

Essex Cares Limited

# Essex Cares South East

## 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 over a number of days and included 29 February and the 2, 3, and 7 March 2016.

Essex Care South East (ECL) provides a number of different services. This includes providing care and support within people's homes and a reablement service for up to six weeks for people who have been discharged from hospital. The focus of their support is to rehabilitate people back to independence. They provide personal care and support to adults who live in their own homes in the geographical areas of Rochford, Rayleigh and Castle Point.

The service is also a 'provider of last resorts (POLR).' This is where Essex County Council are unable to find another contracted service to provide care and ECL will then assist with the care (short term) until another provider can be found.

The service has a registered manager in post. 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 had a good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Where safeguarding concerns had been identified the service had made the appropriate referrals and was open and transparent. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular support and training.

There were generally sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service. Where there had been staff deployment problems, the manager had made changes and were in the process of recruiting more staff to ensure they have sufficient number when staff were on leave, sick or when the work as a POLR increased.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible.

People had agreed to their care and been asked how they would like this provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner.

Assessments had been carried out and care plans had been developed around each individual's needs. People had also made 'goals' to achieve to assist them in regaining their independence.

The registered manager had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

## 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 could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

There were generally enough staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

### Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

### Is the service caring?

Good ●

This service was caring.

People were provided with care and support that was tailored to their individual needs and goals.

Staff had a good understanding of people's care needs.

Staff were caring.

### Is the service responsive?

Good ●

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

### **Is the service well-led?**

This service was well-led.

The manager understood their responsibilities and demonstrated good management and leadership skills.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

**Good** ●

# Essex Cares South East

## 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.

The inspection was unannounced and took place on the 29 February and March 2, 3 and 7 2016.

The inspection team consisted of two inspectors on day one, and one inspector for the remaining days.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We also reviewed a Provider Information Return (PIR). A PIR 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 used this information to plan what we were going to focus on during our inspection.

During our inspection we visited five people within their own homes and spoke with three on the telephone. We also spoke with the registered manager, the capacity and quality lead and head of quality and corporate governance. As part of the inspection we met with six staff to gain their views about working for the service. Healthcare professionals were approached for comments about the service and any feedback received has been included in this report where possible.

As part of the inspection we reviewed six people's care records and five care plan folders within people's own homes. This included their care plans and risk assessments. We also looked at the files of six staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

## Is the service safe?

### Our findings

People told us that they felt safe when receiving their care and that they 'trusted' the staff. Feedback from one health care professional included, "They (ECL) put the customer first at all times and if there are any concerns they ensure they act swiftly and responsibly to safeguard the individuals."

The manager was clear about their responsibilities in regards to safeguarding people and managing incidents. They made the appropriate referrals when situations were viewed as potential safeguarding incidents and were open and transparent when things went wrong. They took corrective action to prevent situations from re occurring. Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. The service had a flow chart which provided staff with guidance and information on who to contact and what to do. The service also monitored safeguarding's to ensure staff had followed the correct procedures and to ensure people were helped to be kept safe.

Staff spoken with stated they would feel confident in raising any safeguarding concerns they may have and they found the management supportive when they had raised issues in the past. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Staff told us that there were body map charts in people's care files that they would complete if they noticed any marks or bruising when they were assisting with personal care. Feedback from staff included, "I would phone the manager if I thought anything was wrong," "I would contact the office and speak with the manager if I had any concerns" and, "The office are very supportive and they would contact the right people if I had any worries." Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything.

Risks to people's safety had been routinely assessed at the start of a service and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process and a variety of risk assessments had been completed. These related to the environment and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. Copies of this documentation could be found in people's homes and helped to ensure staff had up to date information and were kept safe. There was also a form for staff to sign to show that they had read the document and was aware of the content. The service also used an electrical device to advise them of visits they have allocated to staff. This device was used to advise staff of any risks in people's homes and ensured they had up to date information.

The service was run from a self-contained office, which has access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

Most people told us they thought there were enough staff and they had received the care and support they needed from the care staff. People had received regular care staff whilst being with the service, but some

added they had seen quite a few staff members since they had started their support; and the times had sometimes been very ad hoc. As an example, one person stated they had received a service for just over two weeks and their times had varied between 7:00 and 10.30 in the morning. They added that they had found it difficult to plan times to start getting up or when to have their breakfast. They would have liked more continuity. The registered manager agreed that she would look at the number of care staff that provided each person's care and the times the care staff called to see if they could offer more continuity.

