

Estuary Housing Association Limited

Estuary Housing

Association Limited - 16

Vista Road

Inspection report

16 Vista Road
Wickford
Essex
SS11 8EJ

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13 March 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

16 Vista Road provides care and accommodation for up to 3 people who have a learning disability. There were three people living at service on the day of the inspection. At the last inspection, the service was rated good. At this inspection we found the service remained Good.

The registered manager was present during our 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.

There were enough staff on shift to meet the needs of people who used the service and people were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service support this practice.

Staff understood how to keep people safe and could describe the correct steps they would take if they were concerned that abuse had taken place. Accidents and incidents were appropriately recorded and investigated and risk assessments were in place for people who used the service.

The registered manager and staff involved people to make decisions about the service they received and obtained people's feedback on how the service should be run. People told us that staff understood their needs and preferences well, and they received effective care and support from well-trained staff.

Staff had developed caring relationships with the people they supported. Family members told us that there was a positive atmosphere and people were encouraged to take part in the activities they wanted to pursue. A wide range of activities were on offer to people.

Medicines were managed safely and staff members understood their responsibilities. The registered manager undertook regular audits and improvements were carried out when these were needed. The quality of the service was monitored and assessed consistently.

People who used the service, family members, and visitors were encouraged to make comments, complaints, or compliments about the service.

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?

Good ●

This service remains good.

Staffing levels were appropriate to meet the needs of people who used the service.

The registered manager knew how to keep people safe and staff had been trained in how to recognise signs of abuse.

Staff managed and administered medicines safely.

Is the service effective?

Good ●

This service remains good.

Staff were suitably trained and received regular supervision and appraisals.

People's dietary needs were met and people had access to health care if they required it.

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

Is the service caring?

Good ●

This service remains good.

People were treated respectfully and staff were kind and caring in their approach.

People had limited verbal communication and had been involved in their care planning as much as they were able to be.

Is the service responsive?

Good ●

This service remains good.

Care plans were detailed and informative and they provided staff with enough information to meet their needs

People's needs for social interaction were met and there was a wide variety of activities for people to participate in.

The registered provider had a complaints policy and procedure in place and people knew how to make a complaint.

Is the service well-led?

This service remains good.

The registered manager supported staff to carry out their role to the best of their ability.

Quality assurances systems were in place to monitor the quality of care provided to people.

People and their families told us the manager was approachable and managed the service well.

Good ●

Estuary Housing Association Limited - 16 Vista 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 2014.¹ This was a comprehensive inspection.

The inspection of 16 Vista Road took place on 13 March 2017 and was announced which meant that the provider knew that we were coming, we did this so we could be certain that people would be at the service. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us. We carried out a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI.) SOFI is a way of observing care to help us understand the experiences of people.

We communicated with all three of the people who used the service, although they were not able to share their views with us verbally, they used facial expressions, gestures and body language to communicate with us.

We spoke with all two family members, one health professional, the registered manager and three members of staff. We inspected the care plans of two people and looked at information about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents and incidents, complaints, clinical governance, audits and policies and procedures. Reviewing these records

helped us to understand how the provider responded and acted on issues related to the care and welfare of people.

Is the service safe?

Our findings

People and their family members told us that they thought the service was good and that they felt safe living at 16 Vista Road. One family member said, "[Name] is safe there. I am a mum and you can be wary of a lot of things, but I feel [Name] is very safe living there."

We found people were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse, and had received the appropriate training. One staff member said, "If I had any concerns I would report it to my manager, and then the senior manager. If needs be I would go to the police or the CQC."

There was sufficient staff available to meet people's needs. The staff rota showed that staffing levels had been consistent. The registered manager told us that they had approached the local authority for some additional funds to increase the amount of one to one time due to changes in people's needs.

The registered manager made sure there were arrangements in place to manage risks appropriately. For example, specific risk assessments were carried out when people needed them, such as, accessing the community and mobility. When a risk was identified, there was detailed guidance available to staff about how to support the person in such a way as to reduce the risk.

People's medicines were managed safely. Staff had received training in medicines management and had their competency observed by the registered manager on a regular basis. Medicines were stored and disposed of safely and in lines with current guidance. People received their medicines as prescribed.

Is the service effective?

Our findings

People received support from staff who understood their preferences, and were well trained. One staff member said, "We have loads of training here, it is regular and on going. This is a good thing because you can always look at ways you can improve the care and support that you give." Staff had been given the appropriate training which included training more specific to people's support needs like epilepsy. Staff had individual development plans in place, and were supported to develop within their roles.

