

Essex Cares Limited

# ECL Havering

## Inspection report

The Walter Boyce Centre  
Warley Hill, Great Warley  
Brentwood  
CM13 3AP

Date of inspection visit:  
16 November 2021  
17 November 2021  
18 November 2021

Date of publication:  
09 December 2021

### 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

### About the service

ECL Havering is a domiciliary care agency providing personal care and support to people living in their own houses and flats in the London Borough of Havering. The service provides short term reablement support packages for up to six weeks, with the aim of promoting people's independence and reduce the need for long term care.

At the time of our inspection the service was providing support to 78 people. 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. All the people using the service received personal care.

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

People felt safe and spoke positively about the care and support they received.

The service was responsive to people's individual needs which had a positive impact on their wellbeing, enabling people to gain greater independence and remain living in their own homes. Support was flexible and personalised, adjusting to people's changing needs. People, and where appropriate their families, were actively encouraged to be involved in the development and on-going review of their care. Staff were fully committed to improving the lives of people and worked with them to achieve their goals and aspirations.

Staff had received safeguarding training and knew how to act on any concerns. Care planning documentation provided guidance to enable staff to provide safe, effective care to people. Risk assessments were in place to manage potential risks within people's lives. Staff had received infection control training and understood the importance of following government guidance in relation to COVID-19.

Robust recruitment systems were in place to ensure suitable staff were employed. There were enough staff available to meet people's needs. Staff received regular supervision, observations of their practice and on-going training which promoted people's health, safety and welfare.

People were complimentary about the kind, caring attitude of staff. People's dignity and privacy was respected, and their independence promoted.

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.

Throughout our inspection, the registered manager demonstrated their commitment to ensuring a person-centred culture which was open and inclusive, empowering and enabling people to gain greater independence. Staff felt valued and supported and enjoyed working at the service.

Quality assurance systems were in place to regularly monitor the safety and quality of the service.

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

This service was registered with us on 19 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on the length of time the service was registered and when they commenced providing a regulated activity.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# ECL Havering

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors and two Expert by Experiences. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 16 November 2021 and ended on 19 November 2021. On the first day of our inspection we contacted people and their relatives by telephone to seek their feedback about the service. We visited the office location on 17 November 2021.

#### What we did before the inspection

We reviewed information we held about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 20 people who used the service and 12 relatives about their experience of the care provided. We spoke with 10 members of staff including the registered manager, head of quality and corporate assurance, occupational therapist, trusted assessors and care staff.

We reviewed a range of records. This included six people's care records, staff training and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safe systems were in place to help protect people from abuse or poor practice.
- Staff had been trained in safeguarding. Staff were aware of the types of abuse and knew what to do if they witnessed or suspected abuse. They were confident management would take immediate action to address any concerns. One staff member said, "I would report to my line manager. I totally trust them. I recently reported a concern to the office. [Staff member] dealt with this."
- There was a dedicated safeguarding lead to provide advice and review safeguarding concerns. We noted feedback from a person who had raised a concern with the service which stated, 'I wanted to express by immense gratitude for how I have been treated. I was never once made to feel that my report was bogus, and I felt 100% supported all the way.'
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.
- People and their relatives spoke positively about their safety. Feedback included, "All the staff are very kind, very nice, I feel safe in their hands.", And, "I've never had cause for concern that [name] isn't safe. They always lock up and leave the place secure after the visit."

Assessing risk, safety monitoring and management

- Risks assessments were carried out by trusted assessors to identify risks associated with people's care and support including their home environment. Where required, support was provided to ensure people had appropriate aids and equipment to enable their safety and support their recovery and independence. One relative told us, "Having someone with [name] when they are in the bathroom makes sure they are safe. They make sure [name] doesn't stumble when they're walking around, and they have got them a stool to sit on in the kitchen. I feel happy [name] is safer now."
- Risk management plans were regularly reviewed to ensure they were up to date.
- Changes in people's needs were communicated to staff via telephone and people's care plans were updated. This meant new care instructions were immediately available.
- Staff were aware of how to report any changes about people's care and support needs and told us they could call for additional support from the office at any time.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Care call visits were closely monitored by a dedicated resource planning team, the registered manager and provider. Incidences of missed care call visits were low.
- Due to the need for the service to accommodate people's fluctuating care and support needs, people

were given a window timeframe within which they could expect care staff to arrive.

