

Essex Care Consortium Limited

Essex Care Consortium Ltd - Fordham

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

About the service

Essex Care Consortium - Fordham is a residential care home, providing personal care and accommodation for six people who may have a learning disability and or complex/physical health needs.

People's experience of using this service:

People were safe living in the service. Risks had been identified and people were looked after safely.

Staff were kind and caring and supported people to be as independent as possible.

People had access to healthcare professionals when required.

Staff knew how to care for people. Staff used their skills, resources and equipment provided so the risk of accidental harm or infections was reduced. Staff had developed effective skills to meet the complex needs of the people at the service.

People were supported to have their prescribed medicines safely to remain well.

People were supported to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The registered manager had clear oversight of the service and worked alongside staff. Staff were respectful of the register manager and told us they were approachable and supportive.

Rating at last inspection

Good (date of the last report published was (18th January 2017)).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

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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

The inspection team consisted of one inspector.

Service and service type

Essex Care Consortium - Fordham is a care home. People in care homes received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The inspection was unannounced.

What we did when preparing for and carrying out this inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service what the service does well and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the assistant general manager, registered manager, and two staff. We also spoke with one person who used the service. Other people were unable to communicate verbally with us or not home on the day of inspection. We therefore spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from the one professional who worked with the service.

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.

- People continued to be safe and protected from avoidable harm. People's needs were assessed and plans were in place and followed to promote their safety.

One person told us, "Yes, I feel safe the staff look after me."

Systems and processes to safeguard people from risk of abuse:

- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
- We saw examples where concerns had been raised, and investigations took place in line with the providers safeguarding policy and procedure. The registered manager took appropriate action and investigated the concern keeping all parties updated.

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and were managed safely. Staff told us how they supported people to minimise the risk for example of seizures.
- The environment and equipment were safe and well maintained. People were involved in practice fire drills to check any risk to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services on the support people required in these circumstances.

Staffing and recruitment:

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were sufficient staff on duty to keep people safe.
- The registered manager told us, "Sometimes we do have to use agency staff we try and use consistent people, to prevent too much change for our residents."
- Agency staff had an induction into the service before carrying out any shifts. The registered manager told us they always had a permanent staff member on shift alongside an agency staff member to support them.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicines.
- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were

also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection:

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- We saw staff washing their hands after providing personal care and administering medicines.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans contained clear information regarding people's capacity to make decisions about their care. Some of the people living at the service were not able to make complex decisions. However, staff enabled people to make day to day care decisions about their care, such as what they ate and drank.
- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence based guidance that achieved effective outcomes.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with specialist equipment there was detailed step by step guidance. Care plans were regularly reviewed and updated to ensure people's changing needs were met.
- Peoples care plans were clear and easy to read. They contained an 'all about me' book which gave details of how to communicate and what a good day or bad day looks like for each person.

Staff skills, knowledge and experience:

- We observed staff were skilled and feedback from external professionals confirmed they could meet people's complex needs.
- Staff told us they had regular supervision meetings with the manager to support their development. The registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Being a small service, the manager was available every day and often worked as part of the shift, this enabled them to supervise staff and keep up to date with the changing needs of the people they supported.

- The service carried a comprehensive induction into the home and staff were encouraged to keep their knowledge updated with regular training updates.

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

- Mealtimes were flexible, reflecting people's needs and preferences. Staff encouraged people to eat independently when possible. People with more complex needs were supported by staff.
- One person told us, "I have cereal for breakfast. I get to choose what I want to eat and when."
- Staff told us that some people chose to eat at a different time or to eat something different from what had been cooked and this choice was respected.
- Staff checked people's health and wellbeing, for example some people had charts in place to document how much they ate and drank. Staff were aware how important it was to record this as this would highlight any changes or concerns.

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

- The service had clear systems in place for referring people to external agencies. Any input from health professionals was clearly documented in people's care plans with any outcomes or actions to be taken. For example, a referral had been put through to the neurologist for one person living with epilepsy.
- People had access to services such as the chiropodist, optician and dentist and regular medication reviews.

