

Estuary Housing Association Limited

Estuary Housing Association Limited - 1 Bradd Close

Inspection report

1 Bradd Close
South Ockendon
Essex
RM15 6SA

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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

1 Bradd Close 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 care home accommodates eight people in two co-joined bungalows. The care service was 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.

At our last inspection, the service was rated Good overall, with well-led being judged as Requires Improvement. This was because the registered manager was not being provided with support and quality assurance processes were not being implemented in line with the provider's policies. At this inspection, while the registered manager was on extended leave, we found that improvements had been made. Actions were in place to support the acting manager and to carry out the provider's quality monitoring procedures. At this inspection we found the service remained Good.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The deputy manager was acting as manager in leading the service.

Procedures were in place to protect people from harm and staff knew how to use them to keep people safe. Risk management plans were in place to support people and their safety. There were also processes in place to manage any risks in relation to the running of the service. Medicines were safely managed to ensure people received their prescribed medicines to meet their needs.

There were enough staff to keep people safe. Staff felt well trained and used their training effectively. People received the support they needed to eat and drink well and their health needs were well catered for with appropriate referrals made to external health professionals when needed. People were helped 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 respected people's privacy, dignity and independence. People's needs were assessed and they were supported in a person centred way. Care plans were detailed and people and those who mattered to them were included in developing these. Relatives felt welcome in the service. They also felt able to express any concerns, that that they would be listened to and actions would be taken.

There was stable leadership in the service; people living and working in the service had the opportunity to

say how they felt about the home and the service it provided. People knew the management team and staff told they found them to be approachable and available in the home.

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.

<p>Is the service safe?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains Good.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service has improved to Good.</p> <p>Improvements were noted at this inspection. Actions were in place to support the acting manager and implement the provider's quality processes.</p> <p>The service was well led. People and staff were positive about the running of the home.</p> <p>There were systems in place seek people's views, to value staff and work with ther agencies.</p>	<p>Good ●</p>

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection was undertaken by one inspector on 13 December 2017 and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with three people's relatives by telephone. We also spoke with the acting manager and four staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

At this inspection we found that people continued to receive a safe service. We saw that people were confident in interacting with staff. Relatives told us they felt people received a safe service. A relative said, "There are always enough staff and it is always really clean." Another relative told us that safe arrangements were in place to ascertain who visitors were before they could meet with people using the service.

People were supported by staff who had received training and who had a clear understanding of how recognise and report abuse. Staff were aware of their roles in regards to protecting people and confirmed they would do this without hesitation to keep people safe. Records showed that the acting manager had acted on a concern reported by staff of an injury to a person using the service. The acting manager, with the provider's representative, had taken immediate action to safeguard the person's well-being and report the matter to the local authority.

Risks individual to the person had been assessed and reviewed such as in relation to choking and pressure ulcer prevention. The assessments gave staff guidance on how to support the person safely and staff had had training on safety matters. There were processes in place to keep people safe in emergency situations.

Procedures were in place to identify and manage risks relating to the running of the service including fire and water safety. Staff told us that the provider retained a maintenance service who were prompt at coming to attend to any repairs that might be needed.

No new staff had been recruited since our last inspection so we could not test the robustness of the provider's current staff recruitment process. Clear recruitment policies and procedures were in place. Staff and the acting manager confirmed that these were used to safeguard people.

Relatives and staff told us that there were enough staff to meet people's needs safely. This was confirmed by review of the records and observations on the day of the inspection visit. Staff told us that regular bank staff, who knew people living in the service, were used to cover shifts.

People's medicines were safely managed. Staff followed safe working practice when administering people's medicines. Checks were in place to ensure that people received their medicines when they should. A relative said, "They have got [person's] medicines just right now." Records showed that some people had their medicines crushed. Staff told us this was not to hide the medicine but to help people swallow tablets more easily where liquid medicines were not available. Staff confirmed that clearer written agreement for this will be sought from the GP and pharmacist. Staff competence assessments to administer medicines safely were completed.

Systems were in place to promote infection control. This included staff training and regular cleaning schedules. Staff used their learning in every day practice, for example, by date labelling foods once opened and using personal protective equipment properly such as gloves and aprons to limit cross infection. Automatic soap dispensers and hand sanitisers also supported good infection control practices.

Lessons learnt were shared with staff at team, handover and supervision meetings. The provider had notified the Commission of an incident with a piece of equipment where a person using the service had received a minor injury. The provider had instigated a full investigation. Acceptance of the provider's complaint relating to maintenance issues was received from a contractor. Suitable actions had been put in place by provider. All staff spoken with were very aware of the incident and steps to be taken to ensure it did not reoccur.

Is the service effective?

