

Essential Social Care Limited

# Essential Social Care 13 Panfield Road

## 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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 28 February 2018 and was announced. Essential Social Care provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. At the time of our inspection, 35 people were using the service.

At the last inspection of Essential Social Care on 15 December 2015, the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

There was a Registered Manager in place. 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 to safeguard people from abuse. They knew the signs to recognise abuse and the procedure to report any concerns. They also knew how to whistle-blow if needed to protect people.

People's needs were met by staff. There were sufficient staff available and deployed properly to support people. Staff underwent recruitment checks to ensure they were suitable to work with people.

Risks to people were identified and management plans developed to alleviate harm to them. People received support to take their medicines as prescribed and the management of medicines was safe. Staff knew how to report incidents and accidents and records of these were maintained. Actions were put in place to reduce reoccurrence. Staff were trained and followed good infection control procedures.

Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. 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 support this practice. People consented to their care before they were delivered.

People's care needs were assessed and support plans developed on how identified needs would be met individually. People received support from staff to meet their needs, develop new skills, and achieve their goals. People were supported with activities that they enjoyed. People were supported to maintain relationships that mattered to them.

Staff were supported through an induction, supervision, appraisal and training to provide an effective support to people. Staff provided support to people where needed with preparing their meals and meeting their nutritional needs. Staff supported people to access health and social care services to maintain good health. The service ensured people's support was well coordinated with other services and professionals.

People were treated with compassion and kindness. People told us that staff respected their privacy and dignity. People were involved in planning their care and support. Staff respected their decisions and choices. People were encouraged to maintain their independence as much as possible. The service promoted people's religious beliefs and culture and supported them to maintain these.

People and their relatives knew how to complain about the service should they need to. People and their relatives told us they were happy with the service. Staff told us they received the direction and leadership they needed from the registered manager and service managers.

Various checks were carried out to assess the quality of care provided to people. Actions were put in place to address areas of concerns identified. The service worked in partnership with other organisations to improve the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remained safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service remained effective	<b>Good</b> ●
<b>Is the service caring?</b> The service remained caring	<b>Good</b> ●
<b>Is the service responsive?</b> The service remained responsive	<b>Good</b> ●
<b>Is the service well-led?</b> The service remained well-led	<b>Good</b> ●

# Essential Social Care 13 Panfield Road

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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.

This inspection took place on 28 February 2018 and was announced. We gave the registered manager 48 hours' notice to ensure they were available for the inspection.

The inspection was undertaken by one inspector and an expert-by-experience (ExE) who made phone calls to people to gather their feedback about the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the Provider Information Return (PIR) the registered manager had sent to us. 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 other information we hold about the service and the provider such as local authority contract monitoring report, complaints and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

During the inspection, the ExE spoke with six people who used the service and two relatives. We spoke with the registered manager, two service managers and three support workers. We looked at five people's care records to see how the service managed and delivered their care and support. These included risk assessment, care plans and medicine records. We checked five staff records relating to their recruitment, training and supervision records. We also reviewed other records included staff training, accidents and incidents, complaints, quality audits and policies and procedures.

# Is the service safe?

## Our findings

People and their relatives told us that they felt safe using the service and with staff. One person said, "I'm safe. I've got carers; they make sure I'm alright. They help me a lot to be safe." Another person indicated, "I feel safe. My money is safe too. They [Staff] put it in a safe in the office." A relative told us, "My [loved one] is in safe hands."

Staff had been trained and understood the provider's policies and procedures in relation to safeguarding adults from abuse. Staff showed they knew the various categories of abuse, signs to recognise them and how to report their concerns appropriately including escalating their concerns to external agencies if needed. One support worker said, "I will report to person in charge. Record it. I try to build positive relationship with my clients so they can be open to discuss any concerns or abuse with me." Another support worker told us, "I will inform any of the managers if I suspect abuse. I definitely trust them that they will investigate it. If I have to whistle blow to protect the service users, I would definitely do so." The registered manager and service managers were clear about their responsibilities including involving the local authority safeguarding team and notifying CQC.

People remained protected from avoidable harm as risk was appropriately assessed and managed. Areas of risks assessed by the service included people's mental and physical health, behaviour, accessing and using community facilities, missing person, road safety and undertaking tasks of daily living. People at risk of becoming missing had detailed management plans to reduce the risk. Staff provided support to people about safety in the community and had knowledge of the risks people faced and the action plans to reduce and alleviate harm to people. We also saw evidence of one person's behavioural management plan and staff said they used it to support the person to reduce the chances of them displaying behaviour which challenges others.

