Essex Care Consortium Limited

Essex Care Consortium - Marks Tey

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 7 September 2016 and was unannounced. The service provides accommodation and personal care for up to 13 people with a learning disability or autistic spectrum disorder. On the day of the inspection there were 11 people using the service.

The service has a registered manager. 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.

People felt safe and they were protected from the possible risk of harm. Risks to individuals had been assessed and managed appropriately. There were sufficient numbers of experienced and skilled staff to care for people safely. Medicines were managed appropriately and people received their medicines regularly and as prescribed.

People received care and support from staff who were competent in their roles. Staff had received relevant training and support for the work they performed. They understood the requirements of the Mental Capacity Act (2005) and associated Deprivation of Liberty Safeguards. They were aware of how to support people who lacked mental capacity. People's nutritional and health care needs were met. They were supported to maintain their health and wellbeing and had access to other health care professionals and services.

The experiences of people who lived at the home were positive. They were treated with kindness and compassion and they had been involved in decisions about their care where possible. People were treated with respect and their privacy and dignity was promoted.

People's care needs were assessed, reviewed and delivered in a way that promoted their wellbeing. They were supported to pursue their leisure activities both outside the home and to join in activities provided at the home. An effective complaints procedure was in place.

There was a caring culture within the service and effective systems in operation to seek the views of people and other stakeholders in order to assess and monitor the quality of service provision.

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.

People did not have any concerns about their safety.

Risks to people had been assessed and reviewed regularly.

There were sufficient numbers of staff on duty to care for and support people.

There was a robust recruitment process to ensure that all relevant checks had been carried out before an offer of employment had been made.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff were skilled, experienced and knowledgeable in their roles.

Staff received relevant training and support in the work they performed.

People's dietary needs were met.

People had access to health and social care professionals and services when required.

Is the service caring?

Good

The service was caring.

People and their relatives were involved in the decisions about their care.

People's privacy and dignity was respected.

People's choices and preferences were respected.

Is the service responsive?

Good

The service was responsive.

People's care had been planned following an assessment of their needs.

People pursued their social interests in the local community and joined in activities provided in the home.

There was an effective complaints system.

Is the service well-led?

Good

The service was well-led.

There were systems in place to assess and monitor the quality of service. There was a caring culture at the home and people's views were listened to and acted on.

The manager was visible, approachable and accessible to people.

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Detailed findings

Background to this inspection

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

This inspection took place on 7 September 2016 and was unannounced. The inspection team was made up of one inspector and an 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.

Before the inspection, we reviewed information we held about the service such as notification that the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also looked at reports of our previous inspections of this service.

During the inspection, we met with all the eleven people who used the service. Due to their learning disabilities some people were not willing to engage in any in-depth conversation with us. However, we were able to speak with six people. We observed how the staff supported and interacted with them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with two care staff and the assistant general manager.

We looked at the care records including the risk assessments for three people, the medicines administration records (MAR) for the six of people and six staff files which included training records. We also looked at other records which related to the day to day operation of the service, such as quality audits.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe and did not have any concerns. One person said, "We all live like a family here. I feel safe. There is always staff around." Another person said, "Yes, I feel safe and its nice here."

Staff confirmed that they had completed training in keeping people safe. One member of staff said, "The training helped me to recognise what signs to look out for. The fact that there is a gate that stops people coming in helps to keep people safe. People would let us know if they were not happy with something or someone." Another member of staff told us that they were aware of their responsibilities to report any concerns they had to the manager in order to protect people from the possible risk of harm. They also told us that they were aware of the whistle-blowing policy and that they would not hesitate to report any concerns. Staff were aware of the special telephone number provided to contact to report any concerns as part of the whistle blowing policy. We noted that information about the safeguarding procedures had been displayed on the notice board and safeguarding referrals had been made to the local authority and the Care Quality Commission had been notified as required.

