

Scope

# Ewer Court

## Inspection report

Fairfax Road  
Colchester  
Essex  
CO2 7ED

Tel: 01206562511  
Website: [www.scope.org.uk](http://www.scope.org.uk)

Date of inspection visit:  
29 June 2016

Date of publication:  
25 October 2016

## 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?

Outstanding ☆

# Summary of findings

## Overall summary

The inspection took place on 29 June 2016 and was unannounced.

The service is registered to provide care and support to three people with a range of physical and learning disabilities. At the time of our inspection three people were using the service, each living in their own flat.

There was a registered manager in post. 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.

Staff were trained in safeguarding people from the risk of abuse and systems were in place which were designed to protect people from all forms of abuse, including financial. Staff understood their responsibilities to report any safeguarding concerns they may have.

Risks had been assessed and actions taken to reduce these risks. Risk assessments were detailed and demonstrated a commitment to ensuring people were as independent as possible.

Staffing levels matched those the service had assessed to be safe and to support and promote independence. Recruitment procedures, designed to ensure that staff were suitable for this type of work, were robust and staff employed had suitable skills and experience to carry out their roles.

Medicines were administered safely and records related to medicines management were accurately completed.

Staff training was comprehensive and there was ongoing development of the skills of the staff team. The manager ensured that they, and their staff, were kept updated with current health and social care practice.

Staff had received training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS ensure that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process. Where people's liberty needs to be restricted for their own safety, this must be done in accordance with legal requirements. The service acted in accordance with the MCA and people's consent was established before care and treatment was provided.

People were supported with their eating and drinking needs and staff helped people to achieve and maintain good health by supporting them with their dietary and day to day healthcare needs.

Staff were very caring and treated people respectfully making sure their dignity was maintained. Staff were positive about the job they did and enjoyed the relationships they had built with the people they were supporting and caring for.

People, and their relatives, were involved in planning and reviewing their care and were encouraged to provide feedback on the service. Care plans had been appropriately reviewed and reflected people's current needs.

There had been no formal complaints but a complaints procedure and policy was in place and the service responded to informal feedback well. People had been supported to make a complaint about their local environment.

Staff understood their roles and felt well supported by the manager of the service. Supervision was regular and effective and an annual appraisal system was in place. The manager was particularly committed to developing their team and worked innovatively to check and improve staff practice.

Quality assurance systems were good and the manager was proactive in gathering and acting on feedback from relevant people connected with the service, as well as those who lived there.

Record keeping was good and there was clear management oversight of the day to day running of the service. The manager maintained links with local forums to ensure that the service followed current and best practice in order to deliver a high quality service.

## 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.

There were enough staff and recruitment systems were robust.

Systems were in place and staff were trained to safeguard people from abuse.

Risks were assessed and action taken to minimise them.

Staff were trained to administer medicines and medicines were given to people safely.

### Is the service effective?

Good ●

The service was effective.

Staff were well trained and supported to carry out their roles.

The service had followed legal requirements relating to the MCA and DoLS and staff ensured people consented to their care and treatment..

People were well supported with their dietary and healthcare needs.

### Is the service caring?

Good ●

The service was caring.

Staff were patient, compassionate and kind and relationships between staff and the people they were supporting were good.

People and their relatives were involved in decisions about their care and their choices were respected.

People were treated with respect and their dignity was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People, and their relatives, were involved in assessing and planning care.

People's choices and preferences were recorded in their care plans and people were able to follow their own interests and hobbies.

A complaints procedure was in place and the service was proactive in determining if people who used the service had any complaints.

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

The service was very well led.

Staff understood their roles and there was a strong commitment to training and development. Innovative methods were used to assess and improve staff practice.

On-going monitoring of the quality and safety of the service was excellent and ensured people received a high quality service.

Record keeping was good and there was good management oversight of the day to day running of the service.

**Outstanding** 

# Ewer Court

## **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.

The inspection took place on 29 June 2016 and was unannounced.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held on the service. This included the 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. We also reviewed statutory notifications that had been sent to us in the last year. A notification is information about important events which the service is required to send us.