Our findings

People continued to receive effective care. Records and discussion with staff showed that people's diverse needs were assessed. This was so that care could be provided to meet these effectively and in line with legislation and current industry recognised good practice.

Staff received training to support them to be able to care for people safely and well. The registered provider had a well-established system to provide staff with ongoing training and staff told us that this was effective in helping them to do their job well. A system of regular supervision and annual appraisal was in place. These were used, for example, to support staff to set personal goals for learning and skills development. A member of the bank staff team told us the provider also included bank staff in all the staff training, supervision and competence assessment processes. Relatives told us they felt staff were competent and one relative said, "Staff are brilliant."

People's dietary and lifestyle requirements were assessed, known to staff and respected so that people received the food they needed and preferred and in a safe way. Fluid and food balance charts had been used when people were initially admitted to the service to allow staff to fully assess people's needs in this area and ensure these were properly met. A flexible menu was in place which staff told us included people's known likes and preferences. The acting manager told us that this was to be reviewed to ensure that people had full opportunity for variety. We saw that staff sat with people throughout the lunchtime meal to provide supervision and support as needed.

Effective systems were in place to ensure clear communication and maintain continuity of care. People's choices, preferences and needs were shared with professionals and organisations who supported them. This included, for example, the Speech and Language Team, who had provided advice on how people's food and drinks should be prepared to limit the risk of choking and maintain good fluid and nutritional intake. This information had been included in people's care plans in pictorial format and was known and carried out by staff in everyday practice.

People's day to day health needs were met in a timely way and they had access to health care professionals when necessary. Records showed that staff had supported people to register with a GP and dentist and attend appointments as needed. People's care records showed that their healthcare needs, appointments and outcomes were clearly recorded to ensure all staff had clear information on meeting people's needs. A relative said, "When [person] was in hospital, staff stayed with them. [Person] would not have survived without the care and the food [person] gets from the staff at the home which had made them strong."

The premises catered for a range of people's needs. Each person had their own bedroom. People also had access to different communal spaces which enabled them to meet with their visitors in private or have a change of 'scenery' and companions. Adaptations had been provided to support access to the home and to the garden. Equipment was in place to meet people's needs for independence, safety and comfort.

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 people 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA. Records showed that decisions made had taken people's best interest into account. Required steps were followed to ensure that restrictions placed on peoples' liberty were lawful and their human right to freedom was protected. The acting manager showed us they were in the process of completing applications to the local authority for DoLS where this was now appropriate. Assessments were also being completed such as in relation to the use of lap belts.

Is the service caring?

Our findings

People continued to receive a caring service. A relative said, "Staff at Bradd Close really do care about the people there. "Another relative told us, "We always feel that staff are very caring there and [person] has favourite staff."

Staff supported people in a kind and caring way. People were relaxed in the company of staff and their body language indicated to us that they were happy with the staff that provided their care. We saw that staff spent time engaging people and talking with them in a friendly and companionable way. A relative said, "Staff are very kind and also very patient."

The stability of the staff team meant that staff and people living in the service had had time to get to know each other and build relationships. A relative told us, "There are always the same carers and familiar faces for people." Staff were familiar with how people communicated and what people's gestures and verbalisations meant for them. Staff told us that one person may ask for tea, however this could mean a request for a variety of things. Staff took time to offer a range of drinks and foods until the person accepted the one they wished to have.

People were able to express their views and be actively involved in making decisions about their care to the best of their ability. Easy read information was readily available to people on a range of issues. Relatives confirmed that they were also involved in decisions regarding people's care and treatment where this was needed. One relative said, "We are always invited to reviews and involved in decisions about [person's] care." The acting manager advised that an advocate had been sourced for one person. An advocate acts to represent the interests of a person and ensure their voice is heard and their rights respected.

Staff respected people and supported them with dignity. We saw that staff spoke quietly when discussing a matter of personal care with a person, so as to protect the person's dignity. A relative told us that their family member was always nicely dressed and well-presented and said, "[Person] is growing old gracefully." People's personal information was respected and securely stored.

People's abilities and independence were encouraged. Staff and care plans told us, for example, that one person was encouraged to eat independently but that staff took over when the person showed they had become too tired to continue. We saw this in practice and that people were provided with utensils that supported them to maintain independence.

People's relationships with others were supported and valued. The service had its own vehicle which enabled staff to take people to visit family members and bring back to their home afterwards. Relatives told us they always felt welcomed in the service. One relative said, "Staff are so friendly and you can always pop in." Another relative said, "We are always made welcome and offered a drink if we would like one. You feel you can stay as long as you like, you don't feel they are waiting for you to go."

Is the service responsive?

