

Essence (Telford) Ltd

Essence Telford Ltd

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

The inspection took place on 9 October 2018 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

This service is a domiciliary care agency based in Wellington, Telford. It provides personal care and support to people living in their own homes throughout the Telford area. It provides a service to older adults and younger disabled adults with a range of health and social care needs including physical disabilities, learning disabilities and people living with dementia. At the time of our inspection there were 5 people receiving a personal care service.

At our last inspection of the service 26 April and 2 May 2017 we found that some improvements to risk management and governance were necessary. At this inspection the service demonstrated to us that improvements had been made regarding risk management and individual quality monitoring. However, we found the oversight for governance could be improved further. We have made a recommendation about this.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC 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.

Medicines were managed and prompted safely. The provider did not administer medicines to anyone at present.

People were supported to take risks safely and personalised risk assessments were in place to ensure people were protected against a range of risks. Staff had received safeguarding training. They could describe types of abuse and what they could do to report concerns and protect people from harm.

Staff recruitment was carried out safely with the required checks in place for new staff before they started work.

New staff received induction training and were accompanied and supported by the management and senior staff to enhance their induction and extend if necessary.

People were supported to have choice and control over their own lives from being supported by person centred care approaches. Person centred care is when the person is central to their support and their preferences are respected.

There were sufficient staff to meet people's needs safely. Staff received regular supervision checks to ensure they completed care visits as agreed. Staff were trained in safeguarding, first aid, moving and handling,

Mental Capacity Act, infection control and food hygiene.

Staff had a good knowledge of people's likes, dislikes, preferences, mobility and communicative needs. We received positive feedback regarding staff and how peoples' needs were met. People were supported to maintain their independence by staff that understood and valued the importance of this.

Care plans were sufficiently detailed and person-centred, giving members of staff and external professionals relevant information when providing care to people who used the service. Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

The registered manager displayed an understanding of capacity and the need for consent on a decision-specific basis. Consent was documented in people's care files and people confirmed staff asked for their consent on a day to day basis.

A programme of individual quality monitoring was carried out by the registered manager and these were effective in identifying any deficits in current service provision. The oversight of quality auditing could improve further. We have made a recommendation about this.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Infection control measures were in place for staff to protect people from the risk of infection through, training, cleanliness and protective clothing where required.

People and their relatives could complain if they wished and were knowledgeable of how to complain or raise minor concerns.

People who used the service and their representatives were regularly asked for their views about the support through questionnaires and feedback forms.

The registered manager was aware of the requirement to notify the commission of significant events but there had not been any recently.

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.

Medicines were managed and prompted safely.

People had individual risk assessments in place.

Staff were trained in safeguarding and could identify and report signs of abuse.

Infection control training and protective measures were in place.

Staff recruitment was carried out safely with checks on staff completed.

Is the service effective?

Good ●

The service was effective.

Staff received training to improve their skills and knowledge.

Staff received support through on going supervision and appraisal.

Staff supported people to eat and drink enough to maintain their health.

Staff would support people to attend health care services if required.

The principles of the MCA were followed and people's needs were regularly assessed.

Is the service caring?

Good ●

The service was caring.

Staff encouraged people to maintain their independence.

Staff respected people's rights to dignity and privacy.

Staff had kind and caring attitudes and were patient.

Is the service responsive?

The service was responsive.

Staff understood peoples' individual needs and respected their preferences.

People and their relatives knew how to complain if they needed to and this was supported and managed.

People's care was person centred and tailored to their needs.

Good ●

Is the service well-led?

This service was mostly well led.

The individual service provided to people was monitored for quality. The process of oversight of the service delivery needs to develop more.

People were confident to approach the manager to raise any concerns .

Staff felt supported by the management of the service.

Good ●

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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.

We visited the service on 9 October 2018 and our inspection was announced. The members of the inspection team consisted 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. The expert by experience carried out phone calls to people who used the service and their relatives to collect their views of the service.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

We used information the provider sent us in the Provider Information Return. This is 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 improvements they plan to make.

During the inspection we spoke with the registered manager, the nominated individual and two care staff. We spoke with two people who used the service and two relatives over the telephone.

We looked at two people's care plans, two staff files, surveys, meeting minutes and associated records.

Is the service safe?

Our findings

At our previous inspection in April 2017 we found that the service was not consistently safe and we had rated this domain as requires improvement. At this inspection we found that the provider had made improvements and this domain is now rated as good.

People we spoke with told us that they felt safe being supported at home by the staff. No one we spoke to mentioned or highlighted any issues or concerns with their care. One relative told us, "Yes, they (person) feel very safe because it is usually the same people that visit." A person said, "Yes I do feel safe. I like it as it is the one person each time."

