

Essex Cares Limited

Essex Cares South West

Inspection report

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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?

Outstanding ☆

Summary of findings

Overall summary

About the service: Essex Cares South West is a domiciliary care agency providing personal care to people in their own homes. Some people received long term care and support however the majority of people benefitted from short term care packages of up to six weeks aimed at promoting independence and reducing the need for long term care. At the time of inspection, the service had just taken on a new contract with the local authority, resulting in the transition of people and staff from another service. This meant the numbers of people and staff at the service had significantly increased with the number of people using the service doubling from 35 to 70.

People's experience of using this service:

The service benefited from outstanding leadership. The management team demonstrated a commitment to continuous learning and development to drive improvements and deliver an excellent service. Lessons had been learned from past failings and robust systems and processes were in place to ensure the quality and safety of the service. The provider recognised that the retention of staff had a positive impact on the quality of care people received so had introduced various incentive schemes to recognise good practice and show staff they were valued. Consequently, people received support from a well trained staff team who were motivated and committed to providing good quality care.

Staff shared the same vision and positive values, were kind and caring and regularly went the extra mile. People were spoken to courteously and treated with dignity and respect. People were included in decisions around their care and support and received regular reviews of their support package.

The provider was committed to protecting people from harm and abuse with excellent safeguarding mechanisms in place. Risks to people had been identified and staff had a good knowledge of how to keep people safe from avoidable harm. People were supported to take their medicines in a safe way by staff who had been trained and assessed as competent.

Support was planned and delivered in a structured way to ensure people's safety and welfare needs were met. Staff had access to up to date information about how to support people safely and effectively and to promote their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We made a recommendation about mental capacity assessments.

The service demonstrated a positive and open approach to concerns and complaints which were taken very seriously and thoroughly investigated. The service was committed to ensuring people were happy with the service they received.

There was a high level of engagement by the provider with people, commissioners and staff. Feedback from people and staff was regularly sought and used to drive improvements in safety and quality.

Rating at last inspection:

Good (report published 27 May 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The overall rating is Good.

Follow up:

We will continue to monitor the service through the information we receive.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Details are in our Well led findings below.

Essex Cares South West

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Two inspectors and one expert by experience completed the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Essex Cares West is a domiciliary care agency which provides personal care and rehabilitative support to promote independence to people in their own homes.

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

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started and ended on 13 December 2018. This included visiting the office location to speak with the management team, interview staff and review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we held about the service including statutory notifications which include information the provider is required to send us by law. We also looked at the Provider Information Return (PIR). The PIR gives us information about what the service does well and any planned improvements.

During the inspection we spoke with the registered manager, quality lead, quality director and regional manager. We also spoke with two members of the care staff team. We spoke with seven people who used the service and three relatives. We looked at six people's care records including their medication records and daily notes. We looked at two staff member's recruitment records. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, satisfaction surveys, minutes of meetings and quality audits. We also looked at a recent external audit completed by the local authority's quality improvement team, which had rated the service as 'excellent'.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- The service demonstrated an excellent approach to safeguarding. A designated safeguarding lead was employed to track through safeguarding investigations.
- Staff had received training in safeguarding people and understood their responsibilities to ensure that people were protected from harm.
- Information about safeguarding was available to people using the service including how to raise concerns.
- Recruitment processes were robust which ensured staff were safely recruited.

Assessing risk, safety monitoring and management

- People reported feeling safe using the service. A relative told us, "I feel my mum is safe with carers when I am not there."
 - People's support plans contained risk assessments linked to people's needs, wishes and goals.
- Management plans were in place which described the actions staff should take to support people's safety and independence. If people's needs changed, an electronic system of sharing information with staff was used to ensure staff knowledge of risks to people was kept up to date.

Staffing levels

- Sufficient staff were employed to safely meet people's needs. Care calls were closely monitored in 'live' time to ensure people's needs were being safely met. Incidents of missed calls were low and were analysed to prevent re-occurrence. Some people expressed dissatisfaction with the timing of their visits as the provider's policy for service delivery meant that there was approximately a three hour window within which people could expect their call. Safety risks with regard to this policy were managed as people who required specific call times due to a health or medication needs were given priority.

Using medicines safely

- Only staff who had received training and had been assessed as competent were able to support people with their medicines.
- A designated member of staff had been employed to monitor and audit people's medicines to promote safe medicine management.

Preventing and controlling infection

- All staff received training in infection control and were provided with appropriate protective clothing to prevent the spread of infection.

Learning lessons when things go wrong

- The service demonstrated a strong commitment to learning from mistakes to improve the safety and quality of the service. For example, through investigation and analysis of missed calls and recruitment of designated staff members to oversee key safety aspects of the service such as safeguarding and medicine management.
- Lessons had also been learned with regard to how services were commissioned to prevent re-occurrence of past failings. Capacity to take on new people was based on hours required rather than the number of people. This had resulted in a more person-centred approach and had reduced the incidents of missed visits.

Is the service effective?

