

Estuary Housing Association Limited

86 London Road

Inspection report

London Road
Wickford
Essex
SS12 0AR

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13 June 2017

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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

86 London Road provides accommodation and care for five people who have a learning disability. The five people living at the service on the day of our inspection had lived in the service for some years. The premises are a two storey residential style house in keeping with the other houses in the area. There is parking to the front and an accessible garden to the rear for people's use.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good and was meeting the fundamental standards.

At the time of this inspection a registered manager was not in post. A manager had registered with the commission since the last inspection and had since left the service. The current manager was in the process of making an application for registration with the commission as required. 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 service was safe. Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were satisfactory. Detailed risk assessments were in place for people using the service to support their safety. There were also processes in place to manage any risks in relation to the running of the service. Staff deployment was suitable for people's needs and people's medicines were safely managed.

The service was effective. People were supported by experienced staff to have choice and control of their lives. Staff supported people in the least restrictive way possible; the practices and systems in the service supported this approach. People were supported to maintain good health and nutrition and they had access to healthcare services.

The service was caring. We saw friendly, caring and supportive interactions between staff and people and staff knew the needs and preferences of the people using the service. People's dignity, privacy and independence was respected. Relationships were supported and relatives felt welcomed.

The service was responsive. People's care needs had been assessed with them and they received the flexible support they needed from the service. Care plans were person centred and reflected what was important to the person. The service had a complaints policy in place and people felt able to complain if they needed to.

The service was well-led. The service had a positive open culture. The manager and the provider had systems in place to check on the quality and safety of the service provided and to put action plans in place where needed.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

86 London Road

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 comprehensive inspection was undertaken by one inspector on 9 June 2017 and was unannounced. We also carried out telephone interviews with relatives on 13 June 2017.

Before the inspection, we 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.

People using the service had complex needs that meant we could not obtain their full verbal comments on the service. We spent time sitting with people and observing their interactions with and responses to staff. We also spoke with two of their relatives by telephone .

During the inspection process, we spoke with the provider's representative and a member of staff working in the service. We also spoke with the manager of the service by telephone on 12 June 2017. We looked at two people's care and medicines records. We looked at recruitment 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. People confirmed they felt safe living in the service. We saw that people were confident in approaching and interacting with staff and in moving around their home. A relative said, "I do feel [person] is safe here. There is nothing to suggest that [person] is unhappy in any way. We know by [person's] comfortable demeanour that staff must be doing everything right." Another relative told us, "I do feel [person] is safe there as they never say otherwise when we chat, [person] confirms they are happy there, we have never had a reason to worry."

People had their individual risks assessed and staff worked in accordance with this. People's care plans included information about risks individual to them and a plan was in place to help staff to manage these safely. Staff were aware of people's individual risks and how to help people in a safe way. This included, for example, the risk of aspiration, where people may inhale food into their lungs. The manager had appropriate procedures in place to identify and manage any risks relating to the running of the service. This included areas such as fire safety and to staff lone working in the service.

The provider had effective systems in place to safeguard people from abuse. Staff had attended training in safeguarding people. Staff were aware of their roles in regards to protecting people from the risk of abuse and how to report concerns. They confirmed they would do this without hesitation to keep people safe.

People were protected by the provider's staff recruitment process. Suitable arrangements were in place to ensure that the right staff were employed at the service. Records confirmed that relevant checks were carried out by the provider before a new member of staff started working at the service. These included references, proof of their identity and criminal record checks. Profiles were also available for regular agency staff working in the service that confirmed that appropriate checks had been completed.

People were supported by sufficient numbers of staff to meet their needs safely. Staff told us that staffing levels were assessed for each person and in place in relation to the assessed and funded hours. Staff reported that there were sufficient staff to enable them to meet people's needs appropriately. We saw that staff spent time with people as well as completing the necessary care and ancillary tasks such as preparing meals and drinks. Staff and records confirmed that additional staff were rostered where people had one to one hours for social activities or, for example, needed support at a healthcare appointment. A relative said, "The staffing levels are good, [person] goes out for activities and there are always one to one staff available."

The provider had systems in place that ensured people received their prescribed medicines in a timely and safe manner. People received their medicines as prescribed and medicines were stored and administered in line with current guidance and regulations. Medication administration records were consistently completed and tallied with the medicines available. We saw that people's medicines were administered in a respectful way and in a format suitable to their individual needs.

Is the service effective?

Our findings

At this inspection we found that people continued to be supported by staff who were suitably trained and provided with opportunities for guidance and development. The manager sent us written information to show that staff received appropriate training and updates. While no new staff had been appointed since the last inspection, staff told us that they received a suitable induction when they started working in the service. Staff confirmed they received the training they needed to enable them to provide safe quality care to people. Staff also told us that they felt well supported and received regular formal supervision and annual appraisal. This was confirmed in staff records.

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 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).

We checked and found that the service was working within the principles of the MCA. The manager and provider took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and had a good understanding of the Act. Staff knew how to support people in making day to day decisions. A staff member told us, "We never make assumptions about people's ability to make a decision. We ask and if they cannot, we make it for them in the least restrictive way and that is in their best interest." We saw assessments of people's capacity in their care records. The manager confirmed that appropriate applications had been made to the local authority for DoLS assessments and this was confirmed in people's records. The manager will notify us as required as these are authorised.

People's dietary and lifestyle requirements were known to staff and respected so that people received the food they needed and preferred. Staff told us that menus were planned based on people's individual preference and that people took part in the 'house' shopping. We saw that staff supported people to make food and drinks and that people made their own choices. Staff told us that people's weight was no longer monitored as this was more in keeping institutional practice rather than person centred care. Staff knew people well and told us they would recognise any weight loss and take appropriate action to support people with this as needed.

