

Estuary Housing Association Limited

7-9 Third Avenue

Inspection report

Third Avenue
Wickford
Essex
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22 March 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 21 and 22 March 2016 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector.

7-9 Third Avenue, is a small care provider providing intensive support for people who have a learning disability. The property is a six bedrooms bungalow and there are six people living at the service. All rooms have level access to the outside garden area.

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.

We found that, people were supported to make choices about the support and care they received and staff were kind and respectful. People had access to healthcare professionals, including the GP, optician and chiropodist.

We found that staff had not always completed a thorough induction and had not received the training they needed to understand how to meet people's needs. Staff told us that they were supported by their registered manager and received supervision. We found that staff did not consistently receive an appraisal of their work and did not understand the vision and values of the provider.

Medication was managed safely and staff members understood their responsibilities. Since returning to manage the service the registered manager had recently reintroduced medication audits.

People were regularly asked by staff if they were happy and how they wanted to be supported. People had their needs and requests responded to promptly, and were asked to give their consent before care was carried out. We found that consent was not always recorded within the care records.

Staff members understood the principles of the Mental Capacity Act 2005 (MCA) and were able to describe their responsibilities to seek the consent of the people they supported. When people were thought to lack mental capacity the provider had taken the appropriate action to make sure their care did not restrict their movement and rights under the MCA. Decisions about the care people received were made by the people who had the legal right to do so.

We saw that people had developed caring relationships with the staff that supported them. Family members told us that people were encouraged to take part in a range of activities if they wanted to, and we found that people's independence was promoted. We found people had enough to eat and drink to meet their needs. Some people required specialist diets and staff told us they would benefit from additional training to support people to eat safely.

The arrangements to cover the absence of the registered manager did not provide consistent leadership and direction for staff. The service has had several registered managers and there has been an inconsistent approach to management.

Surveys to get views about the service was not always obtained from people, staff, visitors and families, so this information could not be used to help drive continuous improvements. Staff told us that if they had a concern they could raise this on an informal basis and the manager would listen to them. We noted that a new quality assurance system had been introduced to identify areas for improvement, feedback had not yet been obtained from people, staff, visitors or families. Staff members were unclear about what the vision or values of the service was.

We found that there were some breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and you can see what action we have told the provider to take at the back of the full version of the report. The overall rating for this provider is 'Requires Improvement'.

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.

Staff understood both the provider's and the local authority's procedures for the reporting of suspected abuse.

Actions were taken to reduce people's risk whilst encouraging their independence.

Medicines were stored, handled and recorded safely and there were enough staff available to meet people's care needs.

Is the service effective?

Requires Improvement ●

The service was not effective.

Not all staff received the training they required to provide them with the information they needed to carry out their roles and responsibilities.

Staff ensured people had access to healthcare professionals when they needed it.

The registered manager and staff understood and met the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

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

People and their families were involved in their care and were asked about their preferences and choices.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good ●

The service was responsive.

People could express their views and the staff would take action to ensure these views were responded to appropriately.

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?

The service was not well led.

Staff did not share common values and did not understand the vision to improve the service people received.

People were not asked their views about the service, and not involved in developing the service. Areas for improvement were not always recognised and acted upon.

The provider did have a system in place to monitor the quality of the service. However the registered manager was not able to provide records that audits reviewed the service as a whole and had been completed consistently. The provider had recently introduced a new quality assurance system which was currently being developed.

Requires Improvement ●

7-9 Third Avenue

Detailed findings

Background to this inspection

This inspection took place on the 21 and 22 March 2016 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, which included notifications, complaints and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

During our inspection, we focused on observing how people were cared for. A significant number of the people at the service had very complex needs and were not able to verbally communicate with us, or chose not to. We used observation as our main tool to gather evidence of people's experiences of the service. We used the SOFI tool (Short Observational Framework for Inspection) to assist us with our findings. SOFI is a tool which can be used if you are unable to find out people's experiences through talking to them. We observed how the staff interacted with people. We spent time observing the support and care provided to help us understand their experiences of living in the Service. We observed care and support in the communal areas, the breakfast and midday meal, medicines being administered and activities, and we looked around the Service.

We looked at records of three people and looked at records about how the service was managed. These included assessment records, care plans, 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.

We also spoke with the registered manager, the family members of three people who used the service, three members of staff and one health professional.

