Care Quality Commission

Care-Away Limited

Care Support Essex Branch

Inspection report

Paines Brook Court
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Care Support Essex Branch is an extra care service that provides personal care to 120 people across four sites. These four sites were large apartment complexes with shared amenities such as activity rooms, gardens and dining areas. People living at these sites lived in their own flats and did not need to use the service unless they wanted to. Three of the four sites were in the London borough of Havering and one site was in the county of Essex.

People's experience of using this service and what we found
There were systems in place to safeguard people from abuse. Risks to people were assessed and mitigated. Recruitment processes were robust and there were sufficient staff available to support people safely. Staff were trained in infection control and there were infection prevention measures in place. Medicines were managed safely. Lessons were learnt when things went wrong.

Quality assurance processes were in place but were not always effective. We have made a recommendation to the provider about following best practice around auditing documents and records because we found staff sometimes audited their own work. People and relatives thought highly about the service. The registered manager understood their responsibilities towards the people they worked with and regulatory requirements placed upon them. People and staff engaged with the service. The service worked with other professionals to the benefit of the people using the service.

Rating at last inspection
The last rating for this service was good (published 06 March 2019).

Why we inspected
The inspection was prompted in part due to concerns received about people's safety. We believed there was risk present at the service including allegations of abuse notifications we had received from the service in the past 12 months. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.
We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe and well-led sections of this full report.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care Support Essex Branch on our website at www.cqc.org.uk

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 well-led? The service was well-led. Details are in our well-led findings below.	**Good**

CareQuality Commission

Care Support Essex Branch

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.

Inspection team
The inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service provides care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care service.

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 a short period of notice because it covers multiple sites and we needed to be sure that the provider or registered manager would be in the office to support us with the inspection. Inspection activity started on 20 April 2021 and ended on 02 June 2021. We visited the office location on 11 May 2021.

What we did before the inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who might work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection

During the inspection
We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with six staff including the registered manager, one site manager, two care coordinators and two care staff. We reviewed a range of records. This included eight people's care records. We looked at six staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included speaking to a further three care staff. We looked at further evidence sent to us by the provider with regard to things people told us and infection prevention and control.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● There were systems and processes in place to safeguard people from abuse. Safeguarding concerns were identified and addressed, and the provider alerted local authorities to keep people safe from potential abuse.
● Safeguarding concerns were recorded alongside subsequent actions taken by the service to ensure people were kept safe. This included working with other health and social care professionals to ensure people received good care.
● Staff were trained to recognise abuse. One staff member told us, "Keep an eye and make sure people are safe." People told us they were safe and safeguarded from abuse. One person said, "I very much feel safe." Another said, "I have absolutely no concerns about safeguarding."

Assessing risk, safety monitoring and management
● Risks to people were assessed. People's care plans and risk assessments highlighted risks to them and how staff could support them to minimise risks. Risk assessments covered different aspects of people's lives. They focused mainly on their health, though covered other areas such as their home environments, medicines and fire risks.
● Risk assessments were person centred and aimed to support people's own choices, even when their choices and decisions could be viewed as unwise by health professionals. For example, we saw a fire risk assessment for a person who smoked in their own home. The service had received support from the housing provider and the fire brigade to ensure the person could smoke in their own home as safely as possible.
● At the time of our inspection we noted some potentially contradictory information between risk assessments and care plans. For example, one person's environmental risk assessments cited their pads needing changed whilst this was not documented in their care plan. We highlighted this to the registered manager who immediately sought to clarify their documentation to ensure there was no contradiction or ambiguity.
● Staff told us they understood the importance of ongoing risk assessments. One staff member said, "Risk assessments change according to people's needs and if the needs change, the risk assessments gets reviewed." Risk assessments were reviewed when people's needs changed or at regular review periods depending on their risk level. This meant the service monitored risks to people.

Using medicines safely
● People's medicines were managed in a safe way. People's medicines were recorded, and risk assessments were completed to assist staff to understand what the medicines were used for and the potential risks to people with their use. One person told us, "They help me with my medicines. I have 16 tablets. They get them out and give them to me in a pot. I take them. They write it down in a book. My tablets changed and

the carer explained it to me."
● Staff regularly received refresher training on medicine administration. Medicine administration was quality assured through spot checking and observations of staff. One staff member walked us through their process, "I get in to the flat and say 'Hi' to the person, and the medicines is sometimes locked away depending on the person's capacity and their risk. I open the cupboard check the MAR [Medicine Administration Record], match it to the dossett box or original packet, check it's going to the right person and check the dosage and the right name. You ensure gloves and apron is on before you start and then you'd administer the medicines." This showed staff understood how to follow procedures around safe medicines administration.

Staffing levels
● Recruitment of staff was practiced with safety of people in mind. We looked at six staff files. Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Employees' references, employment histories and criminal records had been checked. This meant recruitment processes were robust.
● People told us for the most part staff turned up on time. Though there were occasions when staff were late. When this happened, staff called the person and apologised for any inconvenience. One person said, "Yes they come on time. If they are running a bit behind, they let me know. But they are always on time for morning calls as I work. We have an understanding about other times for visits. I can live independently."
● Sufficient numbers of staff were employed to meet people's needs. Staff rotas showed there was also enough staff on shifts and calls to people were covered. If staff were unable to work, the service was able to cover people's calls. One staff member told us, "If staff are sick, we phone around to get people in. There's always someone willing to work."

