

South Essex Special Needs Housing Association Limited

Aveley House

Inspection report

Arcany Road
South Ockendon
Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Aveley House is a domiciliary care agency providing personal care to 183 people in their own homes. The service covers a wide geographic area in Essex, including Castle Point, Rochford, Basildon, Basildon North, Brentwood, Harlow and Epping.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the provider was supporting 180 people with personal care.

People's experience of using this service and what we found

Safeguarding systems and policies had improved. An audit system was being planned for staff recruitment files to identify existing gaps. A new electronic call monitoring and care planning system had significantly reduced missed and late visits. Infection prevention and control (IPC) measures had been introduced. Medicines were being managed safely and regularly audited. Detailed analysis of themes and trends had not yet been established.

Improvements had been made to training, supervision and appraisals, including for the management team. People received assessments of their care and support needs, and consent had been considered. Staff supported people with food and drink, giving people options and choice. The provider had acted on advice from the local authority to drive improvement.

People told us they felt safe and well cared for. Most people told us they had small teams of regular care workers to support them and who knew their needs. Feedback on the punctuality of visits was mixed but there were no examples given of missed visits. People told us care workers were kind, caring and competent.

Complaints were being logged with action taken. A revised policy was in place for meeting the Accessible Information Standard. Care plans and risk assessments were subject to regular review. Information on people's interests and life stories were recorded to reduce the impact on people of social isolation. End of life training was provided by the hospice to a manager, to be cascaded to all staff.

A new registered manager was in post since the last inspection. Action had been taken to improve the culture of the service, and to be more open, transparent and consider lessons learned when things had gone wrong. Organisational reporting lines had been clarified. The registered manager was sending notifications to CQC as required by law. It needs to be demonstrated going forward that improvements made are embedded, developed and sustained.

We have made a recommendation about recruitment practices, analysis of themes and trends to drive improvement, and sustaining and embedding governance and oversight systems.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 10 November 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 November 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Aveley House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

After the last inspection, the previous registered manager had resigned. At this inspection the service had a new manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection, due to the majority of the inspection being carried out remotely to reduce the risks of COVID-19. Inspection activity started on 1 October 2021 and ended on 21 October 2021, during which time we reviewed documents provided and made telephone calls to speak with people, their relatives and staff. We visited the office location on 13 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including care workers, senior care workers, co-ordinators, the quality monitoring officer, registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection systems and processes were not established and operating effectively to prevent potential abuse, placing people at risk of harm. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- At this inspection, a new safeguarding policy had been developed, setting out lines of responsibility and accountability for responding to and reporting safeguarding concerns.
- A new system was also in place to record safeguards, complaints, accidents and incidents. This will need to be embedded and further developed to show proactive analysis of themes and trends.
- We identified one complaint which should have been referred to the local authority safeguarding team. The registered manager explained the steps they had taken to ensure the person was safe from the risk of harm, and promptly raised this as a retrospective safeguard alert.
- The registered manager told us they had been working to change the culture around safeguarding, viewing incidents as a learning opportunity to improve rather than a criticism.
- Care workers told us they felt comfortable to escalate any concerns to managers if they felt a person was at the risk of harm, and externally if required. One staff member said, "I would go to social services." Senior staff, including the registered manager, had completed training on managing safeguarding investigations since the last inspection.

Staffing and recruitment

At our last inspection recruitment procedures were not established and operated effectively to ensure that staff recruited were able to provide care and treatment appropriate to their role. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- We found there were gaps in staff employment history that had not been explored in one of two staff recruitment files viewed. However, the registered manager told us both members of staff had worked for Aveley House previously, and they were confident about their suitability and conduct in providing care and support as they returned to their previous roles.
- The registered manager told us they would put in place a new system for reviewing all staff files, so any gaps could be identified and mitigated as part of ongoing staff monitoring and supervision.

We recommend the provider embeds processes to ensure the safe recruitment of new staff.