Our findings

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

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

- People's needs were assessed prior to referrals being accepted. People's choices, needs and wishes were clearly documented to support people to achieve their specified goals.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. Staff were provided with literature on equality and diversity which supported cultural and religious difference. All staff received a copy of the equality and diversity policy, complimented by mandatory training.

Staff skills, knowledge and experience

- New staff were inducted using the Care Certificate which represents best practice when inducting new staff into the care sector.
- Staff were provided with an ongoing programme of training delivered by the provider's own in-house trainers which supported their knowledge and competence. Systems were in place to ensure staff received regular supervision, observations of practice and appraisals. This helped identify staff learning needs and supported their professional development.

Supporting people to eat and drink enough with choice in a balanced diet

- Where identified as part of an assessed need, people received support with eating and drinking that met their health needs, independence level and personal preference.

Staff providing consistent, effective, timely care within and across organisations

- Care staff worked in partnership with in-house therapy staff including occupational therapists and physiotherapists to deliver rehabilitation programmes aimed at maximising people's independence and helping people to achieve their goals.

Supporting people to live healthier lives, access healthcare services and support

- Where people required support with their health; the information was captured in their care and support plan which described health conditions, the impact on person and what staff needed to do to help people maintain their health and access treatment if required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We

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

- People's mental capacity had been assessed however the information captured was not always consistent and there was a lack of clarity in written records regarding people's mental capacity.

We recommend the provider refer to best practice guidance in relation to assessing mental capacity.

- Staff demonstrated a good level of awareness of the principles of the MCA legislation and were able to provide examples how they applied this in practice to support people to make their own choices.
- Staff understood the importance of gaining consent before providing support. Consent forms were held on record which had been signed by people or their representatives, if appropriate.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us they were treated with kindness. A relative told us, "The girls are lovely, they are kind and caring; they understand (named person's) needs very well; they are really, really good and chat nicely with them."
- Staff frequently supported people by sign posting them to other services that might be beneficial such as gardening, shopping or housework.

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

- People were involved in decisions around their care and support, their wishes and goals had been recorded and were regularly reviewed to ensure the support plan was meeting their needs. People were listened to and received care and support in the way they wanted. A person told us, "The carers do whatever I want them to; they are very nice and kind."
- People's care records identified where they had representatives who acted on their behalf. This ensured that people's choices and rights were upheld.
- The service was complying with the Accessible Information Standards (IAS) and was able to provide information about the service in a range of formats to promote people's understanding.
- People's communication needs were recorded to help staff understand how to talk to people in ways they could understand. Staff received sensory training to help them meet people's individual needs.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's privacy and dignity, for example, when providing personal care.
- People told us they were treated with dignity and respect and staff were polite. A person told us, "They are doing a good job; I don't know where we would be without them; they are very kind and courteous."
- People's personal information was held securely which meant confidentiality was protected.
- The service provided was aimed at respecting and encouraging people's independence in accordance with their expressed wishes and goals. One person told us, "The service is wonderful. An assessment was carried out last week but I didn't want to wait around for support with personal care as I feel I can do it myself. Someone has phoned every day to check I am OK; they are caring, interested but not intrusive. I can't fault them and am very impressed."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- Assessments of people's needs had captured key information about people including their strengths, abilities and goals. A relative told us, "The management came on the day of my mum's discharge and carried out an assessment. They pop in on my mum and her care is tailored to her personal needs'.
- Care and support plans were written in a task focussed style and sometimes lacked detail regarding people's individual routines and preferences. The challenge of delivering a person-centred care approach within short term care provision was recognised by the service who were in the process of developing their care plans to make them more person-centred.
- Three people said they did not receive calls when they wanted which fitted in with their routines and preferences. We discussed these concerns with the registered manager who advised us that due to the nature of the service, people could not be provided with set visit times unless there was an identified time specific need. This information was communicated to people before the service commenced.
- Due to the nature of the service, people did not usually have regular care staff. We received mixed feedback regarding the lack of continuity of care. Three people expressed dissatisfaction regarding having different carers. However, three people said that staff knew them well and provided care the way they wanted. We shared this feedback with the registered manager who told us that because the service provided short term packages of support, providing regular staff was difficult. However, where there were particular needs expressed the service tried to accommodate people's preferences.

Improving care quality in response to complaints or concerns

- There were systems in place to respond to complaints and concerns.
- The service demonstrated a very positive and receptive approach to complaints. People's concerns were listened to and thoroughly investigated and issues that arose were used as a learning tool.
- The service was committed to providing a good quality service where people were satisfied and happy with the service they received.
- People were provided with a good quality information booklet which included detailed information on how to make a complaint and escalate concerns, if required.

End of life care and support

- The service did not provide end of life care and support.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Outstanding: Service leadership was exceptional and distinctive

Leaders and the service culture they created drove and improved high-quality, person centred care.