We spoke with two people who used the service, one relative, three of the four staff and the registered manager.

We reviewed three care plans, two medication records, two staff files and staffing rotas covering eight weeks. We also reviewed quality and safety monitoring records and records relating to the maintenance of the service and equipment.

# Is the service safe?

## Our findings

We found that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the service and to external agencies directly. Staff had received training in safeguarding people from abuse and this training was refreshed at least every two years. One staff member had additional responsibility for health and safety and was undertaking further safeguarding training. Safeguarding scenarios were completed within monthly supervision sessions and discussed at team meetings.

Financial procedures were in place that were designed to protect people from financial abuse. People who used the service were supported to go on holiday and we saw that the costs related to this were clear and people had been fully involved in the financial processes as much as they were able. Procedures were in place to ensure that the people's money was safeguarded and the manager was monitoring these. There was an easy read safeguarding policy for people who used the service.

There was a robust recruitment process in place. References were supplied and the manager checked these carefully. Disclosure and Barring service checks were undertaken before people started work to make sure they were suitable to work in this setting. These checks were repeated every three years which was designed to be an added protection for the people who used the service.

We saw that risks associated with people's day to day activities such as getting up, bathing, and taking medicines had been assessed. Risks related to fire has been assessed and each person had a personal emergency evacuation plan. Night time fire evacuations were carried out and staff had formal observations of their competency in using emergency equipment, such as a ski sheet, to help evacuate people safely and quickly. Accidents were rare but were recorded and reviewed by the manager.

Risk assessments were regularly reviewed and actions to minimise each risk had been identified. Staff had signed to document that they had read the risk assessments. Staff were able to tell us about how they kept people safe whilst ensuring they remained as independent as possible. People who used the service had pull cords fitted which they could use to alert staff if they needed help. One person told us, "I have a call bell and cord in the bathroom, living room and bedroom. It's nice to know they're there if I fell out of bed". Each person had a profiling bed and airflow mattress to reduce the risk of them developing pressure sores.

The environment was safe and suitable for the people who used the service and regular checks on the water and fridge temperatures were carried out in each flat. An emergency contingency plan was in place which gave staff clear information of action to take should an emergency occur which affected the operation of the service.

People received care and support from staff who knew them well. The small staff team was stable, with some members being in post several years. Staff lone worked most of the time but there were flexi shifts which ensured additional staffing several times a week so people could be supported to go out and follow their own interests and hobbies. The manager was based primarily at another service and was there once a

week but staff told us they would come at other times if needed and were always available for advice and guidance.

Agency staff were not used but staff worked flexibly to provide cover for annual leave and sickness. An on call service was in operation and staff told us that they felt staffing levels were good. One staff member said, "We are not struggling. We know how to work alone and it all flows quite well". Staffing levels ensured people's needs were met and we saw that people had plenty of opportunities to go out socially or to carry out their daily chores such as food shopping for example.

We found that people were receiving their medicines as prescribed. There were systems in place for the safe ordering, storage, administration and disposal of medicines. We noted one stocktaking error for one medicine which we brought to the attention of the manager, who told us they would carry out an investigation. Other stocktaking arrangements were good. We saw that each person had their own lockable cabinet in their bedroom and medicines were administered by staff who had received the required training and had their competency to administer medicines checked.

One person administered their own medicines. This had been carefully risk assessed and the manager and staff carried out spot checks to ensure the person was doing so safely. Where an issue had been identified which concerned staff, we saw that measures had been put in place to address this and the new system was working well. The person told us, "They make sure it's all done correctly".

Medication administration record (MAR) charts had been fully completed and there was information about each person's medicines available to staff. There was a clear overview of medicines which had a shelf life and each person had a chart showing when each of their medicines were due to pass the expiry date. This helped ensure that people would not be left without their medicines as new stock could be ordered in plenty of time.