Staff received an induction when they first started work. Staff told us they had regular one to one meetings with their manager and were given annual appraisals of their work. When speaking about the registered manager, one staff member said, "They are so supportive and will work with you to develop. For example, I am learning more about the management processes."

Staff knew how to support people whose capacity to make decisions varied from day to day. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)." We observed that people were not restricted to move around the home, and spaces such as the kitchen areas had been made safe. Some people liked to wander, but staff always knew where people were and would approach them in a caring manner if they felt the person needed support."

People were supported to have a sufficient amount to eat and drink and to maintain a balanced diet. We observed people being offered the choice of what to eat and when and where they wanted to have their meal. People were involved with shopping and there were a good supply of fresh and frozen foods available. People's weights were taken regularly and monitored to ensure that their nutritional intake was sufficient to keep them healthy.

Staff supported people to maintain their health. Family members told us that health professionals were quickly involved if needed. One family member said, "I do feel [Names] health needs are met." Information in people's care plans recorded the involvement of health and social care professionals and contained information describing how the person would maintain their health. Information was available so that if the person needed to go to hospital medical staff would know about how the person communicates, how to identify pain, and the things that are important to that person.

Is the service caring?

Our findings

People were relaxed and comfortable around staff and were smiling and responded to staff in a positive way. One family member described the staff as, "Kind and caring."

On the day of our inspection there was a calm and relaxed atmosphere and we observed people had good relationships with staff. Family members told us they were able to visit when they wanted too and were warmly received when they did. We observed staff members talking to people in a caring and respectful manner. They were clearly motivated about their work and told us they thought people were cared for well.

The care provided met people's needs and enhanced their well-being. We observed staff being friendly, patient and discreet when providing care for people. They took the time to speak with people as they supported them and we saw positive interactions. 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.

Staff gave people choice and control over their day to day lives. We observed that people's privacy was respected. Bedrooms had been personalised with belongings, such as furniture, photographs and ornaments to help create a homely feel. Bedrooms, bathrooms, and toilet doors were always kept closed when people were being supported with personal care.

We observed staff treating people in a respectful way. For example, staff took the time to listen to people and waited for them to respond. We saw people nodding in agreement and making gestures which indicated that they agreed to the support they were receiving.

Records showed, and 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. Information on advocacy was available to people who used the service but no one required this service at the time of the inspection.

Is the service responsive?

Our findings

People received care that was responsive to their individual needs and were supported to participate in a wide range of activities that were important to them. People's relatives told us that they felt staff understood their individual needs and preferences, and provided care in a responsive and personal way. One family member said, "I know [Names] keyworker and they keep me involved. [Name] is very happy there."

People's lives were enhanced by being encouraged to take part in activities they enjoyed and were meaningful to them. The provider, registered manager, and staff were continually looking at innovative ways to enhance people's sense of wellbeing and quality of life through the activities they offered.

People were supported to follow their personal interests or hobbies. We saw that people enjoyed doing a wide range of activities from cooking sessions, going for walks, helping with day to day tasks, playing football and trampoline sessions. Trips out to the shops and days out to the seaside and local pubs and cafes. People were supported to visit the local supermarket and buy their weekly shop and choose which foods they wanted to eat.

Information showed that people had their needs assessed before moving in 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 one care plan described in detail how staff should communicate with the person using non-verbal cues.

Staff used difference communication styles according to people's needs. We heard staff ask people what they wanted to do, and waited for the person to respond.

Complaints and concerns processes were in place, and we noted that no complaints had been received in the last 12 months.

Is the service well-led?

Our findings

People and their relatives told us they believed the service was well led and that the manager was approachable. One family member told us, "[The registered manager] has been out to see me at my home. He is quite new but has done a really good job."

We saw the service had a well-defined management structure which provided clear lines of responsibility and accountability. The provider's values and philosophy were clearly explained to staff through their induction programme and training and there was a positive culture where staff felt included and consulted.

The registered manager was held in high regard by everyone we spoke with and was commonly described as open and approachable. Staff told us that they were positive and supportive of the way the service was led. One staff member commented, "The management is really good and they are really approachable." Another staff member said, "[Name] take our views on board, and are supportive."

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. We were told that the registered manager led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us management were supportive and typical comments included "we work closely together as a team." And "I have my manager is really supportive."

There was a stable staff team and staff told us morale was good. There was a positive culture in the home and it was clear people worked well together. 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.

We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. The provider completed regular audits and had a framework that assured the quality of the service.

Staff meetings took place and they told us they had team meetings which enabled them to get together to discuss any issues or concerns and this was confirmed by the records we looked at. Care files and other confidential information about people were stored securely. This ensured people's private information was only accessible to the necessary people.