- Although people were generally happy with the care and support, they received, some people, and their relatives, expressed frustration they could not be given more specific information as to when staff would arrive. Comments included, "The only real issue is you just don't know what time they are coming. I appreciate it is difficult, but we can't get on with anything as you're relying on them." And, "There's no guarantee who is coming and at what time. It isn't a big issue, but it isn't ideal."
- Where people had time specific medication or needs, the service ensured care call visits remained at consistent times.
- Safe recruitment processes were in place to ensure staff had the right skills and experience and were suitable to work with people who used the service. This included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Using medicines safely

- Safe systems were in place for the management of medicines.
- Staff received training and had their competency assessed to ensure they were administering medicines safely.
- Where required, people were supported with their medicines. One person told us, "Medication is given by the staff. I'm happy and it's done safely. Not had any mistakes." Another said, "I do my own medication. Staff always do ask. It helps me not to forget."
- Regular checks and audits were completed to ensure medicines were being managed safely.

#### Preventing and controlling infection

- People were protected by the provider's prevention and control of infection arrangements.
- Staff were trained and regularly kept updated with infection control and prevention best practice.
- Specific attention had been given to the current pandemic, so people and staff were protected and kept free from harm. All the necessary guidance and personal protective equipment (PPE) was available. One member of staff told us, "I have worked throughout [the pandemic] and I've been protected. We have weekly testing and there is never a shortage of anything [PPE]." One person told us, "They are all wearing their protective gear. I feel safe from the virus."

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed by the registered manager and provider to identify trends and to prevent further incidences from occurring.
- The registered manager provided us with examples of lessons learned, how they reflected on where things could have improved and how they used this as an opportunity to share with staff to improve the service for people and staff.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- A holistic approach was taken to assessing, planning and delivering care.
- People's needs were assessed by trusted assessors, in partnership with people and their families. The trusted assessors explored with people their personal goals and the outcomes they wished to achieve.
- Ongoing assessments were undertaken by the same trusted assessor to review the care and support people were receiving and assess the progress people were making.
- Staff had access to the provider's policies and procedures and completed mandatory training which helped to ensure people's care and support was being delivered in line with best practice guidance.

Staff support: induction, training, skills and experience

- A robust induction programme supported new staff to understand their role. A staff member told us, "I had a good induction to ECL, probably one of the best I've ever had in the [number] of years I have been working in the sector."
- Staff received a range of training to ensure they were able to meet people's needs effectively and safely.
- The registered manager and provider placed great importance on training and provided opportunities for staff to attend additional training where staff had expressed an interest to gain further knowledge in non-mandatory subject areas. One member of staff told us, "The training is very good. Since I've been here, they have been fabulous and the best with training."
- Supervisions, staff meetings and observations of staff's practice were used to develop and motivate staff, review practice and address any concerns.
- People and their relatives felt confident staff were trained to fulfil their role and responsibilities. Feedback included, "I think they have the right skills and understand my condition.", "I do think they are well trained; some are brilliant." And, "Yes, trained and skilled. If they weren't skilled enough, I'd say so."

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported with their nutritional needs and regain the skills to enable them to prepare their own meals and drinks independently.
- The registered manager informed us no one using the service had any specific cultural or dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with health and social care professionals to help support people to maintain their health and wellbeing and achieve good outcomes.

- Staff benefitted from having access to in-house therapy staff including an occupational therapist and physiotherapist for advice. The occupational therapist told us they visited people to ensure they had all the necessary equipment in place to support their reablement and promote their independence. They also delivered training to staff on manual handling and how to use equipment safely.
- A care plan we reviewed recorded a person had been assessed as requiring additional equipment to support their reablement. Following a review of the person's progress, we saw feedback from the person which stated, '...so much better with raisers on my sofa, so much easier for me to get on and off my sofa onto the wheelchair'.
- One person told us how staff had helped them when they had been unwell. They said, "Once they booked an ambulance for me when I wasn't feeling well."

#### Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff received training and demonstrated an understanding of the principles of the MCA and supporting people to make their own choices. One member of staff said, "If I was worried about a decision a person was making, I would ring the managers for advice. I would ask them to come over as they are good and would meet me at the property if we had any concerns."
- The registered manager had a good understanding of the principles of the MCA and informed us no one currently using the service lacked capacity to make their own decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service provided individualised, person centred care which focussed on the strengths, needs and aspirations of people. A staff member told us, "I do think people are getting a good service. We go in and try to help people. We try to build a relationship and that builds [people's] confidence...we are trying to get people back on their feet and managing."
- People told us staff were kind and caring. Comments included, "All the staff are very nice and will always ask if there is anything else they can do before they leave." And, "I feel safe and comfortable with the care staff. They're all lovely." A staff member said, "If you can put a smile on [a person's] face that's what it's all about."
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met. Staff received information and guidance around human rights, protected characteristics and cultural and religious beliefs.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in the development, and on-going review, of their care.
- People were given the opportunity to provide feedback about the service and the care they received and were invited to complete surveys four weeks after their care package ended.