People continued to receive support they needed from staff. Staff were available on site to support people with their needs day and night as part of the service agreement with commissioning authorities. One person said, "I have carers here all the time. I can ask the carers for help anytime I need it." Staff told us there were enough and properly deployed to meet people's needs. One support worker commented, "I am happy with the number of staff. The managers are always available to provide support if needed. We always have extra staff members when we need help, for example, if a person required one-to-one support from staff. We work well as a team and support each other." Another support worker mentioned, "Staffing level is fine with the way it is planned. We are able to support people as they want." The registered manager told us staff were encouraged to do extra hours to cover vacant shifts and emergency absence. The registered manager told us they reviewed staffing levels regularly looking at people's needs and activities taking place.

The service sustained a thorough recruitment process in order to keep people safe. Recruitment records showed clearance from the Disclosure and Barring Service (DBS) for any criminal records, satisfactory references, employment history, right to work in the UK and proof of address for staff working at the service.

People continued to be supported with their medicines in a safe way. Staff were trained in safe management

of medicines and their competency in managing medicines was assessed. Staff had guidelines and protocols to follow to administer 'as when required' (PRN) medicines. Care records indicated what support people needed with managing their medicines. Staff understood the provider's procedure which included storage, administration, recording and disposal. People were supported to self-administer and manage their medicines themselves after assessment had been completed. We checked the Medicine Administration Records (MAR) for four people and found that they were completed fully without gaps.

Staff knew how to report incidents, accidents and near misses. These reports were reviewed and analysed by the registered manager. Actions and lessons were discussed with service managers and support workers. One person's needs were reassessed and their placement reviewed as a result of incidents reported.

Staff knew measures to follow to prevent and reduce the risk of infection and contamination. Staff explained that effective hand washing, use of personal protective equipment (PPE) and proper disposal of clinical and bodily waste were crucial to controlling infection. Staff also told us and training records confirmed that they had received training in infection control. The registered manager told us that they checked the cleanliness of the supported living accommodations as part of their quality visits.

# Is the service effective?

## Our findings

People and relatives told us staff knew their needs and how to support them. One person said, "Staff help me with my shower and lots of things I need." Another person commented, "Staff support me to visit my psychologist who helps me with all my problems." One relative told us, "Staff know what my [loved one] needs and they support them with it."

People's needs were assessed to establish what support they needed. Needs assessment covered what support people required in maintaining their physical health, keeping safe, managing tenancy, budgeting, assessing community facilities, personal care and other activities of daily living. People's relatives and other professionals were involved in establishing people's needs. For example, a behavioural psychologist was involved in assessing what support people needed to manage their emotional well-being and behaviour.

Staff remained trained to be effective in their roles. Staff told us and training record confirmed that staff received induction when they first started; and on-going training in their roles. Training completed by staff included learning disability awareness, autism, Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS), safeguarding, challenging behaviour, communication, medicine management and infection control. Staff demonstrated they had knowledge and skills to support people.

Staff felt supported in their roles. One support worker told us, "I have regular supervision with my manager. It's always helpful to be able to talk and discuss concerns and get them resolved." Another support worker commented, "We get supervisions and appraisal. We talk about everything - concerns going on, our personal issues, clients, training and anything we want to discuss. We get encouragement to pursue our careers." Supervision meeting records showed that they were used to address concerns about people, team issues and staff roles and responsibilities. Record also showed that annual appraisals took place and this was used to review performance, set goals and identify training needs.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

Staff knew to assume people's capacity to make their own decisions in line with legislation unless there was an assessment to suggest otherwise. Staff had received training in Mental Capacity Act (MCA) 2005 and they knew how to obtain consent from people before undertaking any task or activities with them. One support worker told us, "MCA is about ensuring people consent and make decisions for themselves. You must always



give people choices and let them decide what they want. Never force anyone to do anything they don't want. If there are concerns or risks about a person's decisions, we [staff] have to raise with it with management and the local authority."

The registered manager, service managers and scheme managers understood their responsibilities to ensure they obtained people's consent. They also knew to involve people's relatives and other professionals if there was a doubt about the person's capacity to make decisions, so best interests meetings could be held and an application made to the court of protection where necessary. One person had appointeeship in place to manage their finances, tenancies or care and support.

People received support they required in meeting their food and hydration needs. Support plans stated what support people needed to prepare their meals and drinks. Where people are able to cook for themselves, they were encouraged and supported to do so. One person told us, "They [staff] help me with my cooking on the hob, like chopping. I do the stirring. I am the cook. I like fish fingers and pasta Bolognese." Another person commented, "The food is always nice. I have a menu for the week. I go out shopping for the food for the menu with staff. I go to the supermarket to buy readymade meals with my carer." Food people liked and their allergies were noted in their support plans so staff knew how to support them appropriately.