Staff also reported that over the Christmas period they had been very busy and felt there were not enough staff to provide the time people often needed. The registered manager advised that over the Christmas period they had had to use the assistance of outside contractors to assist them in providing care over the Christmas period; due to not having sufficient staff. This was mainly due to them being a 'POLR' and they had been needed to provide assistance and care in an emergency during the holiday. They were now in the process of reducing these contracts and introducing additional safeguards and control measures to ensure that they can provide a stable and safe service at all times whilst still meeting their commitments. The manager advised that they found that by managing their own staff and being involved in the day to day running of the service it had enabled them to provide responsive care and meet people's needs more efficiently. Staff told us that they had seen improvements over the last few weeks and they had more time to spend with people now. They added that 'everyone' worked well as a team and the communication was very good.

The registered manager had already been introducing new ways of working, which would help to ensure there were sufficient ECL staff to provide the care people needed. They had introduced flexible contracts for other staff within other ECL services and extra training provided. This meant there was extra staff to assist at short notice within the rehabilitation service or as POLR. It was clear that the registered manager was monitoring staffing levels and putting systems in place to assist this and ensure people received the care and time they needed.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. Staff members confirmed they had completed an online application form outlining their previous experience and provided references. They had also attended an interview as part of their recruitment. Checks to staff files during the inspection showed that the correct documentation had been sought and the service had followed safe recruitment practice. Staff spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe.

The service had systems in place to assist with the management of people's medication. Staff had received mandatory medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. Some changes had recently been implemented to the medication procedures and the documentation used to record any assistance with medication. Feedback from staff was that the new paperwork was not easy to follow and they felt it did not reflect the type of service they provided and was more keyed to residential care. They added that training had been limited for the new paperwork and they felt more was needed. Management had taken this on board and listened to the staff and were in the process of making changes to accommodate their concerns. The registered manager was also in the process of organising competency checks and mini workshops for staff to assist with the new changes. The service had a trained nurse on the team who could help with any medication



advice.

Any assistance with medication had been identified during the initial assessment and was part of the person's care plan. Care plans seen, clearly stated, whether assistance with medication was needed, but most people did not need assistance from staff due to having relatives who could assist or they were self-medicating.

## Is the service effective?

### Our findings

People were happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, "The care is excellent" and, "I cannot fault them at all." One person added that the staff had helped them to be independent and stated, "I have improved since they have been coming in. They do all I need to have done and when I needed the care it was there."

Newly recruited staff had completed an induction training programme before they started working in the community. This included information and guidance on how to meet the needs of the people using the service. Induction training covered areas such as health and safety, safeguarding and moving and handling. The service had implemented the Care Certificate, which is a recognised induction training course for people working within the care sector. New staff would also shadow other staff before they worked on their own and this allowed the new staff member the time to understand their role and the standards expected of them. Induction records seen confirmed that each staff member had attended an appropriate induction relevant to their experience. Staff told us the induction training they received was good and provided them with the knowledge they needed.

People felt the staff had the skills to meet their care needs and a number of staff had achieved a recognised qualification in care. Staff also told us they received both mandatory and additional training regarding specific conditions, which had provided them with the skills and knowledge to provide appropriate care to people. When looking at the training records this included dates when staff had received training and when updates would be required. It was noted that the document had a number of gaps in some areas of training. For example, training in areas such as Parkinson's disease, diabetes and dementia were not up to date. Staff told us, "I would like some more specialised training, so I feel I have the knowledge to care for people with Parkinson's disease. I have had to use the internet to look up information." The registered manager advised that they would look at the training on offer to staff and source updates on the subjects that were needed. They had recently introduced e-learning to staff and felt that this may help with staff training needs.