Adapting service, design, decoration to meet people's needs:

- The environment was bright and airy and easy to move around. Bathrooms had been adapted to enable two people to shower or bath as independently as possible. For example, lowered towel rails and showers. Peoples rooms were personalised with pictures and personal items and the communal areas were comfortable, homely and inviting.
- There was a large garden area which had suitable tables and chairs for people to use. The service also had its own swimming pool which was gated securely when not in use. The registered manager told us they were in the process of purchasing a hot tub this had discussed with people and other staff and it was felt the people living in the home would benefit from having one.

Is the service caring?

Our findings

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

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

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

- We observed staff interacting with people. Staff without exception showed kindness and empathy.
- Staff took time to interact with people and to look for facial expressions or hand gestures as a means of communicating and listening to the people they supported. People obviously felt safe and comfortable in the presence of staff.

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

- We found staff responded to people's individual communication needs and adhered to the Accessible Information Standard (a requirement to ensure anyone with a communication need is assessed so they receive all the information they need). People's communication needs were clearly documented in their care plans. Staff were patient allowing people the time they needed to talk about topics of interest and communicate their views.
- Some people used tablets and had their own mobile phones and staff offered support to use these if required.
- People were given choices throughout the day of what they would like to eat or drink or if they would like to take part in an activity. Staff knew how to support people to enable them to make an independent decision. For example, staff showed people the options using objects of reference such as two different foods or drinks.
- The registered manager told us that some people took part in the interview process of new staff and asked them questions. The management team felt this was an opportunity to see how prospective staff engaged with the people they would be supporting.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful when they spoke about people. When supporting people with their food staff were respectful and retained people's dignity.
- People were supported and encouraged to maintain relationships with their friends and family. Staff told us that people regularly received visits from their family members and went out with them and at times stayed at their homes.
- Staff knew people well including their preferences for care and their personal histories. Staff told us that they worked as keyworkers to people to ensure they had everything they needed and supported them with their day to day activities as well as making any health appointments. Staff treated people with dignity and respect and supported them in spending their time in the way they chose. People were supported as

individuals to enhance their quality of life, this included respecting their age, sexual orientation, cultural and religious needs.

- We observed staff knocking on doors and closing doors behind them when they entered a person's room.
- People's records were kept securely, and computers were password protected. Staff knew how to keep people's information confidential.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same this means that services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care:

- Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed and updated to reflect any changes. For example, one person on discharge from hospital had their care plan updated to reflect any change in their care needs.
- People were enabled to follow a variety of interests and activities.
- Some people had timelines in picture format of what was happening through the day. Staff told us this prevented people becoming anxious about what was going to be happening next.
- People were supported to access the community to attend educational and leisure activities. One person had a voluntary work placement which had just come to an end and the staff told us they were trying to organise another one. Whilst we were visiting the service some people were at the providers main site taking part in activities. One person told us, "I go trampolining and horse riding and I go to the main site for day care." People also went shopping and the cinema and out for lunch. Staff told us people were supported to go on annual holidays of their choosing. Some people were being supported by staff to go to the Mersea festival.
- People's needs were constantly reviewed, and support was adapted as required. At handover meetings, staff described people's mood and any health issues as well as if they had eaten and drank sufficient amounts of fluids.

Improving care quality in response to complaints or concerns:

- Staff involved relatives as appropriate in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns. Due to the open communication at the service there were no formal written complaints.

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection.

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. They assured person-centred high-quality care and a fair and open culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was aware of when to contact the care quality commission.
- The registered manager was supported by a strong network of senior managers. Regular management meetings took place to share good practice and to update any policies and procedures. The registered manager told us they felt fully supported and that they felt they were listened to and respected.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of the service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- Staff told us they felt fully supported by the management team who were approachable. One staff member told us, "We work as a team the manager is really approachable and supportive."
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

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

- Staff meetings and residents meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives feedback was positive.

Continuous learning and improving care: Working in partnership with others:

- The provider told us they kept up to date with current legislation by attending care conferences and working with the local authority. They also attended provider meetings along with the registered manager

these meeting were to discuss any issues and to share good practice ideas.

- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dieticians, speech and language therapists, GP's. This ensured a multi-disciplinary approach to ensure people received the appropriate level of care and support. One healthcare professional told us, "The home is very good at communication and are always very accommodating and welcoming."