were respected and protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People had as much choice and control in their lives as possible and were supported in the least restrictive way.

People enjoyed their meals and the food and drinks provided. They were involved in choosing what to eat and drink and going shopping for the household groceries. Their health needs such as their weight and fluid input were now recorded. Health and social care professionals provided specialist input for people and referrals for support were made in a timely way.

People used a range of ways to communicate and express themselves. Staff were aware of their verbal and non-verbal communication, sounds, signs and facial expressions to understand their feelings. People were

relaxed and cared for by kind and friendly staff.

Feedback was obtained from people who used the service, their families, representatives and staff about the quality of the service and this was used to improve the service. People knew how to make a complaint and we saw that complaints had been dealt with appropriately.

Systems to monitor the quality of the service had been improved by implementing regular audits and better recording of information so that people received care and support of good quality.

## 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.

Risks to people's health and wellbeing were managed to keep them safe.

Sufficient numbers of staff were employed to support people and checks to ensure they were safely recruited were in place.

People were provided with their medicines in a safe and timely way.

### Is the service effective?

Good ●

The service was effective.

Staff received training and supervision in order to effectively carry out their role.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005

People's nutritional needs were met and their health was monitored to keep them well.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's ways of communicating were understood by the staff.

Staff respected people's wishes and encouraged them to be as independent and active as possible.

### Is the service responsive?

Good ●

The service was responsive.

Plans of care were person centred and provided an understanding of people's needs.

Staff supported people to take part in social activities in and outside the service.

There were processes in place to deal with any concerns and complaints appropriately.

**Is the service well-led?**

**Good** ●

The service was well led.

There was effective management of the service in place.

Staff were supported and motivated in carrying out their role and responsibilities.

Systems were in place to monitor the quality of the service for people who used it and worked in it.

# 7-9 Third 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 checked 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 the 6 and 7 June 2017 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector.

Before we visited the provider we checked the information that we held about the service. This included their Provider Information Return (PIR) which they sent us about their service, their action plan on how they were going to make improvements, any complaints or safeguarding concerns and any notifications. A notification is information about important events the provider is required to send to us by law.

As people had different ways of communicating and had complex needs, we used observation as the main way of helping us to understand their experience of using the service. We observed how the staff interacted with people and how the care and support was provided.

We looked at the support plans of four people and the records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. These records helped us to understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

During the inspection we spoke with the registered manager, the quality and compliance officer and six staff. We reviewed four people's records, including care plans and risk assessments. We also looked at three staff files. We spoke with two relatives and had feedback from two health and social care professionals.

# Is the service safe?

## Our findings

At the last inspection in March 2016, the service was rated as 'Good' in safe. At this inspection, the rating remains 'Good'.

People experienced safe care and support. We saw that staff knew people well and were aware of their needs. Family members told us that their relatives were safe living in the service and they trusted the staff to look after people well. One family member said, "I do believe that [Name] is well looked after, I have no concerns there."

People were kept safe from the risk of harm by staff that could recognise the signs of abuse. Staff had an understanding of safeguarding adults and knew what to do if they witnessed any incidents. All the staff we spoke with said they would report any concerns to the registered manager and they would be confident the registered manager would respond appropriately. We checked records and found that staff had attended safeguarding training.

We saw that risk assessments had been carried out for people who used the service. These ensured that people were able to maintain their independence, keep well, engage in activities whilst keeping safe and minimising any risks whilst out and about in the community. This information helped staff to manage the risks associated with people's specific physical and mental health conditions and any behaviour which may put them at risk. This was kept updated with changes to people's needs and discussed with staff during shift handovers.

We saw that staff gave people choices and made them aware of the risks of making certain decisions. For example, a person with a restricted diet was made aware of what certain foods could do to their health if they ate them so they understood what this meant. Also we saw that staff responded to people's needs in a timely way around the service to minimise the risks to their safety.

Fire system checks were carried out regularly. People had personal evacuation plans in place to show their individual needs and the procedure to take in case of emergency. Staff had attended fire training and told us that they were clear about what action to take if the fire alarm sounded.

Health and safety checks such as water temperatures in the bathrooms and regular maintenance to the equipment and the building was completed regularly. Any accidents and incidents and falls were logged and recorded and appropriate action taken. For one person, whose condition made them prone to falls, assessments provided details of what actions to take to minimise any potential injury.