Our findings

People continued to receive a responsive service. We found that staff continued to assist people well with their care and support and that staff were responsive to people's individual needs. A relative said, "People's individual needs are known and met. They are treated as individual people here, as they should be. Staff understand [person] so well and go out of their way to make sure [person] has what they need and particularly like."

Care and support was individually planned and appropriate to people's diverse needs. People's individual needs were assessed as they moved into the service and this was used to inform their plan of care. The PIR tells us that information on people's life history and preferences was gained from family members. A relative confirmed that they were involved by the person's keyworkers in developing the care plan, as the person did not have verbal communication skills to do this.

Care plans were written in a person centred way and clarified how people needed to be supported based on people's needs and preferences. A relative said, "[Person] is getting the best care they could. Everything staff do for [person], they do brilliantly. They worked hard to get [person] a better quality of life. [Person] is very happy there." We noted that another person, who had previously been permanently cared for in bed, was now able to spend some time in the communal rooms. Staff told us that they had worked to ensure the person was properly assessed and supported to gain suitable equipment to meet their needs and enable this change in their lifestyle.

People were supported to participate in activities both in and outside their home that reflected their interests and preferences. Staff told us that staffing levels could be used flexibly to support social events and activities. A relative told us that people's preferences and personalities were considered. They said, "Staff have tried to integrate [person] and get them to join in activities such as the Music Man that are held regularly in the home. [Person] does not want this and prefers one to one activities and going out for meals and shopping, and staff accommodate that." Another relative said, "[Person] enjoys themselves there."

Relatives told us that while they had no complaints, they would feel able to express their views about the service and felt they would be listened to. A relative said, "If there were any problems like that then we could contact [registered provider] and would but we have never had to." The provider had a complaints policy and procedure in place. Information about it was displayed in an easy read format. The deputy manager told us that no complaints had been received since the last inspection so we were unable to judge the procedures' effectiveness at this time.

The registered manager told us in the PIR that they were an End of Life Champion and that they had recently updated the provider's policy on end of life care. While none of the people living in the service at the time of our inspection visit were receiving end of life care, staff were able to tell us how this had been provided for other people since the last inspection. This included working with staff from the local hospice and ensuring that pain relieving medication was available to enable people to have a comfortable and dignified death that respected any specific religious needs.

Is the service well-led?

Our findings

At our last inspection we noted that aspects of the provider's quality assurance processes were not comprehensively completed and the registered manager had not been provided with support and assessment through formal supervision. 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.

At this inspection we found that improvements had been made. The registered manager was on unexpected extended leave and so was unable to update us on all the planned improvements as stated in the PIR. The acting manager however told us that they were being well supported by the provider and confirmed they were receiving very regular formal supervision. While there had been slippage in the completion of some checks as a result of the management change, the acting manager told us that they were now aware of these gaps and had plans to address this. A senior staff member told us, for example, that they and another staff member had already been allocated the task of completing a full medication audit within the week of the inspection visit.

Relatives told us they felt the service was well managed. One relative said, "Under [acting manager's] supervision, the staff are well led." Another relative said, "It is wonderfully well run." Staff told us the service was well organised and staff were aware of their roles and responsibilities. One staff member said, "It runs efficiently here. We each have jobs allocated so things get done. We have policies and procedures to tell how to do them well. We work well as a team."

Relatives told us they felt that culture in the service was open and the management team were aware of how the service was running. A relative said, "It's a nice, small service and the manager knows everybody and how they are doing." People also found the management approach to be inclusive. A relative said, "I do feel I could say anything to [acting manager] or [registered manager]. They make you feel that way; that you can talk to them." Staff told us that they felt well supported and listened to by the management team and the provider. Staff advised, for example, that the provider arranged for them to have a travel warrant to enable them to attend training.

People were asked for their views in relation to the running of the home. The provider had completed a summary of the responses to the survey of family, friends and visiting professionals undertaken in 2016. This was totally complimentary in all responses including the personalisation of the care provided, communication and management response. We also saw some completed questionnaires from this year's survey which was underway, all of which were complimentary.

The service had developed links with the local community. The provider's newsletter showed that people at this service had invited neighbours, family and friends to a beach themed event. The service also worked in partnership with other agencies to help ensure people were kept informed of guidance to ensure their knowledge was up to date. The PIR told us that the service participated in the Community Safety Fun Day.

This was to raise awareness on issues such as healthy relationships and police initiatives on keeping safe in the community, for example from hate crime.

Providers of health and social care are required to inform the Commission of certain events that happen in or affect the service. The provider had notified us promptly of the absence of the registered manager and their actions to ensure sustained leadership and quality in the service. They had also notified us of an incident relating to the use of equipment and shared their investigation report and actions taken in an open way.