Each person had their individual risks assessments which included plans on how they were to be supported to stay safe. For example, the risk assessment for one person gave clear guidance for staff to ensure that the individual was wearing their headgear when using their bicycle. For another person, whose behaviour had a negative impact on others, the risk assessment provided guidance to staff on how to support the person and how to manage the risk. Other risk assessments carried out included environmental risk assessment, health and fire safety risk assessments, and assessments relating to the risks of side effects of people's medicines. Staff confirmed that they were aware of their responsibility to keep risk assessments current, and to report any changes and act upon them. The care records showed that individual risk assessments had been regularly reviewed and updated. There was up to date guidance for the management of risks such as manual handling and nutrition. The service kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

The service had an emergency business plan and environmental risk assessments to mitigate risks associated with the environment. The plan also provided contact details of the utility companies and the management team. Each person had a personal evacuation plan in place for use in emergencies such as a fire. All people who used the service were ambulant but required gentle prompting to evacuate the building if required. Regular fire drills had been carried out so that staff were up to date with the fire safety and evacuation procedures. Staff demonstrated they were aware of the actions they should take if required.

People felt that there were sufficient numbers of staff on duty to meet their needs. One person said, "Yes, there is staff here all the time." On the day of the inspection, a member of staff from an off-site 'Access Centre' which was temporarily closed had taken some people to the local supermarket in the morning and to the seaside in the afternoon, in response to a request from people who used the service. We saw that there were sufficient numbers of staff allocated to ensure that people attended their day activities as planned. One member of staff said, "We have enough numbers of staff on duty. When we are short we would

call other staff, and if that fails then we would ask for a regular agency staff who knows the people well." The senior staff told us that they did not use any established staffing level tools because the number of people using the service was currently lower. They also said that where people required one to one support either as part of their care needs or due to changes in their needs, this was always facilitated.

There was a robust recruitment process in place to ensure that staff who worked at the home were of good character and were suitable to work with people who used the service. The staff records we looked at showed that appropriate checks such as proof of identity, references, and satisfactory Disclosure and Barring Service (DBS) checks had been obtained before they had started work at the care home. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People who were on prescribed medicines had a general understanding of their purpose and when they should be taken. There were systems in place to manage people's medicines safely. Staff confirmed and we saw evidence that only trained staff who had successfully completed their competency tests administered people's medicines. Medicine administration records (MAR) had been completed correctly and there were no omissions of the staff signatures which confirmed the staff had administered the prescribed medicines. One member of staff said, "We make sure people get their medicines as prescribed. Regular checks were carried out to ensure that all medicines received into the home were accounted for and medicines that were no longer required had been returned to the pharmacy for safe disposal.

Good

Is the service effective?

Our findings

People received care and support from staff who were skilled, experienced and knowledgeable in their roles. One person said, "The staff knows what I want. I have a keyworker and the staff are nice. They know me well." Staff demonstrated in the way they communicated with people that they knew people's preferences. One member of staff said, "With some residents we use sign language and talk board to communicate with them. We know their needs and as individuals, their ways and behaviours." Staff had the necessary skills to support the people whose behaviours could have a negative impact on others. One member of staff said, "I have done my training in supporting people whose behaviour challenges others. I found the contents of the training very helpful."

Staff received a variety of training to help them in their roles. Staff had also attended other relevant training, such as epilepsy awareness, dementia care, diet and nutrition, fire safety, emergency first aid, theory of moving people safely. One member of staff said, "We do have opportunities to attend other training. We also complete refreshers when these are due." The provider had supported staff to gain nationally recognised qualifications in health and social care. A member of staff told us about their induction which also included a period of shadowing an experienced care staff and supervision by a senior member of staff.

Staff confirmed that they had received supervision and appraisals for the work they did. One member of staff said, "I have regular supervision and we discuss our work and the training I need to help me with my work."

Staff we spoke with told us that they had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). 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. Care records showed that people who lacked mental capacity had an assessment carried out so that specific decisions made regarding their health and welfare would be made in their best interests. One member of staff said, "We assume that people have mental capacity, if not then they have a mental capacity assessment done."