Is the service safe?

Our findings

We observed that people were happy with the care and support they received and family members told us that they were confident people were safe. When people needed help or support we observed people turning to staff without hesitation. Family members told us that people enjoyed living at the service and we saw that people were relaxed and at ease with staff. One family member told us that "I believe [Name] is safe here."

People were kept safe from the risk of harm by staff that could recognise the signs of abuse. Staff told us they had read the whistleblowing policy and were confident that they would be able to talk to the registered manager if they had concerns. Staff told us that they would be confident to contact the local authority or the Care Quality Commission if they felt appropriate action had not been taken. We checked records and found that staff had attended safeguarding training.

The provider had conducted assessments to identify if people were at risk of harm and looked at ways this could be reduced. We observed staff talking and asking people if they required support and giving reassurance when this was needed. We saw that staff responded to people's needs and requests promptly.

Fire system checks were carried out regularly. Records showed that robust evacuation plans were in place. Staff had attended fire training and told us that they were clear about what action to take if the fire alarm sounded. They were able to explain how to support people and where the fire escapes were positioned.

We observed that people were supported to take their medicines to support their health needs. Records showed that the service had processes in place to ensure that medicines were administered and managed safely. Staff had received recent training in medicine administration and the service operated a competency based screening of staff skills. Medicine Administration Records (MAR) records had a photograph of the person to help staff make sure that medicines were given to the correct person. We saw that staff knew what they were doing and felt confident when handling medicines.

We observed that there were clear plans and guidance in place for staff to be able to support people when they were unwell. Equipment was in place and we saw that it was regularly checked and maintained. Records showed that there were processes in place to investigate and respond when accidents or incidents had occurred. Care records contained information which helped staff manage the risks associated with people's specific conditions. Records had been updated as people's conditions had changed so staff had up to date information to provide people with safe care and support.

Family members told us that there was enough staff to meet people's care needs. One family member told us, "On the odd occasion some staff has been off sick, but this hasn't happened very often." On the day of our inspection we observed that there was enough staff on shift to meet people's needs. The registered manager told us that the service had some staff vacancies and that agency staff were used to boost staffing numbers. We checked records and found that agency staff had appropriate recruitment checks carried out and that they had received training. Records also confirmed that they had received an induction before

working at the service.

We spoke with staff, who told us that there was enough staff on shift to meet people's needs to enable them to carry out their job safely.

Records demonstrated that staff had recruitment checks completed, which included a Disclosure and Barring Service (DBS) check. A Disclosure and Barring System (Police) check, identifies if prospective staff have had a criminal record or were barred from working with children or adults. Records showed that DBS checks had been completed for all staff. The provider had carried out similar checks for agency staff working at the Service.

People's personal space and communal areas were clean and a cleaning schedule was in place. Staff discussed their role in keeping the service clean and doing the laundry.

Is the service effective?

Our findings

We spoke with family members who told us that the service did not always meet people's needs effectively and they were not confident that the service would respond appropriately. For example, some family members told us that there were ongoing issues, which they felt hadn't been resolved satisfactorily.

Staff told us that they required additional training to help them do their job, but that this had not always been arranged. For example, some people at the service required specialist diets and assistance to maintain their fluid intake. Where a specialist assessment from the Speech and Language Team (SLT) was in place this was clear in the care records. Staff told us that they understood what these requirements were, but would benefit from receiving additional training, to support people to eat safely. We checked training records, and found that staff had not received specialist training to support them to care for people with complex needs. When we spoke with the registered manager about this, they told us that they were currently arranging for this training to be delivered.

Staff could explain about the specialist diets that people required. We noted that when specialist involvement was required (SLT) this had been recorded. When we checked records we found that the provider had not carried out their own initial assessment of people's nutritional needs. Recognised professional assessment tools, which should identify people at risk such as the Malnutrition Universal Screening Tool, were not used. We checked records and found that people were routinely weighed but there were no processes in place to monitor changes to people's weight. This meant that we could not be sure that the provider was aware if people's weight had changed and would take action accordingly.

Some people required assistance to maintain their fluid intake. We checked records and found that the amount of fluid a person had consumed during the day had been recorded, but there were no records to show that these were reviewed and monitored with action being taken if this was needed. We spoke to healthcare professionals who told us that people had regular access to services.

