

South Essex Special Needs Housing Association  
Limited

# South Essex Special Needs Housing Association Limited (SESNHA)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location only provided support for a small number of people with a learning disability or autistic people, and most of these people did not receive any support with the regulated activity of personal care. However, we assessed the care provision under Right support, right care, right culture, as it is registered as a specialist service for this population group.

About the service

South Essex Special Needs Housing Association Limited (also known as 'SESNHA Care') is a home care agency providing personal care to people in their own homes. The service operates in Essex across Basildon, Harlow, Castle Point and Rochford. The service provides support to people including those with a physical disability, sensory impairment, and / or those living with dementia. At the time of our inspection there were 161 people using the service.

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. During this inspection, 130 people were in receipt of personal care.

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

**Right Support:** People were supported to be independent as possible, through reliable and safely managed care visits which were designed to meet their needs and preferences. One person said, "I try and work together with the care workers as I still want to do things, so we work as a team." 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.

**Right Care:** Staff received training and supervision to support them to deliver individualised and person-centred care for people. This included specialist training in supporting people with a learning disability and people living with dementia. One person told us, "I am well respected and treated with dignity." Systems were in place to identify and respond to people's changing needs. One person's relative said, "The office is very good at supplying care in advance when my relative needs to go to hospital at certain times."

**Right Culture:** There was an open and positive culture at the service, which embraced change, improvement and continuous development. The registered manager had a clear vision and ambition for the service, and

systems and processes for governance and oversight had been developed and embedded since the last inspection. The service worked effectively in partnership with people, their relatives and other health and social care professionals to support good outcomes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

Since the last inspection, the service has moved address and changed the location name from Aveley House to South Essex Special Needs Housing Association Limited. The last rating for the service under the previous name and at the previous premises was requires improvement (published 18 November 2021).

At our last inspection we recommended that the provider embeds safe recruitment practice and governance and oversight measures more widely, including analysis of themes and trends. At this inspection we found the provider had acted on these recommendations and made improvements.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

At the last inspection this service was rated as requires improvement in the key questions of safe and well-led. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for South Essex Special Needs Housing Association Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have made a recommendation about protocols for 'as required' medication.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# South Essex Special Needs Housing Association Limited (SESNHA)

## **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 Health and Social Care Act 2008.

### Inspection team

The inspection was carried out by 1 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.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

We gave the service a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 April 2023 and ended on 27 April 2023. We visited the location's office on 19 April 2023.

#### 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people who use the service and 4 people's relatives to seek their views on the quality of care provided. We also looked at surveys and reviews showing multiple people's feedback on the care and support provided. A sample of electronic call monitoring data was analysed by a specialist CQC team to check visit durations and punctuality. We spoke with 7 members of staff, including the registered manager, the quality monitoring officer, senior care workers and care workers. We also sent out questionnaires to staff and received and reviewed 9 responses. We reviewed 6 people's care plans, risk assessments and multiple medication records. We looked at a variety of documents relating to the governance and oversight of the service, including policies, procedures, staff files, meeting minutes and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we recommended the provider embed processes to ensure the safe recruitment of new staff. The provider had made improvements.

- Recruitment checks were carried out to ensure new staff were safe and suitable for the role. This included Disclosure and Barring Service (DBS) checks, which provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff had sufficient time to complete the visits set out on their rotas. One staff member said, "I am allocated plenty of time to complete my care calls and also have travel time scheduled in-between clients."
- The registered manager audited all visit durations. If any visits were less than 75% of the allocated time, this was followed up to understand the reasons behind this and to make sure people's needs and preferences were being met.
- One person's relative told us, "I'm very happy the care workers take the time required and cover all the duties to our satisfaction."

### Using medicines safely

- People were supported to receive their medicines safely and as prescribed. One person's relative said, "My relative takes loads of medication and the care workers have this fully under control."
- Medicines practice was comprehensively audited, and action taken to reduce the risk of reoccurrence in the case of any concerns. Use of an electronic medicine administration record (MAR) meant any errors or omissions were quickly identified and responded to in 'real time'.
- Whilst staff practice was spot checked in the field, following our feedback, the registered manager introduced a more detailed medication competency assessment aligned to national best practice guidance.
- Whilst care plans set out people's PRN or 'as required' medications such as painkillers and laxatives, this required further detail to show when these medicines might be required.