The service had sufficient staff to care for people safely. Three new staff were on induction in order to increase the staffing levels of permanent staff in the service. The service had access to the provider's bank of staff who were available to cover for sickness and holidays. Staff working as bank staff knew the needs of people well as they had been working for the service for some time and this provided consistency. A number of the bank staff liked working at 7-9 Third Avenue so much they had applied to be permanent members of

staff. One staff member said, "All the bank staff know people so well and really like coming to work here, so that's a nice thing."

Staff employed by the service had been through a robust recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the service. Records showed that all necessary checks had been undertaken before staff started working for the service. These included an employment history, satisfactory references, identification and a Disclosure and Barring Service (DBS) check to ensure that staff were not barred from working with vulnerable people. Bank staff also went through this process to work for the provider.

We observed that staff gave people their medicines in a sensitive and gentle way and explained to them what they were taking. The service had a system in place to ensure that medicines were administered and managed safely. Staff had received training and refresher training in medicine administration and senior staff had received specialist training in giving specific medicine for people having an epileptic seizure. Checks on the competency of staff to undertake medicines were carried out.

Each person's medicine administration record (MAR) contained all the necessary information about their medicines including a photograph of the person to help staff make sure that medicines were given to the correct person. Medicines were stored appropriately, with temperatures recorded and the service had systems in place for the re-ordering and safe disposal of medicines.



# Is the service effective?

## Our findings

At the last inspection in March 2016, we found that the service was in breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because specialist training was not provided and people's fluid intake was not recorded.

At our inspection on 6 and 7 June, we found that improvements had been made and the provider was no longer in breach of these Regulations. Effective has now been rated as 'Good'.

There was a programme of training in place in order to provide staff with the necessary knowledge and skills to care for people effectively. Staff had undertaken a range of training during the year including moving and repositioning people, safeguarding people from abuse, health and safety, medicine administration and mental capacity. Some staff had undertaken specialist training which included caring for people with epilepsy and administering Midazolam during a seizure, dysphagia and diabetes.

Staff undertook an induction process which involved getting to know people who used the service and their needs. They spent time going through the provider's policy and procedures, shadowing more experienced staff and time with the registered manager to understand the service and their role and responsibilities. We saw that some staff undertaking their induction had come to the service having already completed a range of training organised by the provider as they had worked as bank staff.

Most staff already had qualifications in health and social care. If they didn't, staff were required to complete the Care Certificate since the service had implemented this. The Care Certificate aims to equip health and social care support workers with the knowledge and skills which they need to provide safe, compassionate care. We saw that staff had either started it, were half way through or had completed it.

The registered manager regularly observed staff working and supporting people. Any issues about care and practice were discussed and recorded and refresher training put in place. Staff told us that they had regular supervision and appraisal and we saw a system was in place to support their personal development. Team meetings were held to share information and good practice. Staff told us that, "The training was good especially that which was face to face and there was plenty of it," and, "We learn a lot from each other about people's needs that we wouldn't learn on a course so that's important too."

We saw during our inspection that staff had the skills and knowledge to care and support people effectively. Family members told us that the staff were skilled in their roles and looked after people well. One family member said, "I can't fault them, they look after [Name] well and they are doing okay there."

During our visit we observed staff regularly asking people if they were okay and if they needed anything. We noted that people were supported in line with their wishes and observed staff asking for consent from people before care was given.

The provider had conducted assessments when people were thought to lack mental capacity to identify

how care could be provided in line with people's wishes. When people lacked capacity, the provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the Mental Capacity Act (MCA) 2005.

The 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. The application procedures for this in care provision 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. At the time of our inspection we found that they were meeting these conditions. Decisions about the care people received to be deprived of their liberty were made by the people who had the legal right to do so.

People were involved in planning the menus and supported to go out to the supermarket to get the weekly shop. We saw that people had a choice of food and drink and if they were unable to make their wishes known, staff had the knowledge of their likes and dislikes. The food was home made and nutritious and most people appeared to enjoy what they were eating. Where a person was not enjoying the food offered to them, a different option was provided and we saw that this was a positive result.

Staff were attentive and encouraged people to sit at the dining table or in the lounge to eat their meal. Most staff sat down next to people to help them to eat and did this in a sensitive and unhurried way.