People who used the service told us they were reminded to take their medicines on time and in a safe manner. Where people received this kind of support from the provider it was usually in the form of prompting. One relative told us, "The staff prompt (person) and the system works very well. We have never had any problems." The registered manager described the systems that were in place should the staff need to administer a person's medicines.

People who used the service had support plans in place that included individualised risk assessments to enable them to take risks in a safe way as part of everyday living. These included; using equipment or falls prevention. Staff were knowledgeable about the risks to people and what they should do to minimise the risks. A person we spoke with indicated that their relative used equipment to mobilise. They had a double care worker visit and they considered the whole process worked well. They reported no issues or concerns with safety. They felt the staff knew what they were doing so the equipment was used safely.

The provider told us that any safeguarding concerns would be investigated and action taken including sharing lessons learned through staff meetings. Staff told us they had received training in respect of abuse and safeguarding. They said they knew the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us, "We have been trained in keeping people safe from harm."

There was a small consistent staff team to support people in their own homes. One person told us, "I like knowing who is coming and that the office always advise us of who is coming." One relative told us, "It's the same person twice a week and the timekeeping is usually good." People told us that occasionally the times of visits would be changed but it was always with their consent.

We looked at two staff files and saw the provider operated a safe recruitment procedure. This included completion of an application form, interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out before staff commenced employment. The DBS carry out a criminal record and barring check on individuals who intend to work with children or adults. This helps employers make safer recruiting decisions. We also saw proof of identity was obtained from each member of staff, including copies of passports and birth certificates.

The service had contingency plans in place to give staff guidance of what to do in emergency situations such as extreme weather conditions.

Accidents and incidents were monitored during reviews by the registered manager to ensure any trends were identified for that individual. Where necessary, people's individual risk assessments and care plans were updated following any incident. This system helped to ensure that any emerging patterns of accidents could be identified. Action would be taken to reduce any identified risks and prevent reoccurrence wherever possible. This meant that individual accidents were monitored well.

Staff were trained in infection control and had regular access to supplies of gloves and aprons for carrying out personal care and preparing food. People told us that staff always wore relevant protective clothing. One person told us "They always put gloves on as this helps reduce the risk of infection."

Is the service effective?

Our findings

At our previous inspection we had found no concerns in the effectiveness of the service and rated it as good. At this inspection we found this domain remained good.

The registered manager assessed people's care and support needs. The registered manager completed assessments with people and their relatives before they received care and support. Assessments included information about the person's physical and mental health, life history and activities they enjoyed. Assessments were personalised to meet people's needs. They detailed the care and support people required to meet their needs and these were up to date to ensure staff had the most accurate information. People received a copy of their needs assessments for their records so they were familiar with the care and support they agreed to.

There was an established, skilled and experienced staff team to meet people's needs. We asked people, who used the service and their relatives about the staff and one person told us, "The staff look after me well." Another told us, "They know what they are doing." And a relative told us, "They got in touch to let me know that (person) needed more cream ordered. They've got their finger on the ball."

People receiving a service said that they did not require any assistance from the staff to access external healthcare services at present. People were also supported at home by other healthcare professionals such as the occupational therapy team. Staff gave us positive feedback about how they worked together.

Staff we spoke with demonstrated a good understanding of people's dietary needs. Staff were not responsible for purchasing food or planning main meals for people they visited. Only one person was assisted to make their breakfast. They told us they regularly checked to ensure people had enough food in their cupboards. Staff said they would inform relatives or the GP if they were concerned about a person's nutrition.

Staff were trained and we saw a list of the range of training opportunities taken up by the staff team which related to people's needs. These included, equality and diversity, first aid, health and safety, dignity and respect and safeguarding.

Regular supervision and appraisal took place with staff to enable them to review their practice. We looked at two supervision files and we could see the format gave staff the opportunity to raise any concerns and discuss personal development.

New employees completed an induction programme. They shadowed more experienced members of staff to get to know people who used the service before working with them. This period was tailored to the individual and had not a set timeframe.

During our inspection we found that the service was working within the principles of the MCA and that staff had received appropriate training. We saw that the service had assessed people's capacity upon initial

referral and used local authority assessments to support this.

The registered manager displayed an understanding of capacity and the need for consent on a decision-specific basis. We observed that consent to receive care was documented in people's care plans. People we spoke with and their relatives confirmed staff asked for their consent on a day to day basis. Everyone considered that their care was consensual and nobody had any concerns in this area.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection.

Is the service caring?

Our findings

At our previous inspection we had found no concerns in the effectiveness of the service and rated it as good. At this inspection we found this domain remained good.