Staff stated they received regular supervision and support, but only received a formal supervision every six months. They said that during this session they would be given the opportunity to discuss their training and development needs. A weekly team meeting was also held and this provided them with support and they would discuss any concerns they may have with their work and share any relevant information. One staff member told us, "There is always someone available to talk to in person or at the end of the phone." And, "I always feel supported." The manager told us that supervisions had not taken place as regularly as they should, due to staff work commitments. They were in the process of putting in place measures to enable staff to be formally supervised on a regular basis. This would involve the senior care co-ordinators being responsible for supervising a group of staff. Staff told us that annual appraisals had taken place and records seen confirmed this.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA both during induction and at regular refresher training. Staff were aware how to keep people safe and protect their rights and the service had recently ordered small information cards so staff could carry these with them at all times. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager. People told us that they had agreed to the service providing their care and support and the service had been proactive in ensuring people had been part of the decision making process. Files contained a form for people to sign to say they agreed with their care plan, but the actual assessment and care plan form did not have a space for people to sign to give consent. The registered manager agreed that they would look at their present forms and ensure either the person receiving the care or their relative signed to give their consent to care. People had given consent for staff to assist with their medication.

Some people did receive assistance with meals, but this was usually in a 'reablement' form and staff assisting them to be independent. Staff told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager so that they could speak with other health care professionals and get help and advice if needed. Feedback included, "They help me to heat my dinner in the microwave, I am managing to do more myself," and, "They did assist with my breakfast, but I can now do that myself."

People had been supported to maintain good health, access healthcare services and receive on-going support. The manager told us that they worked in partnership with other agencies and this included, Age UK, the falls prevention team and Health watch. They also have a number of health care professionals who are employed by the service which includes a physiotherapist, occupational therapist and a qualified nurse. Staff confirmed that referrals were put through for equipment to Occupational Therapists, if it was identified that people needed additional equipment to support them with their care needs. Where areas of concerns had been identified by the assessment and reviewing staff, they had made appropriate referrals so that extra support could be gained. Staff told us that when they noticed a change in someone's health or if their needs changed they reported it to the office or call an emergency service.

## Is the service caring?

### Our findings

People told us the staff treated them with kindness and compassion. They added that staff assisted them when help was needed and they all agreed that they had shown improvement and were more independent since their visits had started. Comments included, "I cannot fault the staff, they do what I need to have done," and "I have been very happy with the service I got, I would use the service again if I needed it."

Staff understood people's day to day care needs this included any care needs due to people's mobility, health or diverse needs. Clear goals had been set with each person during the assessment process and staff then helped them to work towards these and regularly reviewed their progress. Staff understood the support each person required to meet their needs and to help keep them safe. Weekly meetings were also held with staff to discuss each person's improvements and where extra support may be needed.

People told us that the staff were, 'caring and respectful.' They added that staff listened to them and helped them with their care to enable them to be more independent. The people we visited had shown improvement over the time the care staff had been calling in. One person stated, "At the beginning I appreciated the care. I am now much better and I am coping well." People said that staff were cheerful, friendly and asked them for their agreement before they did anything for them. One person added, "The carers have been all very nice, we have a laugh and a joke and I have no complaints at all." One staff member stated, "My job is satisfying, people give us a hug and appreciate the support and care we give, it is very rewarding."

For people who needed extra support to make decisions about their care and support, the service had information about advocacy services or had involved relatives. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

## Is the service responsive?

### Our findings

People's care needs had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs. Due to the nature of the service each person also set themselves three or four goals they would like to achieve whilst regaining their independence. People confirmed the service met their needs and they had been involved in the assessment and planning of their care.

The registered manager had recently introduced a new project at the local hospital to assist with the assessment process and to help ensure relevant information had been gathered before people were discharged in the community. The reason for this was because they had found on a number of times that people had been discharged very late and they had been unable to complete an assessment and prepare a care plan before staff had to provide assistance. This project has proved to be a big success and more wards at the hospital are now asking for the team to visit people and complete their assessment before they are discharged home. It helps to ensure people are kept safe and receive the support they need.

People confirmed that before the service commenced they had received a visit from someone from the service, to assess their needs and ask their preferences about the support they would be offered. One person reported, "The preparation work was carried out with care and the carers we had were all very considerate and capable. We have no complaints at all and we are very grateful." Staff stated they received enough information to provide the care required. There were a number of ways they received this and included, written guidance, emails and via their electrical gadget called CACI.

People had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had signed to say they agreed with the care as part of the initial assessment process, but management were looking to develop this to make it clearer for people and ensure they were involved in the decision making process. People had care plans within their homes which advised staff on what care they needed assistance with. Staff we spoke with were knowledgeable about their role and the people they supported.