Deprivation of Liberty Safeguards (DoLS) application for eleven people had been made in required areas and the provider was awaiting the outcome of these applications from the local statutory body. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were asked for their consent before support was given. One person said, "The staff always ask me if I need any help at bath times." We observed staff were always in communication with people, checking regularly whether they needed any help or support. Staff told us that they always asked people how they would like to be supported with their personal care. One member of staff said, "Although some people are unable to communicate verbally, they understand everything and will let us know by sign language or their

reactions or facial expressions. We know what they like or dislike. We observe for any triggers in their behaviours so that we can diffuse any situation quickly to prevent any outburst." We observed a person who had recently moved the home. They were cared for on a one to one basis to ensure that they received all the support they needed to settle in their new environment. We also observed one person who came for short stay and upon leaving they said, "Will see you again, I'll be back."

Staff told us that the menu was planned on a weekly basis where people chose the menu for each day from the pictures of food available to them. One person said, "Food is nice. We do cooking with staff." Another person said, "I find cooking quite hard but I can read a recipe." People told us that there were choices available to them and they could ask for other alternatives. We observed people making their breakfast and a drink for themselves as and when they needed. A member of staff said that they were aware of how to support people in ensuring that they had enough to eat and drink. Care records showed that a nutritional assessment had been carried out for each person and their weight was regularly checked and monitored. The assistant general manager said that if they had any concerns about an individual's weight or lack of appetite, they would seek appropriate medical or dietetic advice.

People had access to health care services so that they received appropriate support to maintain good health. For example, one person had recently visited the dentist for a check-up. People had regular on-going reviews with health care professionals involved in their care and they saw their GPs when required.

Good

Is the service caring?

Our findings

People told us that they were well looked after. One person said, "Staff are very caring. I've adapted well here. I am happy here. Learning a bit." Another person said, "it's the right place, the right area for me to leave here." One member of staff said, "People receive good care and they are well supported." Another member of staff said, "One of the residents passed away recently and the other residents were involved in the funeral procession with some of them as pallbearers. They wanted to do it for their friend they had loss." They also said that they knew people well including their preferences and personal histories. We saw there was good interaction between staff and people. We observed staff showed a very warm and friendly approach towards people and constantly communicated with them as they carried out their tasks.

People and their relatives had been involved in decisions about people's care and support. A review of minutes of regular meetings with people's keyworkers showed that people had been kept up to date about their support plans and that they had been involved in the discussions on how their needs should be met. One person said, "I have a meeting with my keyworker. We talk about what I want to do." The care records contained information about people's needs and preferences, so the staff had clear guidance about what was important to people and how to support them appropriately. The staff we spoke with had a good knowledge about the care needs of people they supported. One member of staff said, "We work together as a team. We help each other and work with people and their relatives."

We observed very positive relationship and interactions between staff and people who used the service. People were treated with respect and there was some appropriate banter between staff and people who used the service. There was a genuine sense of reliance and confidence in the staff portrayed by people and genuine caring and affection for them by the staff. One relative said, "If I was seeking a placement anywhere The Laurels would be the first place I would look, unreservedly."

We saw staff knocking on people's door and waiting for a response before entering. One person said, "Staff are respectful. They respect my privacy and dignity." Another person said, "I know how to bath myself with staff to support me. They give me my privacy." A member of staff explained that when supporting people with their personal care, they ensured that the door was shut and curtains were drawn. The assistant general manager said that they promoted peoples' privacy, dignity and ensured that their human rights were maintained.

People's relatives acted as their advocates and had been involved in supporting individuals in making decisions about their care. We noted that information about an advocacy service was available to people. The manager said that if a person would express their wishes to obtain the support of an advocate they would facilitate this service.

Staff were able to tell us how they maintained confidentiality by not discussing people's care needs outside of work or with agencies not directly involved in their care. We also saw that copies of people's care records were held securely within the office.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive to their needs. We noted from the care plans that an assessment of needs had been carried out and evidenced that people or their relatives had been involved in the care planning process wherever possible. Information about people's individual preferences, choices, likes and dislikes had been reflected in the care records. For example, one person's care plan stated, "I like to wake up around 7am and I like to go straight to the bathroom to have a bath and wash my hair. I need assistance and verbal prompts to wash myself." We observed that staff demonstrated an awareness of individual's likes, dislikes and their care needs. One person said, "I have a meeting with my key worker and we go through the care plan. Staff ask me what is important to me and if I want to make any changes to the care plan. I know what is written in it."