# Is the service effective?

## Our findings

The people who used the service received care and support from staff who were trained and supported to carry out their roles safely and effectively. Staff met people's needs in a skilled and competent manner which demonstrated that they knew the people well. One person who used the service told us about their keyworker, saying, "What does she do? What doesn't she do!"

Before staff worked full time at the service they received an induction and spent a week working alongside experienced staff. The induction and training new staff undertook was linked to the Care Certificate. The Care Certificate is a set of standards that social care and health workers operate in accordance with, in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. One member of staff, who had not worked in care before coming to Ewer Court, said, "I did a week shadowing and had all the training before I started".

Training records showed that staff received training to help them carry out their roles. People had received fundamental training in subjects such as moving and handling, infection control and fire safety. They had also received specific training, such as caring for people living with dementia, challenging poor practice, vehicle safety, continence promotion and end of life care. We found that the wide spread of training equipped staff to support people effectively with their current needs and had also made provision for possible future needs. All staff had achieved nationally recognised qualifications in care.

The manager also set regular training tasks, some on the computer and some quizzes, and gave staff a period of time to complete them. These covered a variety of subjects such as the role of the support worker, DoLS, health and safety, vehicle safety and the control of legionella bacteria. These were discussed at people's next supervision session. One staff member told us, "We have extra training on the computer once a month, it's hand hygiene now". The manager told us that staff were asked to keep a reflective journal when they attended any training and were asked to share any learning with other staff.

Staff received regular supervision, annual appraisal and had a personal development plan. Staff, including the manager, told us they felt well supported. Staff meetings were held monthly and covered a comprehensive range of issues and gave the staff a chance to provide feedback. Staff signed the minutes each time which ensured that staff who were not able to attend were clear on the matters discussed.

We noted that people's consent was asked for before care and treatment was provided and the manager and care staff had received training related to consent and the Mental Capacity Act (MCA) 2005. People's capacity to consent to specific decisions regarding their care had been assessed and documented. One person who used the service told us, "They always consult us".

Staff supported people to choose, shop for and prepare their meals. One person went food shopping with staff support while another told us, "I cook for myself. If I do things from scratch I am not overly sure but [I can cook] pre-packed stuff. I do my [own] shopping – as much as I can, but I do go out with staff who try to influence me to eat healthy but it doesn't work!" A relative had commented in a recent family survey, 'when I

look in the fridge there's always healthy food in there'. One person had been sensitively supported to achieve a healthier weight.

People's healthcare needs were documented in their health file and staff worked in partnership with a variety of healthcare professionals to meet people's need promptly. Records confirmed that people attended routine appointments such as those with the dentist or optician and advice was sought promptly from healthcare professionals, such as district nurses, GPs and neurologists, if someone became unwell. We noted that one person had very recently developed an allergy. This had been responded to promptly by the staff and the person received emergency treatment and their care plan had been immediately updated in all appropriate areas to reflect this new health risk. A hospital passport was in place. This contained important information about the person and was designed to help hospital staff treat people successfully. We noted that the most recent changes in people's health, such as the person's newly acquired allergy, had been documented in their hospital passport.

## Is the service caring?

### Our findings

People who used the service told us they were happy with the way staff provided care and support. Staff demonstrated that they knew people very well and had formed good relationships. People were engaged in activities they had chosen and staff respected their wishes. One person said, "I love it here, I treat it like a holiday camp!" Another person commented, "The ladies treat me respectfully".

Staff were able to tell us about people's particular care and support needs in detail. People who used the service and the relative we spoke with praised the kindness of the staff. We observed that staff demonstrated that they had an equal relationship with the person they were supporting and listened to them and respected their decisions. One person who used the service explained, "I'm not good on my own. [My keyworker] is always around should I need it, if I'm down in the dumps".

Thought had been given to people's particular sensibilities. For example although one male resident told us that they were comfortable with all the care staff being female we noted that the service had ensured that occasionally a male staff member from their nearby service came to check the person's skin integrity. This was to ensure they were not developing any pressure areas and demonstrated a respectful concern for the person's wellbeing.