When we spoke to the registered manager they told us that there were no processes in place to analyse this information and take action if this was required. The registered manager told us, that he was working to introduce the Malnutrition Universal Screening Tool and develop a process to monitor weight and fluid intake. As the provider did not have a robust and consistent approach to monitor weight or fluids we could not be certain that people's needs were met effectively.

The registered person had failed to ensure that people received safe care and treatment by doing all that is reasonably practicable to mitigate risks and had failed to ensure that persons providing care or treatment to service users have the qualification, competence and experience to do so safely. This is a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

Family members told us that they had confidence in the staff and felt that the staff knew people well. One professional who visited the provider told us, "I have no worries at all". We observed that staff knew what particular words or gestures meant and communicated well with people, we saw people exchanging

positive banter together.

Staff told us, they had been given an induction when they started at the service, but the length of time the induction lasted varied from person to person. New staff members told us that they had not started to work towards the Care Certificate, despite them having been in post for a number of weeks. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure staff have a wide theoretical knowledge of good working practice within the care sector. When we spoke with the registered manager about this he confirmed that a 12 week induction was not currently being offered to staff but this was something that he would start to implement.

Staff told us they felt supported by the registered manager and had regular supervision and team meetings. Staff told us this gave them the opportunity to talk about working practices and to obtain guidance. We checked records and found that staff had not received an appraisal of their work in the last 12 months.

During our visit we observed staff regularly asking people if they were happy and how they wanted to be supported. We noted that people were supported in line with their wishes. We 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). The Mental Capacity Act 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 were made by the people who had the legal right to do so.

We were told by family members, that the food was good, presented well and looked appetising. During our inspection we found that food was nutritious and people appeared to enjoy what they were eating. One family member told us, "[Name] likes to graze and there are always nutritious snacks available" People were involved in planning their menu each week and meal plans offered nutritious options. We observed staff asking people if they wanted drinks, by using gestures and communication that the person appeared to understand. We observed staff sitting with a people and supporting them by being patient and encouraging.

The design, layout and decoration of the building met people's individual needs. Corridors and doors were wide enough to allow for wheelchair access. The premises were well maintained with a clean, bright and clean environment. We saw people's rooms had been personalised and decorated to suit their needs. All the living areas were clean which included the kitchen and bathrooms. Outside, there were large gardens which were well kept.

Is the service caring?

Our findings

Family members told us that they were happy with the care and support they received from the provider and that the staff was caring. Family member's told us, "The service is caring and staff meet [Name] needs." Another person told us "I believe the staff are caring."

On the day of our inspection, we observed that there was a calm and relaxed atmosphere and people had good relationships with staff. We observed staff members talking with people in a caring and respectful manner. One staff member gently rubbed a person's cheek to help to provide reassurance and we saw staff speaking in a soft and respectful manner.

We observed staff bending down to speak with people at the right level. Staff was able to tell us detailed information about how they interacted with people. One staff member said, "[Name] is partially blind, but they really like it when I just sit with them and put some gentle music on and I rub their hand. I know [Name] likes it because the way his face lights up. Another staff member told us, "[Name] really likes bird song, so we brought some sensory equipment that makes bird noises. Sometimes we listen to birdsong together and I rub his arm. The expression on [Names] face tells me they really like this."

Staff was motivated and passionate about their work and told us they thought people were well cared for. One family member's told us "[Name] is happy living there and the staff know how to interact with the people who live there."

We observed staff being friendly, patient and discreet when providing care for people. We saw that they took the time to speak with people as they supported them. We observed positive interactions between people. For example, we saw a staff member being patient, kind and encouraging when speaking to one person and used gestures to understand what they would like.

We observed that people's privacy was respected. Bedrooms had been personalised with belongings, such as furniture, photographs and ornaments. Bedrooms, bathrooms and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Staff could explain that they understood the importance of maintaining people's privacy and human rights. Staff supported people to maintain contact with friends and family. Visitors and family members told us they were always made welcome and were able to visit at any time.

Is the service responsive?

Our findings

People and their families were involved in the care planning and assessments. Family members told us they were aware of their relative's care plan. One person said "I am aware of [Names] care plan."

We checked records and found that their choice and preferred routines with personal care and daily living were recorded. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. We saw people choosing to spend their time in different parts of the building as they wished.