Assessing risk, safety monitoring and management

At our last inspection people who use services were not protected against the risk of harm, including risks associated with missed and late visits, medicines management and unsafe infection control practice. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Electronic care plans and risk assessments had been developed for people using the service. We identified one person with a pressure ulcer which was not reflected in the care plan. We raised this with the registered manager who updated it straight away and introduced a new system to alert care staff.
- The provider had set up an electronic call monitoring system since our last inspection, with real time alerts sent to the office. This was working effectively and had led to significant improvements in the monitoring of any missed or late visits, reducing the risk of reoccurrence.
- Whilst people told us they had not experienced missed visits, there was some mixed feedback about punctuality. One person's relative told us, "They [care workers] come at all sorts of times. It could be 9.00am in the morning or 10.00am." However, another person told us, "They're nearly always on time. They give me a ring beforehand if they're late."
- At the last inspection, care worker's rotas did not include travel times or breaks between visits. Whilst these issues had been improved, we identified some late visits scheduled for 11.35pm at night. We raised this with the registered manager, who checked records and confirmed the visits had not taken place at this time and would be scheduled correctly going forward.
- The registered manager also carried out regular audits on issues such as visit start times and durations, following up with staff to understand any reasons for discrepancies and with people to ensure they were happy with the service.
- The risk of potential conflicts of interests caused by members of staff who had a personal relationship working at Aveley House had been considered, and a formal policy drafted and put in place.

Using medicines safely

- People told us they received support with their medicines safely and as prescribed. One person told us, "I'm happy, I get the right tablets, I can't fault them". Another person's relative told us, "One of the carers got involved a little beyond what would be expected in contacting the pharmacy and trying to sort out [person's] medications."
- Where people were supported with transdermal patches, a body map was included in their care plan to show where it should be applied. A transdermal patch is a medicated adhesive patch which is placed on the skin to deliver a specific dose of the medicine through the skin.
- Medicines were recorded on an electronic Medicine Administration Record (MAR) chart, which were

regularly audited, with the action taken and outcomes recorded to reduce risk of harm or reoccurrence.

Preventing and controlling infection

- Whilst staff were being supported to access COVID-19 testing in line with government guidance, the oversight system for this was not up to date. The registered manager told us they would add a key to show any reasons for tests not being carried out, such as staff sickness.
- The provider had introduced a system for tracking any potential COVID-19 contacts and communicating this quickly and effectively. One person's relative told us, "On one occasion one of the carers tested positive [for COVID-19] and was withdrawn straight away. They [Aveley House] called me to advise that I need to get [person] tested straight away, they acted really promptly."
- People told us they felt safe and could describe infection prevention and control (IPC) measures taken by care workers in their homes.
- Staff had access to personal protective equipment (PPE) including face masks, aprons, gloves and hand sanitizer, and had received updated IPC training since the last inspection. One care worker told us, "We have plenty of PPE, masks, hand sanitizer; we have it all."
- New COVID-19 risk assessments were being developed for people using the service, and everyone was assessed according to their support needs as part of contingency planning in case of extreme or sudden staff shortages.

Learning lessons when things go wrong

- The registered manager, provider and wider staff team had worked hard to make improvements following concerns raised at the previous inspection. It was demonstrated they were making good progress in a number of different areas across the service.
- The registered manager was committed to learning lessons when things had gone wrong and was open and receptive to feedback on how to continue to improve the service.