People said they were supported by caring staff. One person told us, "They (carers) are all very kind." Another told us, "They are all very caring. They are both caring and have common sense too."

Privacy and dignity was respected by staff and people said they were discreet. Personal interactions took place privately to respect dignity and maintain confidentiality. No body raised any concerns about their privacy and people indicated that they were happy with this aspect of their care.

Staff promoted and supported people's independence. For example, making choices as part of everyday life and when offering personal care. One member of staff told us, "It's important that people do as much as they can for themselves and we make sure they can still do the things they can manage."

People were involved in their care and were visited by the registered manager to go through their care plan and make any changes that were needed. Families were also included in the process. One person told us, "I am involved in my care planning." And one relative told us, "We are spoken with when care plans are updated."

People were supported to have choice and control and were supported daily to make their own choices in all aspects of their lives. We saw this in their care plans and this was confirmed when we spoke with them. One relative told us, "They always ask (person) first about things."

Staff were trained in equality and diversity. The staff we spoke with understood about this and told us how they would protect the people they supported from discrimination. One staff member told us, "I would report anything like this to the manger."

People who used the service did not require any support to follow their faith at the time of this inspection. However, we saw from the initial assessments that they were asked if they had any religious, spiritual or cultural requirements.

Is the service responsive?

Our findings

At our previous inspection we had found no concerns in the effectiveness of the service and rated it as good. At this inspection we found this domain remained good.

People were supported in a person-centred way and their preferences were respected. One person said that they had an assessment at the start of the care and have had reviews thereafter.

We saw that care plans were developed with people at the point of assessment and reflected their personalities, likes, dislikes and choices. This gave an insight into the background of people that staff could go to for reference.

Regular communication took place with relatives through spot checks, phone calls, review meetings, feedback forms and surveys. We received positive comments on communication. One person told us, "It is easy to get hold of the right person if anything needs to be sorted out."

Peoples preferences were adhered to and staff knew how to respond if people didn't like something about the service. People and their relatives and staff knew how to complain if they needed to. People said they had information on how to make a complaint and would feel comfortable doing so if it was necessary.

The provider had not received any formal complaint from the people who used the service. The registered manager spoke of the process they would go though and that a record would be made. It was discussed with the registered manager that a system should be in place where all minor queries or issues were recorded along with responses or resolutions.

No one at the service was receiving end of life care at the time of our inspection and we discussed this with the management. We were told that specific end of life training courses will be accessed in due course, to enhance the service provision and to update staff skills in this area.

In August 2016, all providers of NHS care and publicly funded adult social care must follow the Accessible Information Standard (AIS). Services must identify, record, share and meet people's information and communication needs. The standard aims to make sure that people who have a disability or sensory loss are given information in a way they can understand to enable them to communicate effectively. Information could be made available in various formats on request. For example, the registered manger told us how they could make care plans, complaint procedure or other relevant information in larger print. There was no one using the service that required any other type of information in other formats such as braille or easy read at the time of our inspection.

Is the service well-led?

Our findings

At our previous inspection in April 2017 we found that the service was not consistently well led and we had rated this domain as requires improvement. At this inspection we found that the provider had made improvements and this domain is now rated as good.

We saw evidence to show quality monitoring visits were carried out by the management regarding individual people's care. Care worker practices were assessed to ensure staff were meeting the provider's standards. The registered manager said that if issues with working practices were found staff would be supported to improve their skills. This included additional training to help them improve their knowledge and practice where this was appropriate.

The registered manager reviewed care records to ensure these were accurate and reflected people's needs. We found that people's care records were updated when their needs had changed. We discussed with the registered manager regarding developing a programme of regular audits in addition to the routine spot checks with individuals about the service. We recommended that the provider develops a system of formal audit of the whole service including complaints, medication, incidents, surveys etc. This would improve the management oversight of the service as a whole.

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager displayed a knowledge of the individual needs and preferences of people who used the service.

People and their relatives gave us positive feedback about the management arrangements and the registered manager. One relative told us, "I am very happy with the service and would recommend it." Another told us, "I have had a visit at the week end and gave feedback on my experience of the service."

The registered manager held meetings for the staff team to come together to discuss relevant information, policy updates and to share experiences regarding people who used the service. Staff we spoke with talked positively about the registered manager and told us, "The manager is supportive, we can go to her with anything."

The provider carried out a regular survey that relatives and people who used the service were invited to complete. We saw some recent individual quality assurance survey results and they were all positive. We saw that all records were kept secure, up to date and in good order. They were maintained and used in accordance with the Data Protection Act.

We saw that the previous inspection rating was on display in the office and on the provider website which is a legal requirement.