People were supported to ensure their needs continued to be met appropriately when they use other services. Each person had a section in their care record which gave information about the person's medical history, care and support needs, communication requirements, allergies, next of kin and GP details. People also had a hospital passport which they took along when they went to the hospital.

People received support from staff where required, to access healthcare services they needed to maintain their health. One person told us, "I go to the chiroprapist, optician and dentist for check-ups." Another person said, "I see the doctor. I've been taken to the dentist for my tooth recently." A relative told us, "My [relative] has seen a few doctors and had a few blood tests done with follow up diabetic clinics. They went to an optician with their carer recently and are due to go to the dentist soon."

## Is the service caring?

### Our findings

People remained cared for by staff that were kind and compassionate. One person told us, "Staff are nice to me. They look after me. They are caring." Another person commented, "I'm happy. The staff are kind to me. I can chat with them and they listen." A relative mentioned, "They [staff] are nice. They are good. They are patient with my [loved one]. They have their best interests at heart." Care records included personal information about people such as their preferred names, likes, dislikes, background, and histories. This enabled staff care for people in a way that met their needs and preferences.

People told us staff understood them and provided them comfort and reassurance. One person told us, "We all get on well with the staff. They [staff] know me really well. They make me happy." Another person said, "Staff are funny. They make me laugh. I spend time with the staff every day having a chat." We observed that people were comfortable with staff. People came to the office to chat with staff or to make a request; and staff responded to them in a positive and helpful way.

Care records indicated what affected people's moods and what made them anxious and stressed. Staff knew to provide reassurance and comfort to people at these times. One member of staff told us, "Sometimes, just holding the client's hands gives them the reassurance they need." Another staff member commented, "It is important to build relationship with clients - get to know them personally, find out their likes and dislikes, involve them in planning their day, be interested in what they are doing and show them respect."

People and their relatives continued to be involved in their care. One person told us, "They [staff] talk to me, my mum and with my care manager about my care. They let me do what I want to do." Another person said, "I talk to the manager every day about what I need. I agree with my care plan. My parents were there. I signed my care plan." One relative commented, "I'm involved with everything in his care plan. We have meetings about every six weeks. I call the manager every week and text the staff for information all the time. I get all the right information. I can tell when my [relative] is happy." Care records showed that people and their relatives had input in their care planning and their views were taken into account. People choose what they wanted to do day-to-day and their choices were respected. People had allocated keyworkers who supported them in expressing their views at meetings if a person wished. A keyworker is a member of staff who was responsible for ensuring their well-being, and progress. People had access to independent advocates, if required, to represent their views and decisions.

People's privacy and dignity remained respected by staff. One person told us, "They [staff] knock before they enter my room." Another person said, "They [staff] let me do my own personal care and dress myself. I choose what I wear and what I eat. They speak to me nicely." Training record confirmed staff had completed dignity training and when we spoke with staff they demonstrated they understood why this was important. One support worker told us, "Allow people to be themselves as much as possible. Respect their dignity and privacy when supporting them. For example, keep doors closed when doing personal care."

People's independence was promoted. The aim of the service was to encourage independent living. People

lived in their own accommodation and were supported by staff to maintain their tenancy, develop skills of daily living such as budgeting, cooking, performing domestic tasks so they could continue to live with minimal support in their own accommodation. Care records stated what people were able to do for themselves. People told us that staff encouraged and supported them to do things themselves. One person talked about their ability to do their own cooking. Another person told us they went out in the community to visit their friends and places of interest independently. Staff understood why it was important to promote people's independence and they knew the ways to do so. One support worker told us, "Always encourage independence by encouraging them, correcting them in a positive way, prompting and supervising."

## Is the service responsive?

### Our findings

The service continued to plan and deliver people's care and support in a personalised manner. Each person had a personal profile in place which gave a picture of their background, histories, family, social networks, preferences, personalities, likes, dislikes, their goals, routines and what was important to them. For example, one person's profile stated, "My dreams are – I want to get my own place, I want to get a paid job and I want to get on a plane." The person's support plan stated support they needed from staff to achieve their goals. The plan included, "I need staff support with budgeting and to plan a holiday of my choice. I need staff to help me continue to learn new skills to be able to live independently one day in the future."