Care records had been written in a person centred way. They were detailed and had been kept up to date. There was sufficient information for staff to support people in meeting their needs. Staff told us that they found the care plans informative and helpful in knowing the identified needs of people and how their needs were met. One member of staff said, "We are given time to read the care plans including new staff." The care plans had been reviewed regularly to reflect any changes in the persons' care needs so that staff would know how to support them appropriately. For example, one person found it difficult to answer with too many words in a question. The care plan provided clear guidance for staff on how to communicate with the person.

People were supported to follow their interests and participate in social activities. The majority of people attended the 'Access' a day service located in the community and managed by the provider. One person attended the local college for English language and numeracy with the support of a care staff. One person said, "I like trips to the zoo and other outings." Staff were responsive to requests of people as evidenced by the impromptu decision to visit the seaside at the suggestion of one person who used the service. The assistant general manager said that people had set goals of what they wanted to achieve and they encouraged them to be as independent as possible. People told us that they were provided with varied activities which they enjoyed particularly their holidays and outings. One person said, "I regularly go for walks on my own in the surrounding countryside or sometimes to the local supermarket." People were free to spend their day largely as they chose and whilst most seemed to enjoy their own company there was a small group who undertook outings together and interacted well. People told us that they had regular contact with their families. One person said, "I spend weekends with my family. I like it."

The provider had a complaints procedure with the photographs of the managers whom people could raise their concerns with. The complaints procedure was also included in the 'welcome pack' with pictures for easy read. There had been no complaints received but a number of compliments. None of the people we spoke with said they had any cause to raise a complaint. The assistant general manager said that if there were any concerns, they would discuss it with the person and address the issues. People we spoke with expressed their satisfaction with the care and support they received.

Good

Is the service well-led?

Our findings

There was an open and caring culture at the home, where people could see the manager whenever they needed. People we spoke with said that the manager was approachable. The two people we spoke with felt that their views were listened to. One person said, "I know the manager. We have a chat sometimes." The staff we spoke with felt that the manager was supportive and listened to what people had to say. They said that they worked as a team and supported each person in meeting their needs. One member of staff said, "We enjoy the work. I am content and well-motivated to support the people we care for."

Staff told us that they attended regular staff meetings. We saw that these had been documented and that the minutes were available to staff who were unable to attend.

Staff demonstrated to us that they understood their roles and responsibilities towards the people who lived at the home. Staff told us that they felt supported by the manager to carry out their roles and provide good care to people. All of the staff we spoke with told us they enjoyed working in the home. One member of staff said, "I have worked here for over three years and we work well together."

The provider also had effective systems in place to assess and monitor the quality of the care provided. Senior managers had regularly completed audits in a wide range of areas to identify, monitor and reduce risks, such as those relating to the environment and infection prevention. We also noted other regular audits relating to the safe administration and management of medicines, and health and safety had been carried out so that people lived in a safe and comfortable environment. We saw from the most recent report of the pharmacist's visit that there had been no issues with the management and administration of medicines. Regular checks were also undertaken by external companies to ensure that all equipment and heating systems were in good working order.

The feedback from people who spoke with us was positive. The feedback from the questionnaire surveys carried out this year was also positive. Everybody who responded to the survey gave 'happy faces' to all the questions asked. The staff told us that due to some people's learning disabilities and lack of verbal communication, they sought their views about their general wellbeing by use of sign language, pictures and observation of their facial expressions.

Staff confirmed that they had daily handovers during shifts to ensure that continuity of care was maintained. They said that they shared information between staff following incidents, care reviews or comments received from relatives of people and other professionals involved in people's care. This was to ensure that they learnt from any incidents to prevent them from happening again.

The service had a good professional relationship with other healthcare organisations and sought appropriate help and advice when required