We recommend the provider develops the analysis of themes and trends across all areas of the service, to demonstrate how lessons have been learned when things go wrong and communicated to support improvement.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection staff were not provided with appropriate support, training, supervision and appraisal to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Records showed and staff told us they were receiving regular spot checks, competency assessments, supervisions and an annual appraisal to discuss their development aims. One staff member told us, "We have a supervision form we complete before we meet." This included the quality monitoring officer and training manager.
- New staff received an induction which included completion of the Care Certificate. The Care Certificate is a set of standards for the knowledge and skills of staff working in social care.
- Improvements had been made to staff training, including introduction of online courses. One staff member told us, "New online training has been brought in this year."
- A training quality improvement plan had been developed by the provider, with training being rolled out in phases to ensure staff had the time and opportunity to complete it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received assessments of their care and support needs. People and their relatives told us this was subject to regular review, as well as the quality of care provided.
- Improvements to rotas meant people had more consistent care workers, who understood their needs and preferences. One care worker told us, "I have a regular run which I prefer. It's like being in a bubble, the same people all the time and I get to know them."
- A training plan for staff had been developed specifically taking into consideration the support needs of people using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported some people by preparing their meals and drinks where required. Staff told us they provided choice to people as to what they would like to eat. One care worker told us, "People have the option, I take them [the meals] out and say, 'Which one do you fancy?'."

- People's preferences were recorded in their care plans. For example, one person's care plan stated, "I would like carers to prepare and serve a light meal of choice (usually a brown bread sandwich or a toasted tea cake) along with a cup of tea with no sugar."
- Care plans also recorded details on people's usual appetite, any swallowing difficulties and whether the person could prepare any meals or snacks independently.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Following the last inspection, Aveley House had worked closely and engaged with feedback from the local authority safeguarding and quality teams to make improvements to the service. This had led to care and support being provided more safely and effectively.
- People were supported and enabled to access healthcare and other support as required, for example paramedics, district nurses, GPs and pharmacists.
- Care plans included information on people's healthcare needs, such as the level of support people required with their oral hygiene.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff told us they asked people's consent before supporting them. One staff member said, "I ask them [people] if I can wash them, making sure there's consent."
- Consent to care had been considered, and relevant information recorded in people's care plans, including mental capacity assessments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Systems and processes had been put in place to monitor visits in line with people's assessed needs and to protect them from the risk of harm, to help support a consistently caring service.
- People told us they were satisfied with the quality and safety of their care, other than some comments on punctuality. One person's relative told us, "I have always found them [the care workers] totally efficient and considerate at all times." Another person said, "I find them helpful; I think they're very good."
- Care and support was provided by small teams of care workers who knew people's needs well. One person's relative told us, "There's a continuation of service and some carers are quite regular. [Person] builds up a relationship." Another person told us, "I've a small team of carers. I can't fault anyone. I'm very happy and satisfied."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us a survey was sent out to gather information on people's views about the quality of their care and support.
- Survey results were reviewed and followed up where required, with ongoing monitoring to ensure improvements were made. One staff member told us, "After 3-6 months we review it [the survey response] again, and ask, 'Is there anything more we can do for you?'"
- Regular reviews were carried out, with any actions arising monitored. For example, one person asked for care workers to complete additional laundry support and this was included on their care plan going forward.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected.
- Staff could explain steps they took to support people's privacy and dignity. One staff member told us that before providing personal care, "I make sure the curtains are closed."
- Care plans recorded where people were independent so care workers could support them to maintain this. One person's care plan said, "I can wash and dry myself but need help with my back as it is hard to reach."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection there was no effective system for identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- Complaints were being investigated, followed up and responses and outcomes sent to people or their relatives. The service had also received a number of compliments.
- People told us they felt able to raise complaints if required. One person told us, "If I had a problem, I'd phone them [Aveley House] straight away." Another person told us they could tell their care worker about any issues and this would be passed on.
- Most people we spoke with told us any recent complaints or concerns they had raised had been dealt with to their satisfaction.
- Whilst complaints were being accurately logged and recorded, the analysis of wider themes and trends is still required to demonstrate how the provider continually improves the service in response to feedback.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

At our last inspection we recommended the provider consult best practice guidance to ensure people's needs were met in line with the AIS. The provider had made improvements.

- A policy was in place setting out how Aveley House would follow and meet the AIS.
- People told us care workers supported them to ensure they could understand information and aid effective communication. For example, one person told us how care workers helped them to change the batteries in their hearing aid.