We recommend the provider review PRN protocols to ensure they are sufficiently detailed.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of abuse. Staff were trained in identifying potential safeguarding issues and were confident in raising concerns.

- One staff member said, "If we suspect any neglect or abuse to a client, it will get reported straight away to the management."
- We received feedback people felt safe. One person said, "I would be lost without my [care worker], I'm very safe with them being there." Another person's relative said, "I trust the care workers with my [person's] life."

#### Assessing risk, safety monitoring and management

- The provider carried out risk assessments using nationally recognised tools. Risks were assessed in a range of areas such as falls, the environment, pressure ulcers and COVID-19.
- Care plans and risk assessments were held on an electronic phone 'app' and were updated promptly if a person's needs changed to keep them safe.
- One staff member told us, "Changes can be seen instantly so I always have the most current and up to date information for the person I'm caring for."
- Staff monitored people and supported them to access healthcare support if required to keep them safe. One person's relative said, "My relative has been supported a couple of times to see the doctor when they've been unwell, and the carers phoned for the paramedics".

#### Preventing and controlling infection

- Staff infection prevention and control (IPC) practice was safe, including access to personal protective equipment (PPE). A staff member said, "We have plenty of PPE which is readily available."
- People were satisfied with the IPC measures in place. One person told us, "The hygiene standards are very good. [Care worker] always wears an apron and a mask and changes their gloves."

#### Learning lessons when things go wrong

- Systems were in place to record any incidents, accidents, safeguards, or other concerns openly and transparently. These incidents were analysed and learning shared to reduce the risk of reoccurrence.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People described a positive and caring culture within the service. One person said, "My care worker has a great all-round personality. [Care worker] is funny and very entertaining, I couldn't ask for better." Another person's relative said, "[Staff] are so caring, it's unbelievable."
- All the people we spoke with told us they would recommend the service to others. One person said, "What stands out about the company is they are very reliable and keep to promises. I would recommend SESNHA Care because I've had a good experience with them so far."

Continuous learning and improving care; 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

- The provider invested sufficiently in the service, embracing change, and delivering improvements. An electronic system for call monitoring, care planning, medication and staff training records had been successfully implemented and was working effectively.
- One staff member said, "[Registered manager] has had the service come on leaps and bounds. There's a lot more policies, and a lot more training; we are able to relay ideas and bounce ideas around." Another staff member told us, "The way we work now is a 100% improvement to how we used to operate."
- The service apologised to people, and those important to them, when things went wrong. This information was shared with partner agencies and used to make improvements to people's care.
- The registered manager said, "I like to get feedback to help to improve the service; it tells you are doing it right and being transparent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance and oversight measures were in place at the service to support the delivery of safe, good quality care. This included in-depth, regular auditing of call data and care plans.
- Effective systems and processes for monitoring any missed or late calls had been developed, refined and embedded. Logs showed the action taken to reduce impact on individual people, as well as any overarching themes and trends.
- One staff member told us, "I'm surprised of how aware of things they [management] are, even though they aren't out in the community with us, they know what's going on."
- The registered manager understood their legal responsibility to notify the CQC of any incidents such as safeguards where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service held staff meetings and an annual staff survey to seek views and feedback. One staff member said, "Once all topics have been addressed by the managers, we are then given the opportunity to voice any concerns or opinions we may have which I do feel are listened to and taken on board."
- Regular surveys were completed and showed an increase in people's satisfaction with the service. One person said, "The management is contactable, and I always tell them I'm completely satisfied."
- Staff worked with people and their relatives to develop personalised care plans. One person's relative told us, "The staff come around every three months and we sit together and review the care plan to keep it up to date."

Working in partnership with others

- The service worked in partnership with other health and social care professionals to support good outcomes for people.