Support plans were developed with people and, where possible, their relatives and set out how people's needs would be met. One person mentioned, "It's written in the support plan what I need and the way I like to be supported. We also have meetings at the college to discuss my educational plan and progress." One relative told us, "My [relative] gets care, tailored to meet their needs." Support plans were informative and gave staff information to enable them support people appropriately. Staff supported people to manage and maintain their personal hygiene, engage in activities and improve their emotional and physical health. Staff told us they had sufficient information to provide appropriate support to people. One support worker said, "Support plans give me details on how to support people - things I as a support worker can do to make their lives better, easier and achieve their goals. For example, you know what upsets people or what they like or dislike by reading their support plans." Changes in people's care and support were reflected in their support plans following a review.

Staff knew how to communicate with people using their preferred method. People's care records detailed people's communication needs and appropriate methods to pass information to them. For example, whether people communicated verbally or non-verbally using gestures, signs, body language and lip reading. Staff told us they followed methods people understood. People's care plans, activities plans, hospital passports, and the service's complaints procedure were available in pictorial, and easy read formats, they were accessible and understandable to people.

People were supported to maintain relationships that mattered to them. People told us they were supported to visit their friends and relatives as they wished. One person told us, "I go out to see my mum every Wednesday." Another person said, "Staff ring my mum and dad or they pass on a message. My mum comes round once a week." Staff told us they supported people to do video calls using their laptops or smart phones. They also supported people to send postcards, birthday cards and gifts to their family as they wished.

People were supported with their needs around their religion, disability, sexuality and relationships. People were supported to find and maintain relationships. Staff supported people to register and use dating sites if they were interested. People were supported if they wanted to attend places of worship. Staff had received equality and diversity training and were able to demonstrate they valued people's differences.

People remained supported to engage in meaningful activities and occupation. One person said, "I want a

paid job as a refuse collector. For the moment I volunteer helping the bin-men on Fridays." Another person told us, "I do loads of things - going out shopping, going to social clubs, volunteering and visiting friends." Another person stated, "I go out bowling, shopping, going to my workplace. I play football twice a week. I enjoy 'keeping fit' exercise classes and boxing exercise on Fridays." Each person had an activity plan in place and staff supported them where required.

People and their relatives knew how to complaint if they were unhappy. One person said, "I'd just speak to the manager. She will sort it out for me." Another person mentioned, "There are forms I can use or I can go to the manager. The manager sorts any niggles out quickly." A relative told us, "I'd complain to the manager. If not resolved I would go to the director and the local authority." The complaint procedure was available in an easy read format so people understood the process. The registered manager told us and the records we saw confirmed that there had not been any complaints since our last inspection.

## Is the service well-led?

### Our findings

As we found at the last inspection, the service remains well-led. People, their relatives and staff confirmed that the service met their needs and that the management team listened to them. One person commented, "The manager talks to me every day. They check if I am happy." Another person said, "If I have any problem the manager listens to me and help me." A relative commented, "I see the manager once a week. Making sure people are fine and staff are doing the right thing. She manages the service well."

There was a registered manager in place who understood their role and responsibilities in providing effective care to people and meeting the requirements of their CQC registration including submitting notifications as required by the law and they complied with these. 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 continued to receive the support, direction and leadership they needed from their managers to do their jobs. The registered manager was supported by two service managers and four senior care support workers to provide effective management support to staff. Staff confirmed they were well supported. One support worker commented, "All the managers are approachable, friendly and available. They are very good. They are open to us and I trust them. They listen and act on concerns we have. They also follow up on issues we have raised and ensure we are happy with the way they have been addressed." Another support worker mentioned, "I like working here. I have no problems. Management is helpful. They are good to me and supportive."

Each supported living scheme held meetings with staff regularly to discuss issues about people, and service. Staff told us they were able to discuss their concerns at these meetings and share learning and good practice. Members of the management team also held meetings where they provided support to each other and discussed ways to improve the service. The service continued to focus on improving positive outcomes for people. For example, support people needed to maintain their independence and gain meaningful occupation was discussed in a team meeting.

The provider sustained the systems they had in place to monitor and assess the quality of service provided to people. Quality checks were conducted regularly which looked at health and safety of each supported living accommodation, infection control, management of medicines, staffing levels, care documentation, financial records, incident and accident, care records, and staff files. Actions identified were discussed with managers and action plans put in place to address them. For example, the paperwork for care assessment and support planning had been reviewed and changed so it was more personalised and captured detailed information about people's needs and support.

The service continued to work closely with a wide range of organisations to improve and develop the service. The local authority commissioning and contracts teams carried out regular monitoring visits to check the service. Following a recent monitoring visit, a number of actions were developed. We saw that this

had been completed. The registered manager and service managers attended network meetings and forums organised by their commissioners. They shared learning and information discussed at these meetings with staff.