Care plans were regularly reviewed and updated over the six week period people received their reablement service. The assessment and reviewing staff would visit regularly to see how people were improving, checking what they had achieved on the goals they had set and monitoring their independence. Staff had weekly meetings to discuss people's progress and identify any changes in their care or extra support they may need. The registered manager also met with health care professionals in her team to ensure people received personalised care and they were responsive to their needs. One staff member added, "If we have any concerns about any of the people they will arrange for a review to take place."

Staff told us they liked their jobs as they could spend time with people and could see improvements in

people as they moved towards independence. Feedback from staff included, "I love to make people independent again," "It is nice to see people improve" and "We meet so many different people, very interesting, you can listen to their histories, it is very therapeutic."

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from reoccurring. The service was also in the process of introducing a new system that would document missed visits, complaints, safeguarding etc., so they could look at trends in the service. The registered manager felt this would improve communication and also the quality assurance of complaints.

People confirmed they knew who to contact if they had a concern and all knew where to find this in the folder in their home. Staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the manager. One person said, "If I was not happy I would complain. We are encouraged to bring things to people's attention so they can be dealt with." Compliments the service had received included, "Thank you so much for looking after me when I was in agony. I would like to say what a wonderful service it is and the cares are lovely" and, "Thank all the carers that helped to get me back on my feet again, you are all lovely."

## Is the service well-led?

### Our findings

The service had a registered manager who was aware of their responsibilities. The service also had upper management to help support the day to day running of the service, the managers and staff. Staff told us they received good support from the office and management team. Comments included, "There is always someone on the end of the phone, there is good support" and, "We communicate well, there is very good team morale and the managers are very approachable."

The ethos of the service is to provide short term care for people to enable them to regain their independence. The service empowers people to make decisions and set goals to help them achieve their independence again. The service was very person centred and care was arranged around each person's individual needs and situation. People were actively involved in their care and through regular reviews this was changed to meet their needs. Where people were unable to achieve independence the service supported these people to gain a service that was more appropriate to their needs. Both management and staff were very focused on the service they provided people and always looking at ways this could be continually improved. Feedback from people included, "I could not fault the service they provided. The support workers were very friendly and helpful and did everything for you that was needed. They also provided advice when needed; it was an excellent service."

People benefited from staff that received regular support, attended regular staff meetings and could gain help and advice when needed. This enabled them to be clear about their roles and responsibilities and continually improve their care deliver. Staff told us that they felt listened to and were kept up to date with information about the service and the people. They added that management had an 'open door' and they could call in at any time. Staff were seen calling into the office during the inspection to speak with management and to gain advice and support. Feedback from staff included, "We have a really good team and the service is well managed" and, "(Registered Manager) is very hands on and knows the staff and people well."

The service had clear aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. These were also covered as part of the staff induction and the Care Certificate.

Management had regular meetings to identify any areas of work that would need to be completed during that week and also looked at any audits that have been completed and discuss plans of action. They had systems in place to try and improve the quality of the service people received and act when issues were brought to their attention. The service provided questionnaires to people after the six week service had ceased, the responses were collated each quarter and the results shared during team meetings and with the quality team. This provided the registered manager with regular feedback about the service people received and an opportunity to develop it further.

People received good quality care and the service had a number of systems in place to help monitor the

standard of care received. The registered manager had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. These included checks on staff recruitment, service user files, care reviews, staff training and supervision, and issues relating to the quality of care people received. They also had a system which enabled them to monitor missed visits, complaints, safeguarding's, referrals etc. and a monthly report was printed off and analysed. The service had an internal audit report completed which provided an independent overview of the service. The service had robust data and management systems in place. An example of improvements as a result of their continual quality monitoring was the analysis of missed visits that had led to more creative and robust staffing arrangements including training adjacent day care staff so that they could be available to support ad hoc when cover was needed.

The service worked well and in-partnerships with other organisations to deliver a high standard of service to people in a joined up way. The registered manager attended weekly or monthly meetings with a number of other healthcare professional organisations, with the aim of improving the service and communication. One healthcare professional told us that they had regular meetings with the registered manager and her team and this was an opportunity to share views and discussions regarding people who received a service. It was an opportunity to look at what further services they may require to help keep people safe. Feedback included, "I have found the team to be exceptional and we have excellent relationships and are able to contact each other when needed. My calls are always returned." "From my experience the team are an excellent resource, contacts are valuable and responsive and demonstrate that the customer is the priority."