

Essex Care Consortium Limited

Essex Care Consortium - Plume Avenue

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

Plume Avenue is a small care provider providing intensive support for up to four people who have a learning disability. At the time of our inspection there were four people using the service.

There is a registered manager at this location. 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 thorough induction and fully understood their roles and responsibilities, as well as the values and philosophy of the service. Staff were appropriately trained and skilled and provided care in a safe environment. Staff had completed extensive training to help them to provide care to people who use the service.

People had their needs and requests responded to promptly, and there were enough staff to meet their care needs. Medicines were managed safely and staff members understood their responsibilities. The registered manager conducted regular audits and improvements were carried out when any shortfalls had been identified. Quality was monitored and assessed consistently.

People were regularly asked by staff if they were happy and how they wanted to be supported. Staff members understood the principles of the Mental Capacity Act 2005 (MCA) and were able to describe their responsibilities to seek the consent of the people they supported. When people were thought to lack mental capacity the provider had taken the appropriate action to make sure their care did not restrict their movement and rights under the MCA. Decisions about the care people received were made by the people who had the legal right to do so.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People who used the service, family members, and visitors were made aware of how to make a compliment, complaint, or comment and there was an effective complaints policy and procedure in place.

People regularly used community services and facilities and had links with the local community. Surveys were completed about the quality of the service and action plans put in place.

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.

Staff supported people to minimise risk and stay safe.

There were sufficient staff to meet people's needs.

Staff supported people to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training and demonstrated they had the skills and knowledge to provide effective care to people.

People saw health professionals when they needed to and could access appropriate health, social and medical support as soon as it was needed.

The registered manager and staff understood and met the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People and their families were involved in their care and were asked about their preferences and choices.

Is the service responsive?

Good ●

The service was responsive.

People could express their views and the staff would take action to ensure these views were responded to appropriately.

Staff supported people to take part in social activities in and

outside the service.

There were processes in place to deal with any concerns and complaints appropriately.

Is the service well-led?

Good ●

The service was well led.

Staff told us the registered manager supported them to carry out their role to the best of their ability.

The registered provider had a quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People and their families told us the manager was approachable and managed the service well.

Essex Care Consortium - Plume Avenue

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 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.

This inspection took place on the 1st of December 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one inspector.

Before the inspection, we looked at previous inspection records, and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

Most people could not talk with us, so during our inspection we observed how the staff interacted with people and spent time looking at the ways support and care was provided in order to understand the experiences of people. We observed care and support in the communal areas, the midday meal, and we looked around the service.

We looked at the care plans of three people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the registered manager, one person who uses the service, two members of staff and two relatives.

Is the service safe?

Our findings

People told us they were happy with the care and support they received and felt safe. We saw they were relaxed and at ease with staff and when people needed help or support they turned to them without hesitation. One family member said, "I trust the staff very much. There is good continuity particularly with the way the keyworkers work and there are careful handovers. I have no concerns at all. The service is good and we are very lucky we got a good service first time."

Staff understood what abuse was and could describe how they supported people to keep safe. They had completed the relevant training in safeguarding and knew who to speak to within the service and which relevant external professionals to contact if they had concerns. If staff had concerns they were encouraged to whistle blow. Staff comments included, "I would speak to the manager, and if I was still concerned I would contact a social worker or CQC."

We observed staff talking and asking people if they required support and giving reassurance. We saw that people had their needs and requests responded to promptly.

Processes were in place to investigate and respond when accidents or incidents had occurred. Care records contained information which helped staff to manage the risks associated with people's specific conditions. Information had been updated as people's conditions changed so staff had up to date information to provide people with safe care and support.

We found risk assessments were in place as identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included measures to minimise certain behaviours whilst encouraging people to live independently.

Safety checks were in place to reduce the risk of avoidable harm to people living at the service. Hot water temperature checks had been carried out for all rooms and bathrooms and Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were up to date. The service had a business continuity plan in case of emergency.

An up to date fire risk assessment was in place and fire safety checks were carried out. Even though there was evidence that fire drills had taken place so people knew how to respond in case of an emergency, personal emergency evacuation plans (PEEPs) were not in place for people who used the service. Shortly after our inspection the registered manager confirmed that these had been implemented.