Respecting and promoting people's privacy, dignity and independence

- Importance was placed by staff to encourage people to regain their independence and do as much as they could for themselves.
- Staff had completed training to ensure they were aware of the importance of privacy, dignity and respect. One person told us, "They are very discreet when they look after you."
- People, and their relatives, were complimentary about the attitude of staff. Comments included, "[Person] is getting better as they are doing a lot for themselves now. They don't rush [person] and encourage them to do as much as they can for themselves. They are very nice, very good and respectful.", "All of the staff are very respectful to both me and my home. They check that I'm ready to do things and don't rush me." And, "(Name) walks with a frame and they are always encouraging them to be more mobile. They walk alongside them, support if and when needed. They give them confidence."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support which met their specific needs and wishes.
- People and, where appropriate, their families were central to the support planning process to enable them to become as independent as possible. One person told us, "My care plan was set up with me... There was an assessment and they sorted out my shower chair which was great."
- Staff continually monitored people's progress towards independence and were responsive to people's changing needs. If necessary, people had a reduction or increase in care call visits. One person told us, "We have agreed the service will cease in three weeks. I think it was all done well. There was no pressure on me to keep the service on." Another said, "I was having four calls a day but now it's gone down to two."
- Where people required longer term care options following the end of their six-week package, the service supported them to seek alternative care provision.
- Staff were responsive to people's needs. For example, one member of staff identified a person as low in mood due to loneliness. They had reduced mobility following an admission to hospital. Although not part of their support package, the staff member supported the person to access a befriending service at their local church.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was complying with the AIS.
- People's communication needs were assessed, and recorded, when they started using the service. If required, information could be provided in alternative formats such as large print and visual reference cards.
- The provider had an AIS policy to ensure staff were clear on expectations and requirements under the standard.
- Staff had access to a team of sensory specialists who could provide additional support to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- The provider had an effective complaints system.
- People were provided with information on how to raise a concern or complaint. One person told us, "I feel confident the staff would deal with any concerns."

## End of life care and support

- At the time of the inspection, the service was not providing care to people at the end of their life.
- The registered manager informed us end of life care was not ordinarily provided. They said, "We have had two people [requiring end of life care]. Even though they should have gone to another provider, we kept them, so they had the same carers around them which supported their dignity and respect. The trusted assessors will work with the various agencies such as the hospice, GP and district nurses."
- Staff had received end of life training.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager encouraged a positive, inclusive and empowering culture and were committed to ensuring all staff promoted person-centred high-quality care which achieved the highest possible outcomes for people. They were highly visible within the service and demonstrated their commitment and passion to developing an exceptionally skilled and motivated staff team, ensuring people received an excellent standard of care.
- The service focussed on the individual needs of people and their expected outcomes. Staff worked effectively together, and with other professionals, to monitor the progress people were making and ensuring people had the equipment and aids they need to support their reablement.
- Staff told us they felt listened to, valued and respected. Comments included, "This company is top of the list of how they look after their staff. They listen to you and are always available." And, "You get good support from management. They are open to ideas and are approachable for suggestions to improve." The registered manager said, "[Staff] are so important. Without the team we wouldn't have a service and I always make sure they know that. I am proud of what we have achieved in the last 18 months."
- People were given the opportunity to provide feedback on the care and support they received; for example, at their reviews and when the service ends. Most of the people we spoke with were complimentary about the service and told us they would recommend the service to others. Comments included, "I am definitely happy and would recommend [the service]. The staff have been so caring. I really cannot think of anything they could do better.", and, "We have been very impressed. They have been lifesavers really. I certainly would recommend them."

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 registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- Systems were in place to ensure any accidents, incidents or safeguarding events were managed in an open and transparent way, so everyone involved was kept up to date with progress and the staff team learnt lessons from situations when things went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Systems were in place to ensure the service was assessed and monitored for risk, quality and safety. Action was taken when shortfalls were found, and information shared with staff to promote continuous learning.
- Staff had a good understanding of their role and responsibilities to promote people's independence with the aim of them being able to remain living independently in their own homes and/or identify other services to meet their needs. Regular staff meetings and effective communication methods about key issues were in place.
- The registered manager valued input from the staff team to help drive improvements. For example, following feedback from staff changes had recently been made so one resource planner instead of four was responsible for allocation and rostering. They said this would ensure a greater understanding of the geographical areas of where people lived, enabling an improved and more effective process for planning of staff rotas.
- The occupational therapist shared with us their ideas for improving people's reablement. This included, the setting up a 'minor equipment' library. They said, "We may be supporting someone to walk from their kitchen to the lounge. There's a caddy which can attach to walking frames. We can go out with the piece of equipment so the customer can see the benefit of it."
- The registered manager was aware of their roles and responsibilities and kept up to date with best practice. They had submitted notifications to CQC as required.

#### Working in partnership with others

- The service worked closely with local hospitals and other health and social care professionals to ensure people received the care and support they needed. This included attendance at multi-disciplinary meetings.