The registered manager had put in place the Malnutrition Universal Screening Tool (MUST) and this was being used to monitor people's weight, continence issues and fluid intake where they were at risk of dehydration or malnutrition. Information about people's daily personal care routines was recorded in order that any changes or particular patterns of concern could be picked up quickly to safeguard their health.

Some people at the service required specialist diets such as food which was softened or supplements to increase their weight. Some had controlled diets due to diabetes. This information was documented in their support plan. We saw that staff were aware of people's day to day dietary needs and how food and drinks and any snacks should be provided for them.

People had access to specialist assessment and support from a range of professionals including the Speech and Language Team (SaLT), district nursing, GPs, chiropodists, aromatherapists, social workers and the mental health team. A visiting health professional said, "The staff contact us if there is an issue or they want advice. They carry out the things we have suggested and make sure the exercises are completed too." A social care professional told us, "I have found the staff to be observant when I have visited. A few months ago the manager had realised that the person I visit was showing signs of diabetes and this may have been why they were showing behaviours towards staff/other people. They arranged for the district nurse to visit and take blood samples which indicated that the person was at risk. They were taken into hospital and the outcome was that they were diagnosed with diabetes type II."

Good liaison and communication was in place with health and social care professionals. The SaLT team were providing staff with training in dysphasia. The registered manager was working together with the

Learning Disability Nurse at the local hospital to look at ways in which people with a learning disability could be better supported during a hospital admission.

# Is the service caring?

## Our findings

At the last inspection in March 2016, the service was rated as 'Good' in caring. At this inspection, the rating remains 'Good'.

We were told by families and professionals that the staff were caring, warm and kind. One family member said, "When the staff ring and let us know about how [Name] is, they always talk about them in a warm and sensitive way. They are respectful." One person using the service told us, "The staff are nice and support me to do things."

On the day of our inspection, we observed that staff communicated with people in a variety of ways such as with gestures, asking direct questions and waiting for answers. They checked out people's body language, vocal sounds and facial expressions to gather information about their well-being, if they were unwell or wanted to go somewhere or do a particular task. Interaction with people was polite and we heard staff ask for their consent before undertaking some actions such as, "Can I help you to eat that?," and, "Can I wipe your mouth for you?"

When staff used distraction techniques, they were straightforward, clear in their communication and assisted people to do an alternative activity. Staff spoke with people appropriately and respectfully.

The service was run on the basis of it being people's home. It was a warm and friendly environment. As well as caring duties, staff also undertook domestic duties, laundry and cooking. However, people were the focus of staff members' attention and this showed that the service was person centred and led by people who used the service. There was a balance of people being able to have time alone as well as with fellow housemates and the staff.

People were given choices about every day activities, times to get up and go to bed, food and entertainment. People were encouraged to go out and about in the community by using the local bus service, their own car or the service's mini bus. People's dignity was maintained and staff promoted their independence. One of the staff acted as a 'dignity champion' and they ensured that staff were committed to treating people fairly and with dignity and respect. We saw this in practice.

People's support plans had been developed with the involvement of others. If people could not contribute their wishes directly, family members, professionals and staff were involved in the planning of people's care. Families and friends visited people and the service was welcoming and open. Advocacy services were available to people should they need it. One family member said, "They are always very welcoming when we visit and there is usually a hive of activity going on somewhere."

The service had in place a policy and process in relation to the end of life care of people who used the service. The registered manager told us that they acted as an 'end of life champion' as they had a special interest in supporting people at the end of their life. They were in the process of reviewing the policies on death of a service user, care of the terminal service user and the policy on wills to combine them into one

more person centred, friendly and supportive end of life policy to be followed by staff when people were at that stage in their lives. We saw that people's end of life plans were clear, respectful and took into account their wishes.

# Is the service responsive?

## Our findings

At the last inspection in March 2016, the service was rated as 'Good' in responsive. At this inspection, the rating remains 'Good'

Staff were responsive to people's needs. We observed that they noticed and understood people's communication and behaviour and took the necessary action. They responded appropriately to people's feelings and wishes in a sensitive and clear way.

People and their families contributed to their plans of support and care. People's preferences, wishes and aspirations were taken into account and recorded and they were supported to follow their interests and enjoy their favourite things. From this information staff could understand what was important 'to' people as well as what was important 'for' people as this was clearly identified at the front of their support plan. This was in an easy read format which meant it could be taken with the person should they need to attend places where people did not know them.

