South Essex Special Needs Housing Association Limited

Long Lane

Inspection report

130 Long Lane
Grays
Essex
RM16 2PR

Tel: 01375394649

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20 November 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

This inspection took place on the 20 November 2017 and was unannounced. The inspection team consisted of one inspector. The previous inspection to the service was in November 2015 and the service was rated 'Good' overall. This service was inspected at the same time as the sister service which is very similar to this service. Both service are with five minutes' drive from each other and managed by the same registered manager. Some areas of the report will contain many similarities as we spoke to the same staff during our inspections of both services.

Long Lane is a residential home registered to provide personal care and accommodation for two people with learning disabilities and who may have an autistic spectrum disorder. The service is located in Grays, Essex. Each person has a single room and there is a communal bathroom, shower room, kitchen, dining room and lounge. There is a rear-enclosed garden at the back of the house with level access. At the time of our inspection there were two people using the service.

The care service has been 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.

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. The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. People's medication was managed well and records of administration were kept up to date.

The service was effective. People were cared for and supported by staff who had received training to support people and to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in a empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. Records we viewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints in a timely manner.

The service was well-led. Staff and people spoke very highly of the registered manager and the provider who they informed to be very supportive and worked hard to provide an exceptional service. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis.

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**

Long Lane

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.

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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. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager, one support worker and one relative. At the time of our inspection both people had gone out for the day so we were unable to speak to them. We reviewed two people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for the members of staff including the registered manager and the provider.

Good

Is the service safe?

Our findings

We looked at the safeguarding folder, which contained all the policies and procedures that inform staff on the different types of abuse, how to raise a safeguarding concern or alert with the local authority and what actions staff should take to safeguard people using the service. Staff knew that they should contact the local safeguarding team and the Care Quality Commission (CQC) if they had any concerns of potential abuse. Since our last inspection there had been no reported incidents of abuse.

Staff had the information they needed to ensure people's safely. Each person had risk assessments that were regularly reviewed in order to document current risks and the practical approaches needed to keep people safe and how each person would be supported without affecting their freedom. For example, a risk assessment was in place for one person who liked to access the car park at the back of the service. Staff informed us that they enabled the person to access the car park and staff observed them from a distance to ensure their continued safety. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk was communicated to all the staff working in the service. A keyworker is a named member of staff who has a central role in respect of a particular person.
There were sufficient numbers of staff on duty to meet people's assessed needs. The registered manager adjusted staffing numbers as required to support people needs, such as when people accessed the community additional staff were deployed to support them at these times. A sample of staffing rotas that we looked at reflected sufficient staffing levels at all times.

The provider continued to have robust recruitment processes in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

We looked at two people's medication records and found that people received they medication as prescribed and regular medication reviews where instigated by the registered manager as needed. We found staff knowledgeable about people's medicines and the effect they may have on the person. All staff working in the service had received training in medication administration.

The service had a robust cleaning schedule in place. The manager informed us that every member of staff was allocated time during each shift to carry out cleaning within the service. We reviewed the cleaning schedules and found all highlighted areas on the schedule had been carried out. Inspection of people's rooms and communal areas we found rooms to be clean and tidy.

We spoke to the provider about how the service worked with other external organisations. The provider informed us, "The manager is in constant contact in with the people, staff, and other agencies such as the Care Quality Commission (CQC), any learning or potential improvements that require any additional resources going forward are fed into the resourcing requirements of the service for future years, thus ensuring an ongoing commitment to residential services."

Good

Is the service effective?

Our findings

Suitable arrangements were in place to ensure that staff received suitable training so they could meet peoples assessed needs and preferences. People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff received reminders from the head office of training that was required or due. All the staff working in the service had attended training provided in house, by the Local Authority and other Healthcare training agencies.
Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to understand their role and responsibilities and to get to know the people they were supporting. Upon completion of their training, staff then 'shadowed' the registered manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period.