People's care records demonstrated that staff sought advice and support for people from relevant professionals. Each person had a 'hospital passport' as part of their care records. This provided important information about the individual person's needs, abilities and preferences. People's care records showed that their healthcare needs, appointments and outcomes were clearly recorded to ensure staff had clear information on meeting people's needs.

Is the service caring?

Our findings

People continued to be supported in a caring environment. This was identified by our observations during the inspection visit and through our discussions with people, staff and people's relatives. One relative told us, "The staff are fine with [person], they know [person] well and how to care for them in their best interest." Another relative said, "The staff seem very friendly and very good to people and know what care they need."

Staff had worked with people in the service for a number of years and this continuity supported the building of relationships. People spoke to and about staff by name and with obvious comfort and confidence. A relative said, "If [person] is home to visit, they get itchy feet to go back. [Person] knows everybody's name there are and they are all very chatty together."

People's personal relationships were respected and supported in the service as were those with their relatives and friends. A relative told us, "Staff are aware of the different personalities of people in the service. While they support other people to speak with us when we visit, they also gently direct other people away. This means that our time with our relative is protected, they are not pushed out and conflicts for attention are avoided."

People's privacy and dignity was respected. Each person had their own bedroom which was treated as their own personal space and was decorated in an individual style reflecting, for example, their favourite football team. A relative said, "Staff always speak to people with respect."

People's independence and choices were encouraged. We observed people being encouraged to make choices throughout the inspection, such as whether to show us their bedroom, to help making drinks or to have their medicines. One staff member had designated responsibility for an area of work titled "Active Support". The staff member told us that this focused on working with people living in the service over a period of time, identifying and working on tiny steps that built new skills and supported independence.

Is the service responsive?

Our findings

People continued to receive care that was personalised and responded to their individual needs. Care plans were detailed and regularly updated. They provided staff with clear information on the support each person needed and how to provide this safely and well. Staff knew people's daily care needs and preferences and how to meet them. Staff told us, for example, that one person was at risk while eating toast which the person enjoyed. Agreement had been sought from the relevant professionals that the person could continue to have toast provided this was not well cooked and was buttered right to the edge while hot so that it was soft

Staff told us and records showed, for example, that one person had been supported to develop their skills in a person centred way. Staff explained that when the person came to the service they 'were quite low' and spent much of their time just looking at catalogues which did not provide them with an overall quality life experience. With support and over time, staff had planned with and supported the person to increase their confidence and skills in a safe way. A staff member said, "[person] now does lots of things like making a cup of tea with hand over hand support, mopping the floor and stripping their own bed to help with their laundry."

Relatives confirmed that people received care that was planned and responsive and that they were part of the care planning with people using the service. A relative said, "They provide brilliant care. We know about the care plan, they share everything with us." Another relative told us they had queried why a person's routine of visiting a relative was being changed. The relative said, "I spoke to staff who explained it was [person's] choice. I spoke to [person] who confirmed this. The staff changed the routine and the one to one staffing plan for this. They really do listen to [person] and respond." Staff explained that the person was finding it too tiring to visit their relative on a weekday evening and this had been changed to a weekend day combined with a shopping trip in the area, which the person enjoyed.

People, records and relatives confirmed that people had opportunities for social activities and it was clear that staff tried to ensure each person took part in the activities they liked and had an interest in. One person was at their regular daily centre and two other people were out for shopping and a meal during our inspection. A relative told us, "They do nice things. [Person] and another person went out for a meal of their choice for person's birthday. The manager took a person to the Arsenal to watch a football match as they love that team. People go out regularly."

The provider had a clear system in place to manage complaints and to show they were investigated and responded to. The manager told us that no complaints had been received about the service since the last inspection. This meant we were unable to assess the procedure's effectiveness at this time. Information on how to raise any complaints was available in suitable formats. Relatives told us they would be able to raise concerns with the manager and felt they would be listened to. A relative said, "There are no problems, we can always ask about things, it is great. We have never had any complaints and one hundred per cent we would feel able to say if there were any issues."

Is the service well-led?

Our findings

The service continued to be well led. The registered manager had left since our last inspection. 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 current manager had worked in the service as a support worker so knew the people, the staff, the service and the organisational systems well. They confirmed that their application to register with the commission was in progress as required. The manager also confirmed that they were supported by the organisation and its systems to manage the service well. Staff told us the manager was supportive and relatives knew the manager by name. One relative told us that the change of managers in the service had not impacted on the good quality care the service provided. Records overall were well organised. We were unable to access some required records on the day of our inspection, however these were subsequently made available to us.

The manager provided us with written feedback obtained in the past year through questionnaires from people using the service, their friends and family and professionals involved in the person's care. These were all positive in their responses. Relatives told us they found the service to have an open culture where they could ask questions freely. One relative said, "That is never a problem. We can speak to them and they communicate well with us." People were provided with information in a suitable way and their views on the service were sought. Staff advised that group meetings were no longer being held to gather people's views as these were not a suitable format for the people using the service to express themselves. Instead, staff held individual bi-monthly meetings with people to look at the success of all aspects of the support provided such as outings, social activities or any safety issues such as falls.

Systems and checks were in place to monitor, report and act upon on all aspects of the service to ensure continuous improvements and to provide people with safe, quality care. This included checks and audits within the service such as fire safety checks and medicines audits, which were then assessed by the provider's representative as an external 'eye'. Analysis of incidents, for example, noted a trend and resulted in staff team discussion with new strategies to support different behaviours being implemented and recorded. Continued monitoring of these records showed the effectiveness of the changes and the ongoing improvement for people's experiences in the service.