- The service was generally commissioned to only provide short term care. Nevertheless, feedback we received was very positive. Comments included, "The manager of the company was very nice and we agreed a support package", "We contact the office if we don't need the carers in the evening and there is always someone to speak with."
- The provider's ethos, vision and values were person-centred to make sure people were at the heart of the service. There was a strong collaborative relationship between the provider, registered manager and staff. This was evident in their management culture which was open and willing to listen. Staff were proud to work in the service and were highly satisfied with the support they received. Comments from staff included, "I am listened to as they are very supportive and very approachable. They supported me with a very difficult situation and I could not have got through it without their help.", "I love it here it is a good place to work. It is a pleasure to work for [named registered manager] and her team" and, "They have been absolutely brilliant. I have never worked for such a supportive organisation, I have been amazed at their support."
- In October 2018 the provider sent out a staff survey which had an extremely high response rate. For Essex Cares South West 100% of staff said, "Working here makes me want to do the best work I can" and 100% of staff were, "Proud to work for ECL."
- The way the service motivated staff to work to the best of their capabilities had a positive impact on people. Staff regularly went the extra mile for people that used the service. One person was not enjoying their microwave as they were used to cooking from scratch. The staff made weekly visits to the local fish and chip shop as the person told a staff member they really fancied this. Another person without laundry facilities was supported by staff to collect and launder their clothes. Staff frequently supported people by sign posting them to other services that might be beneficial such as gardening, shopping or housework.
- Staff were supported at all levels and various meetings were organised as support mechanisms. Therapists such as company physiotherapists and occupational therapists attended monthly peer meetings with staff to discuss individual people and any further support that might be planned. This meant the whole staff team were aware of current and future plans to support people using the service.
- The provider was committed to supporting staff and encouraged them to make use of incentive schemes. This included a health cash back scheme where staff can claim cash back on dental check-ups, physiotherapy, eye test and the cost of glasses. The provider also offered a scheme where staff could enjoy discounts on shopping and leisure pursuits. This was aimed at ensuring staff had a good work-life balance and to help the service act on its responsibilities to support staff with their overall health and wellbeing.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The whole staff group had an excellent understanding of the service provided to people and their commitment to support people to greater independence. This meant people were either supported back to being completely independent in their own home or supported to identify the right service to meet their needs. The provider had collected statistics that evidenced 86% of people achieved improved mobility following their short term package.
- The provider had an extremely structured missed calls process that identified a call as being missed even if the staff member arrived but was more than 30 minutes late. The statistics for missed calls were very low and included a detailed outcome about the action taken if a call was missed.
- Services that provide health and social care to people are required by law to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of events, outcome for people and any action taken.
- The provider and registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. They understood and reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment.

Engaging and involving people using the service, the public and staff

- People were provided with detailed information about the service including the complaints process and other valuable resources signposting people to other services that might be useful. This considered approach meant that people using the service had a clear understanding of what the service was able to provide.
- The transition that some people and staff experienced when the provider took on a new contract commissioned by the local authority was extremely well managed. This was evidenced by the high level of engagement and excellent communication practices employed by the provider with both people and staff. This had a positive impact on people as meant that people moving to the new service had the benefit of their regular staff coming with them. This meant people continued to be supported by staff who knew them well.
- Staff consistently told us the organisation and management structure in place was open and transparent and available to them when needed. One staff member said, "The managers are brilliant. You can talk to them about anything. They always have time for staff." Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager.
- The provider had a 'team of the month' which rewarded a specific team for their hard work and determination. Essex Cares South West had been awarded this in February 2018.
- The service worked in partnership with the local authority to implement a customer satisfaction process. As most people only used the service for a short while these surveys were completed by other employees from the organisation and not the team delivering the service. The statistics month by month had consistently exceeded the organisations targets.
- Compliments received by the service were positive one example seen was, "We would like to express our very sincere thanks for the care you have all given [family member] over the last six weeks. It is the first time we, as a family, have needed help from outside agencies and it has been an excellent experience. Your staff, without exception have been kind, caring and most importantly professional."

Continuous learning and improving care

- Registered managers attended quality improvement forums with other registered managers and senior staff which gave them the opportunity to share good practice or discuss any concerns they might have.
- The provision of a personalised approach to care and the quality of the care and support provided was

continually monitored through a robust quality assurance process, which included audits to ensure staff records, customer records, medication records and support plans were up to date.

- The Governance team also carried out inspections of service, this included a review of people's care, and speaking to people receiving a service to find out their views and using this to look at how improvements could be made.
- Team meetings were used to update staff and support their continuous learning. Subjects such as safeguarding, health and safety, medicines and quality were discussed with time also allocated for specific workshops to support staff with their understanding. In November 2018 it was noted that finger foods for people with dementia and what 'Duty of Candour' means were agenda items.
- The provider also took recruitment and retention very seriously adopting a value based recruitment approach. Value based recruitment assesses potential candidates on their personal values and how that might work for people that use the service and match organisational values. The provider also offered staff a very healthy incentive payment if they were successful in introducing a new staff member to the team.

Working in partnership with others.

- The registered manager worked closely with their local hospitals as referrals often came directly from hospital social workers. The hospital and community teams were informed daily of the service capacity so they would be aware if vacancies occur. Weekly multi-disciplinary meeting was held with hospital and local authority departments to discuss people's support needs in order for all services to provide people with an integrated care pathway that would meet the person's desired outcomes.