People's needs and circumstances had been assessed in order that the service could meet their needs. People's support plans were individual and personalised. They gave clear details about each person's specific needs and how they liked to be supported. This included ways they communicated, activities and interests they liked and enjoyed. Also, their personal care and medical needs, medicines they took, risk assessments to keep them safe and their capacity to make decisions for themselves. People could choose if they wanted a male or female staff member providing their personal care and support and this was respected.

The registered manager told us that they were mindful of not being able to know some people's preferences in relation to their religious, cultural and sexual identity. They would ensure that this was always considered as part of people's holistic needs and their right to be themselves. This would be recorded in the main information about them if their preferences were expressed.

We saw that staff met people's needs. Staff were able to tell us about people's daily routines, their likes and dislikes, colours, clothes, favourite food, outings, what made them smile, laugh, get excited or made them sad. Staff responded appropriately to people in a physical way with a handshake, a stroke on their back, a hug, but also respecting people's personal space. They also followed people's individual interactions and interventions which were in the support plans to keep people safe. We saw this in practice during our inspection.

People's needs were reviewed monthly or as people's needs changed. Daily records detailed the care and support provided each day and how they had spent their time. Staff also shared information about changes to people's needs in a handover meetings at the end of each shift so that staff coming to work would be aware of people's needs and circumstances.

People participated in activities and leisure pursuits at the service such as arts and crafts, puzzles, model

cars, films and music and in the local community enjoyed swimming, shopping, going to the pub, attending a day centre, using the trampoline, having hydrotherapy, aromatherapy and going out for meals. People also liked spending time in the sensory room at the service for stimulation and/or relaxation.

There was a complaints process in place which was also in an easy read format for people who used the service. Any complaints made to the service were dealt with appropriately and within the framework of the policy. Family members told us that they were aware of the complaints process and who they should contact if they wished to make a complaint. One family member told us, "The manager listens to our views and action is taken if we make a suggestion." Whilst another told us, "I have not needed to complain as [Name] seems happy there."

# Is the service well-led?

## Our findings

At the last inspection in March 2016, we found that the service was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems and processes were not in place to monitor the quality of the service.

At our inspection on 6 and 7 June, we found that improvements had been made and the provider was no longer in breach of these Regulations. Well led has now been rated as 'Good'.

A more robust quality assurance system was now in place to assess, monitor and audit the quality of the service which people received. Records showed that most of the improvements which were in progress at the last inspection had been completed. Systems were now in place to check on hot and cold water systems and temperatures and people's weight was recorded to monitor if they were at risk of malnutrition and hydration. Staff had received specialist training in dysphasia and epilepsy care which was on-going in order to better support people who used the service. Some symbols and pictures were in place to help with communication and the registered manager told us that, "This was still work in progress."

We saw that weekly, monthly and yearly audits of care plans, medicine records, maintenance of the building and equipment and the recording of accidents and incidents and the outcomes were all undertaken and recorded. The registered manager told us that the provider had implemented a quality and compliance system to visit all their services to check on the quality of the service. They had a visit in December 2016. We saw the report and recommendations for improvements and these were in line with CQC's requirements. We spoke with the quality and compliance officer who asked to observe some of our inspection. They were positive about the improvements which had been made to the service.

The views of people, their families, staff and professionals were recorded. A survey was undertaken in January 2017 and people were satisfied with the service provided. Any comments made were picked up and discussed in team or management meetings. Comments included, "The manager is approachable and is good at making contact," and, "Staff are less professional when the manager is not around." Staff meetings were held and staff told us they found them useful. The service had learnt from investigations undertaken and enjoyed a range of compliments provided.

There was a clear vision and ethos about how the service should be run and delivered. Staff were supported to question practice and information about whistleblowing and safeguarding was on the notice board in the office.

The registered manager was aware of the day to day culture of the service. They were visible, accessible and understood their responsibilities. Staff told us they could go to them at any time and were confident that any concerns would be dealt with sensitively and professionally.

Staff were motivated and supported and told us they knew what was expected of them in their role. They welcomed the employment of three new permanent staff who had chosen to work for the service full time



rather than through the provider's bank system. One staff member said, "It's good to have staff who already know people and the way we work." Another staff member said, "I always liked coming here and working with people, they are great and I am glad I will be here all the time now."

The monitoring and compliance systems implemented by the provider and the registered manager were integral to the delivery of high quality and well led care for people who used the service and the staff.