People's cultural identities were documented and their needs in relation to their cultural heritage were met. Staff were able to tell us about the cultural heritage of one particular person. People's religious and spiritual needs were documented and we saw that one person, who found the local church too cold to attend, received communion at the service regularly.

People were supported to increase and maintain their independence and there was an appreciation of how important this was to people's self-esteem. The service used an advocacy service on an individual basis when this was required, although people were good self-advocates in most aspects of their life.

People were fully involved in planning and reviewing their care and information was provided to them in accessible formats. One person used their computer and had a spelling chart to help them communicate and this was documented in their care plan. People had signed to show they agreed that the contents of their care plan was an accurate record and this was carried out annually.

Each person had their own individual flat within the service and we saw that staff knocked at each person's door and waited to be invited in. It was very clear that the flats were people's own private spaces and staff were very respectful of people's personal space.

People's personal information and care plans were kept in their own flats and records were completed in respectful language. We noted that staff had responded sensitively to a particular issue one person had with an aspect of their independence. Staff had continued to support the person to maintain their independence but had introduced some additional checks to ensure their safety. This maintained the person's dignity and self-esteem.

## Is the service responsive?

### Our findings

A relative explained that they were happy with the way the service met their relative's needs. They said, "We are completely satisfied". A person who used the service said, "The last place I was in was awful. I was delighted to come here". We saw that a recent survey which had been carried out with the people who used the service contained the comment, 'Staff understand what I want and need'.

Each person had a detailed care plan which was person centred and contained all the information staff needed to help guide them to offer the right support and care. Plans contained specific information about people's preferences. For example one plan documented that a person only liked blood to be taken from the back of their hand. Another plan related to which particular months a person wanted to wear particular items of clothing such as cardigans and jumpers and which months they wanted their central heating on. Their keyworker had documented all this in the person's own words. One person benefitted from some assistive technology and had recently had an environmental control system installed in their flat which enabled them to be more independent.

The care plan documented the support people would require in a variety of areas of their life including continence, bathing, mobility, making choices, daily skills, emotional support, communication, religion and finances. There was a relationship wheel in each person's care plan which documented important people in each person's life and explained how these people were important. Community involvement wheels showed how people were supported to be part of their local community. Care plans and risk assessments were reviewed monthly and were promptly updated when there was a change.

People spent their days in different ways. One person volunteered at a local hospice charity shop three days a week and managed their social life without staff support on other days. Other people had occasional outings in the service vehicle, were visited regularly by relatives or skyped them. The staff flexi shifts were set aside for outings such as bowling, cinema and days out at the seaside. People were invited to decide how they wanted to spend this protected time and we viewed records which confirmed that people accessed the local and wider community regularly. We also saw that, although people lived in separate flats, sometimes they spent social time together – watching football on television for example. People also shared the garden and there was a project underway to improve this area for people. Some people chose to go away on holiday together, supported by some of the staff team.

People had an annual person centred review where questions such as 'What's important to the person now?' and 'What's working and not working?' were discussed. Relatives and other relevant professionals were invited to these meetings. In addition 'customer meetings' were held each month and followed the same format to make the process more straightforward for people to follow. These meetings gave people the chance to make any complaints or bring up any issues they may want discussed. Meetings followed the five areas CQC inspect to ensure people's care is safe, effective, caring, responsive and well led.

Relatives were sent annual surveys to gather their feedback on the way the service was performing. We looked at the responses from the last survey and found these to be very positive in all cases.

The service had a complaints policy and procedure in place. There had been no formal complaints since our last inspection. We noted that one person had been supported to write and complain to the housing association about a housing related matter.