Planning personalised care to ensure people have choice and control and to meet their needs and

preferences

- Improvements had been made in the care planning process since the last inspection, and all records were stored electronically. One senior care worker told us, "From my perspective it is a lot easier, any changes that need to be made can be made and made instantly."
- The registered manager was identifying people with shorter visit durations. Records showed proactive steps were then taken to see if the person had any comments or wishes for additional support or improvements to their care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- New care plans had been developed, which set out people's life histories and interests. Staff could tell us people's interests and topics that would be interesting to them conversationally.
- People told us they had a good rapport with staff who supported them. One person said, "They [the care workers] often stay for a chat when I'm a bit down, they really pick me up."
- A 'Care Circle' had been developed so relatives could access care notes with people's consent, with key information about their care and support. One person's relative told us, "I can see every visit. I know what's happening."

End of life care and support

- Key information was stored in people's electronic care plans, including whether they had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decision in place.
- One member of the management team had attended hospice training on supporting people at the end of their lives, to be cascaded to staff more widely. The registered manager told us they hoped to develop a specialist palliative care team in the future.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had not submitted statutory notifications of abuse or allegations of abuse as required to the CQC without delay. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18 (Registration).

- Recent safeguarding concerns for Aveley House had been notified to the CQC as required by law. The registered manager understood their regulatory responsibility in this area and was continuing to develop notification oversight systems.

At our last inspection we found no evidence that people had been harmed however, systems were either not in place or robust enough to evidence effective oversight of the service and the fulfilment of regulatory requirements, placing people at risk of harm. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Whilst improvements had been made, systems to assess, monitor and improve the quality of the service had not yet been fully developed and embedded. Processes working well in some areas had not been extended to others, such as review of employment files.
- Some areas for improvement had not been identified by the provider prior to our inspection, such as robust records of staff COVID-19 testing, employment gaps and staff risk assessments, although action was promptly taken once issues were raised.
- At the last inspection, we placed conditions on the provider's registration requiring them to send monthly reports on missed and late visits, the reason behind this and any risk mitigation. This had been supplied each month and demonstrated improvements in the monitoring and oversight of care provision.

- We also placed a restriction on the provider accepting any new or increased care for people without requesting written permission from the CQC. The provider had explained in each case how they would meet people's needs. The registered manager told us, "We wouldn't ask unless we were happy it was safe."
- The provider had not yet had the time to demonstrate the improvements made would be sustained and built upon going forward.
- A clear organisational chart had been developed, showing line management responsibility throughout the Aveley House staff team.
- The registered manager told us they planned to join networks and forums to continue to support their development in the role.

We recommend the provider ensures systems and processes are embedded to ensure continued improvement to oversight and governance.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider did not promote a culture that encourages candour, openness and honesty at all levels. This was a breach of Regulation 20 (Duty of Candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 20.

- A revised duty of candour policy was in place, which was tailored to Aveley House and set out processes to follow, as well as a commitment to an open and transparent culture.
- Information was being logged with staff member's names and a time stamp on the electronic system, to show transparency around safeguards, medicines and care visits.
- Most staff told us they felt supported by management, however one member of staff told us some colleagues did not feel this was the case. We also received an anonymous whistle-blowing during the inspection process.
- The registered manager told us they had been working in partnership with the rest of the management team to improve the culture. This included supporting staff to work with the new electronic call monitoring system. The registered manager told us, "Everyone needs to be positive [about change]. The office needs to be positive, so the carers are positive."
- The registered manager told us a staff survey had been developed and sent out to seek anonymous feedback on the service, including whether staff felt supported in their role, for follow up and review. However, responses had not yet been received at the time of inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff had not received a risk assessment to consider whether they were at increased risk of COVID-19 due to their ethnicity or underlying health conditions. We raised this with the registered manager who developed a risk assessment for use straight away.
- People's equality characteristics were considered as part of the assessment and care planning process.
- Team meetings were being held for staff of varying levels of seniority in the organisation, and minutes were available.
- Systems and processes required further development to demonstrate proactive analysis of themes and trends to drive improvement.

Working in partnership with others

- Aveley House worked in partnership with other health and care professionals.