People told us they were supported to take medicines to support their health needs by trained and competent staff. Information showed that processes were in place to ensure that people's medicine was administered and managed safely. Medicine Administration Records (MAR) had a photograph of the person to help staff make sure that medicines were given to the correct person.

Staff and family members that we spoke with told us that there was enough staff available to meet people's needs to enable them to carry out their job effectively. One relative said, "There is always a number of staff when I visit." They have put in different arrangements after [Name] got a new diagnosis." We found interview records that showed that people were included as part of the interview panel. We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before they started work at the service. Disclosure and Barring Service (DBS) checks and two references were carried out prior to them starting their employment. This meant the registered provider carried out the relevant checks when they employed staff so that people received care and support from staff suitable for the role. Eligibility to work in the United Kingdom was also checked as part of the recruitment process.

Is the service effective?

Our findings

People and their family members told us they received effective care and support from well trained staff. One person told us, "The staff do a good job." Family members told us that the service met people's needs and they were confident it would respond appropriately if people's needs and views changed.

We observed that staff members were knowledgeable about the people who lived in the service and they could provide in-depth and detailed information about the people they supported. We saw that staff knew what particular words or gestures meant when communicating with people or exchanging positive comments.

A wide range of training had been undertaken which was updated annually. Staff told us that the training helped them to carry out their work effectively. All of the staff we spoke with confirmed they had been given an induction when they started work at the service. Some of the newer staff members told us that they were working towards the care certificate. The care certificate is designed to help ensure care staff have a wide theoretical knowledge of good working practice within the care sector. The care certificate should be completed in the first 12 weeks of employment.

All of the staff we spoke with told us they received a good level of training which helped them to be confident in their role. We checked staff information and found they had the appropriate training with individual development plans in place. One relative explained, "I am very confident in the supervision and training the staff get as they are so knowledgeable. They are responsible and tuned into people's needs." Staff told us they were well supported by their manager and had regular meetings to discuss their progress. Regular supervisions were given with an appraisal at the end of each year. This meant that staff was fully supported in their role. Another family member explained, "[Name] has just been diagnosed with dementia. They have kept me informed at each stage. They have included extra support for staff and arranged extra dementia training to help the staff with this diagnosis."

During our visit we observed staff regularly asking people if they were happy and how they wanted to be supported. We noted that people were supported in line with their wishes. Staff were knowledgeable about the requirements of seeking consent from people who used the service. For example, when we looked around the home, staff asked the people if this was okay before showing us around. We observed staff asking people for their consent before delivering care and they respected people's choice when they wanted an alternative.

The provider had conducted assessments when people were thought to lack mental capacity to identify how care could be provided in line with people's wishes. When people lacked capacity, the provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the MCA. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care providers and hospitals are called the Deprivation of Liberty Safeguards (DoLs). 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. At the time of our inspection, we found that they were meeting these conditions.

People told us they enjoyed the food they were given. They said, "I like the food." We observed that people asked for or were offered drinks and snacks by staff. People received the food and drinks they asked for promptly. People were involved in planning their menu each week and were offered the opportunity to go shopping for the food they wanted. We observed staff encouraging people to make healthy choices.

People were enabled to do as much as they could for themselves and staff support people to develop their day to day living skills. Activities were broken down so that people could follow step by step guides. For example, there was pictorial guidance in the kitchen, explaining how people could make sandwiches, which included the ingredients they would need to use and how to make their sandwich.

Nutritional assessments were in place and we observed staff checking what people wanted to eat. Where a specialist assessment for an individual was in place this was clear in the care records and displayed in the kitchen.

The registered manager acted quickly to involve other services when people became unwell. Detailed information relating to people's care was shared at handover meetings and staff were clear on what care and support would be needed and allowed them to ask for additional advice and guidance. A family member told us that staff "Made sure [Name] had Dentist appointments and eye tests."

The design, layout, and decoration of the building met people's individual needs. The premises were maintained and on the day of the inspection it was clean. We saw people's rooms had been personalised and decorated to suit their needs. People choose their own décor and colour scheme and were clearly proud of their home. All living areas were maintained including the kitchen and bathrooms. Outside, there were gardens which were maintained. People could freely access the garden as they wished.