Preventing and controlling infection
● There were infection prevention measures in place. The service was following government guidelines with respect to COVID-19. Staff were trained on infection prevention and control. They told us they changed into their uniforms onsite, wore Personal Protective Equipment (PPE) when completing calls and were tested regularly. One relative told us, "The carers wear gloves, aprons and masks. They dispose of them when they finish."
● Vaccinations for people and staff was promoted and recorded. The majority of people and staff had received at least one vaccination for COVID-19.
● The provider had worked with local health teams and received site visits for audits from specialist infection prevention and control nurses. Completed audits had demonstrated the service did what it could to minimise the risk of infection. One audit stated the service had, "Robust IPC [Infection Prevention and Control] systems in place particularly around environmental decontamination, hand hygiene, donning and doffing PPE."
● The provider kept documentation to support infection control. There were COVID-19 specific policies as well as emergency planning documents. There were specific risk assessments for staff and people about either the increased risk to COVID-19 due to their health and/or ethnicity or how to work safely with people who had already been infected. This meant the service sought to keep people and staff as safe as possible from risks of infection.

Learning lessons when things go wrong
● Lessons were learned when things went wrong. The provider ensured people were kept safe when things went wrong. This included completing actions to minimise risks to people, referring people to emergency services and health care professionals and also sharing information with other professionals involved with people's care.
● Incidents and accidents were discussed with staff in team meetings and supervision. They were further

analysed by the provider and shared with the host local authority. This indicated the service sought to learn from incidents and improve people's care.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care;
● Quality assurance processes sought to ensure people received good care. There was regular contact with people through spot checks and phone calls and the provider also regularly audited different aspects of the service in the hope of flagging issues and improving care.
● Where issues were flagged via audits, action plans were put in place to address them. We saw action plans for each of the four sites where the service was provided. Audits included mock inspections of the service, care plan audits and staff file audits. We noted issues with staff training had been flagged in consecutive audits and the registered manager was able to demonstrate the steps taken to address this. This included stopping staff from working until they completed training, which in turn kept people safe.
●We noted an issue with the completion of one person's risk assessment which had then been subsequently audited by the same person who completed the documentation and found to have no issue. We shared our concern with the registered manager about this as we identified it could lead to a potential blind spot in ensuring the quality of the service was being monitored. They responded positively to our concern and implemented processes whereby staff would not audit documentation they themselves completed as per best practice quality assurance.

We recommend the service follow best practice around implementing quality assurance processes in care services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and relatives were engaged with the service. The provider maintained quality review records which captured people's feedback. Feedback we saw was positive and highlighted that on occasions staff would go the extra mile. One record we read stated how a person appreciated staff booking their patient transport and liaising with a family member. This showed how engagement could improve people's perception of care.
● Staff were engaged with the service and could influence how work was carried out via input at meetings. Meeting minutes and supervision records indicated staff could feedback on how care was provided. Meeting minutes we saw reflected discussions on a variety of different topics including, but not limited to, people's welfare, incidents and training. One staff member told us, "We have staff meetings, appraisals and supervisions and the manager is always there if there are concerns. We can raise concerns at meetings."

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

outcomes for people
● People and relatives thought highly of the service. Whilst there were some mixed views, for the most part people and relatives spoke positively about the service. One person said, "I'd rate it ten out of ten. The staff are the best thing." A relative was asked whether they would recommend the service and they told us, "Yes we would. They do care for people."
● Where people had less than positive views, they highlighted specific issues. We were able to discuss these with the registered manager who addressed them in a responsive manner.
● Care plans and other documentation were person-centred and staff worked towards assisting people with their own chosen outcomes, which often related to the promotion of their independence.
● Staff were positive about the management and the organisation. One staff member said, "They [registered manager] are very good at their job. If there is an issue and you raise it, it will get dealt with. I always get the support I need" Another staff member told us about their disability and how the provider supported them which made them feel more confident with their working in comparison to a previous employer.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider understood their duty of candour and was honest when things went wrong. The registered manager investigated concerns and complaints when they arose and when the service was found wanting, duly apologised and sought to rectify issues. Communication with people and their relatives demonstrated the provider's open and transparent response when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● Managers and staff were clear about their roles and responsibilities. One staff member told us, "When you are employed you get a job description and I have a staff handbook. We read policies of the month and they get updated all the time." Staff had job descriptions and knew of the management structure. They knew who was accountable for the different aspects of the service and could seek support from the registered manager and provider.
● The registered manager knew their responsibility was the safety of and best possible care for people using the service. When required they informed the host local authority and health professionals about concerns and risks to people. They also notified the CQC when required to do so.

Working in partnership with others
●The service worked in partnership with others. People and relatives told us the staff supported them by working with other agencies to ensure people received the best support. One relative told us, "Carers visit [family member] six times daily. The nurse also visits. [Family member] is turned in bed [by the carers]. The nurses treat their ulcers and the ulcers have gone down from six to three since [family member] came here from their previous nursing home."
● Numerous instances of the service working with other professionals were recorded. These records demonstrated working with professionals such as social workers, nurses, GPs, pharmacists and other healthcare professionals. This meant the service sought to ensure people's access to care was enhanced through joined up working with other agencies. Feedback from one local authority stated the management were, "Always contactable, very open and transparent, and respond to any queries."