We observed that people were supported in line with their wishes and they were able to make choices. Where people lacked the capacity to make a decision for themselves, staff involved family members or advocates. We checked records and found that people had their needs assessed before moving in. This was to help the service understand if they could meet the person's needs. We found that care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. For example, the care plans described in detail how staff should communicate with the person using non-verbal cues. Daily records detailed the care and support provided each day and how they had spent their time. Staff members shared information about changes to people's needs in a handover meetings at the end of each shift.

We observed that people's individual choice were respected and upheld. A family member told us that the service met their relative's social needs well. "All of [Name] social requirements are met." Family members told us that people had enough social opportunities to give them fulfilled and meaningful lives. We found that people were able to take part in a range of activities. For example, some day's people would be supported to go to the local swimming pool, attend a day centre, go for meals, or walks at the local park.

Family members told us they were aware of the provider's complaints process but had not raised complaints with the service. The service had not received any complaints over the last 12 months and there was a process in place to deal with any complaints that may be made in the future.

Is the service well-led?

Our findings

Family members told us the service was not consistently well led. One family member told us, "There has been numerous registered managers since [Name] has lived at the home, this doesn't give the home any sort of consistency."

We looked at records related to the running of the service and found that the provider did not have a robust approach to consistently monitoring and improving the quality of the care that people received. We found that the service had recently introduced a quality assurance audit and identified some areas for improvement. For example, it was identified that better visual aids were required to help with communication, and that documents should be introduced to ensure that people weights are monitored. It identified that all staff should have up to date training, and that maintenance issues should be reported as they occurred. Whilst the newly introduced system show areas that needed improvement, there was no records available to show that improvements had been made or were being made as a result. We noted that this could be because it had only been completed a few days before our inspection took place. We spoke to the manager and asked for further evidence of audits being carried out. Other than the audit that had been carried out the week prior to the inspection, no records were available to show that audits which review the quality of the service had been carried out since 2014.

When areas for improvement had been identified, we found that they hadn't been followed up. For example, during our inspection we looked at the water temperature records. Water temperatures are taken to ensure that the water is not too hot or too cold. The records showed that the temperature of the water in some of the areas of the building was too hot. The registered manager told us that this had been reported to the maintenance team and the problem had been fixed. We checked recent records which showed that the problems remained. Checks had identified areas that needed to be addressed but remedial action had not been taken to fix the problem. We brought this to the registered manager's attention. The registered manager told us that some areas of the service needed to be improved and that action would be taken.

This is a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014, Good Governance.

Staff told us that team morale was good, and we observed that there was a positive culture at the service. It was clear that people worked well together and staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service.

Staff told us that they were able to question practice and report concerns to the registered manager and he would take them on board and make changes. One staff member told us "I make suggestions for improvements and [Name] takes this into account."

Not all staff understood what the vision of the service was, nor the set of values that they should demonstrate in their day to day work. Some staff told us that this may have been covered within their corporate induction but they did not understand how it would apply to their day to day role.

We observed that the service had a positive culture that was open and inclusive. We spoke to a Health professional who agreed with this view. We found that practice around embedding equality; diversity and human rights could be developed further. For example, records did not show that people spiritual, cultural, gender or sexual identity had been considered. The records did not allow for this to be assessed. When we spoke to the registered manager about this he told us that the service was currently developing a better approach around how this could be put into practice.

On the day of our inspection, we saw that staff and management were clearly committed to providing good care with an emphasis on making people's daily lives as happy as possible. The registered manager was able to demonstrate that he knew all of the people who lived at the service very well. We were told that the registered manager led by example and staff adopted the same approach and wanted to provide a good service for people. Staff told us management were supportive and typical comments included "The registered manager is fairly new, but I've seen a real improvement since he's been here."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to ensure that staff received training in Dysphagia, Legionella, autism, learning disability or managing behaviour, communication skills.</p> <p>Regulation 12 (2) (c)</p> <p>The Registered Person did not have a robust and consistent approach to monitor weight or overall fluid intake, so it was unclear if action would be taken if needed.</p> <p>Regulation 2(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person failed to have systems and processes in place to allow them to assess the quality of the service they offered to people and to keep them safe by analysing risks to safety, learning by their mistakes or taking action to improve the quality of care provided.</p> <p>Regulation 17 (a) (b) (f)</p>