## Is the service well-led?

### Our findings

People who used the service were positive about the manager. One person said, "Marie is fabulous. I'd say she's probably the best one we've ever had – the best one so far". Staff were also positive about the leadership and support they received from the manager with one of them saying, "Marie mucks in and helps out. It's not a case of 'It's not my job'". Another staff member emphasised that the manager is supportive and available to staff when they needed her saying, "Marie makes sure she's here". We found the manager to be equally positive and proud of the staff team. She said, "I can't praise them enough". In turn the manager felt they were well supported by their own line manager, with regular meetings and video conferences. They also attended management meetings regularly with other managers from the organisation.

We found the service to be well organised and with systems in place to ensure that care was responsive to people's individual needs. People who used the service, staff, relatives and other people connected with Ewer Court, such as the GP, hairdresser and podiatrist, were encouraged to help develop the service. Annual surveys were sent out to all groups to gather feedback. Responses were positive, with one GP stating, 'The best I've ever visited'.

People who used the service were encouraged to make suggestions for improvements and we saw that a recent suggestion was to install a garden room for meetings so they did not have to be held in people's flats. The garden room had since been installed and people were very positive about this. The manager told us she asks the people who use the service how they would like to spend the service's environmental budget. This year's had been spent on improving the flooring. Similarly staff had suggested some improvements to the office environment and these had been acted on.

There were good links with the local community. The person who regularly volunteered at a hospice charity shop had recently been to the town hall to collect an award alongside other staff from the charity. People were involved in a local campaign regarding the poor state of the pavements into town. We found that people were supported to play an active part in their local community and not just to access it to shop or go to the library for example. Relatives of people who used the service were encouraged to maintain close links. We saw that one relative had gone on the last shared holiday and other relatives visited regularly.

The organisation had a clear set of values and annual objectives were set for each staff member and linked to these. We saw that these were reviewed throughout the year and staff had achieved or exceeded their objectives in the last year. Staff files were set out in similar ways to the files of the people who used the service. They began with a section documenting 'what people admire about me', 'what's important to me' and 'how to support me'. Staff were clear that this person centred approach helped to underline that there was an equality to the relationship between them and the people they were supporting and caring for.

We saw that the registered manager demonstrated a clear understanding of her role and responsibilities. She understood the requirement to submit notifications to CQC and was clear about her other responsibilities with regard to the local authority and other regulatory bodies. She told us that she attended conferences to ensure that her knowledge of health and social care issues was current and to ensure best

practice. Recent conferences and forums she had attended related to the role of CQC and safeguarding.

The manager had also made great efforts to ensure that staff were clear about their responsibilities when she was not there. One experienced member of staff had the delegated responsibility for health and safety and the manager had arranged for them to receive additional training and we saw that they worked well as a team. The manager demonstrated an awareness of people's particular strengths and was keen to develop her staff. We saw that all staff had undertaken 'train the trainer' sessions to enable them to cascade particular expertise to the team.

The manager was clear about the challenges that faced the service, especially in the financial climate. Their response had been to think more creatively. For example they were considering approaching local businesses in the hope that they might sponsor or support the garden development plan.

Records were person centred, very well organised and those we requested were produced quickly.

The manager demonstrated a strong commitment to developing the staff team. Staff practice was kept under review with an ongoing series of observations. We saw that the manager had carried out observations related to fire drills and ski sheet evacuation, assisting with meals, financial procedures, moving and handling, medicines administration and personal care. Up to the date of our inspection four such observations had taken place. Learning from these observations was discussed with staff during their supervision sessions. Staff were encouraged to reflect on their learning and we found that this had all contributed to the development of a skilled and confident team.

The manager ensured that the environment and equipment was safely maintained. A comprehensive system of health and safety checks was in place in each separate flat and these were monitored by the manager. We saw that these had all been appropriately completed in each case.

The manager had clear oversight of the service and audits were carried out to monitor the quality and safety of the service. These were shared with their line management. Feedback from surveys, sent out to all relevant stakeholders, was analysed for patterns and trends and was used to inform the way the manager took the service forward.

This was a high performing service where staff carried out their roles with commitment and passion. The manager was an effective leader who fostered a caring staff team which supported people to live happy and fulfilling lives.