Staff told us they received regular one-to-one supervision from the registered manager. The registered manager told us they received supervision from the registered provider. Supervisions are used as an opportunity to discuss the staff members training and development and ascertain if staff are meeting the aims and objectives that had been set from the previous supervision. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also informed that they received yearly appraisal, which was used to assess their progress over the year

Staff informed us that they supported people to eat at the person's own pace. We were unable to the meal time experience as both people were out during our inspection.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. Where required people were supported with access to their GP, mental health professionals and community mental health services. In addition, people were supported to access dental care and vision tests in the community. Where appropriate this was discussed with the person and their relatives, to ensure everyone was involved and kept up to date with any changes.

People's bedrooms were decorated to each individual's personal preference. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations. The service had a garden area in which people had regular access and staff were able to observe them from a distance to ensure they were safe.

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 Mental Capacity Act (MCA) 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager informed there was currently no one under a deprivation of liberty; however should one become necessary they would make an application to the local authority. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis.

Good

Is the service caring?

Our findings

Staff told us they interacted with people in a respectful manner. We arrived just as the people in the service were preparing to leave. Our observations showed staff to be kind, caring and support people in a compassionate manner.

People and their relatives were actively involved in making decisions about their care and support. Relatives told us that they had been involved in their relative's care planning and would attend care plan reviews. The registered manager informed us that the service regularly reviewed people's support plans with each individual, their family and healthcare professionals where possible and changes were made if required. On reviewing people's care and support plans, we found them to be detailed and covered people's preferences of care.

The service used a key worker system in which people had a named care worker who took care of their support needs and was responsible for reviewing the person's care needs; this also ensured that people's diverse needs were being met and respected.

People's independence was promoted by a staff team that knew them well. Staff informed us that people's well-being, dignity was very important to them, and ensuring that people were well presented was an important part of their supporting role.

People were supported and encouraged to access advocacy services. The mental capacity assessments relating to people's capacity to decide about moving on had indicated that some people required the services of an Independent Mental Capacity Advocate (IMCA). Advocates attended people's review meetings if the person wanted them to. The registered manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions in changes to care provision. People were given the opportunity to attend self-advocacy groups.

Good

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. For example, the one person was supported to go and stay with their relatives over a weekend or number of days.

Each person had a support plan in place. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed and in the way the person preferred. People's strengths and levels of independence were identified and appropriate social activities planned. The support plan was regularly updated with relevant information as people's care needs changed. This told us that the care provided by staff was current and relevant to people's care and support needs.

We noted that each individual had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place, which had been drafted by the registered manager, which was not appropriate. The manager informed that they would contact people's doctors to have this rectified. After the inspection we received an email from the manager to inform that appointments had been arranged with the doctor to assess if this would be appropriate along with people and their relatives.

We found people's support plans did not contain clear information with regards to people's end of life care arrangements. The registered manager informed us, "We acknowledge that these arrangements need to be documented at the earliest convenience so as to ensure that staff and the service are prepared for any eventualities."

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the registered manager to address the issue. The registered manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter.

Good

Is the service well-led?

Our findings

The registered manager was visible within the service and we were informed that in their absence people were supported by support workers that looked after the service and kept them up-dated of all the changes and concerns. The registered manager had a very good knowledge of people living in the service and their relatives. The registered manager divided their time between this service and another service owned by the same provider and maintained regular contact with staff in both services.

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.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

The registered manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The registered manager informed us that they held meetings with relatives and people using the service as this gave the service an opportunity to identify specific areas of improvement and gave relatives an opportunity to give feedback to staff.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication, falls, infection control and call bells. The registered manager carried out a monthly manager's audit where they checked care plans, activities, management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept confidential and secure.

The registered manager informed that the service was continuously using past and present incidents as learning experiences for both staff and people using the service.

The registered manager met with other health professionals to plan and discuss people's on-going support

within the service and looked at ways on how to improve people's quality of life. They used the information they gathered to make changes to people's support plans. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.