Is the service caring?

Our findings

The people and families that we spoke to told us that they were happy with the care and support they received from the provider and that the staff were caring. One family member said, "Staff are responsible and they are a good team. [Names] keyworker is a genuine, caring individual. They go the extra distance to make sure [Names] wellbeing is met."

Most people could not talk with us, so during our inspection we observed how the staff interacted with people and spent time looking at the ways support and care was provided in order to understand the experiences of people.

On the day of our inspection there was a calm and relaxed atmosphere and we observed people had good relationships with staff. Family members told us they were able to visit when they wanted to and were warmly received when they did. We observed staff members talking to people in a caring and respectful manner. They were clearly motivated about their work and told us they thought people were cared for well.

The care provided met people's needs and enhanced their well-being and people and their families were involved in planning their care and support. At the time of our inspection, no one required the help of advocacy service, we noted that information was available to people if they wanted to access this service. We observed staff being friendly, patient, and discreet when providing care for people. They took the time to speak with people as they supported them and we saw positive interactions. For example, we saw a staff member being patient, kind and encouraging when speaking to one person and used gestures to understand what they would like.

We observed that people's privacy was respected. Bedrooms had been personalised with belongings, such as furniture, photographs, and ornaments to help create a homely feel. Bedrooms, bathrooms, and toilet doors were always kept closed when people were being supported with personal care. Staff always knocked on bedroom doors and waited for a response before entering.

Records showed, and staff could explain that they understood the importance of maintaining people's privacy and human rights. Staff supported people to maintain contact with friends and family.

Is the service responsive?

Our findings

People and their families were involved in the care planning and assessments. Family members told us they were pleased with the service and that the service was responsive. One person said, "I am aware of [names] care plan and I feel involved in the process."

Care plans recorded people's choice and their preferences for assistance with personal care and daily living. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. We saw people choosing to spend their time in different parts of the building as they wished. Some people chose to spend time in the lounge whilst others were out participating in a chosen activity.

Information showed that people had their needs assessed before moving in. This was to help the registered manager understand if they could meet the person's needs. We found that care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. For example, one care plan described in detail how staff should communicate with the person using non-verbal cues. Daily records detailed the care and support provided each day and how they had spent their time.

Where people lacked the capacity to make a decision for themselves, staff involved family members in writing and reviewing care plans. One family member said, "We have the opportunity to meet with the house manager. They raise any concerns and offer me the opportunity to share my concerns. They keep records of everything [Name] does. It's comprehensive."

Family members told us that people had enough social opportunities to give them fulfilled and meaningful lives and were helped to do whatever activities they wanted to. We found that people were able to take part in a range of activities. For example, some day's people would be supported to go down the pub, attend college, go swimming, and bowling. Other activities were also offered to help people develop day to day living skills. For example, we observed that one person like to tidy things away and was able to fulfil this activity. People's social needs were met by bringing extra staff to help facilitate meaningful activities.

We observed that people's individual choices were respected and upheld. For example, people could attend church services if they wanted to and information relating to people's gender and sexual orientation was considered. One family member explained their relative was in a relationship and the home managed this well. People were supported in line with their wishes and they were able to make choices. Staff told us that it was very important that they respected and supported people's rights. We were told, "It is important to treat people as individuals."

People were aware of the provider's complaints process and family members we spoke with felt that concerns would be sorted out quickly without the need to resort to the formal process. People told us that they could talk freely with staff. Whilst the registered manager had not received any complaints over the last twelve months, there is an effective process in place to deal with any complaints that may be made in the future. Easy read formats were available and placed where a person could access it.

Is the service well-led?

Our findings

People and their relatives told us they believed the service was well led and that the manager was approachable. One family member told us, "[The registered manager] knows her stuff. They are able to take criticism and they run a pretty good ship. I have a lot of confidence in them and I could approach them if I needed to."

We saw the service had a well-defined management structure which provided clear lines of responsibility and accountability. For example, on the day of the inspection the registered manager was not available. We spoke with them on the telephone and they told us they were completing a training course, which concluded an element of their learning. A number of senior staff assisted us to complete our inspection including the Nominated Individual who had good knowledge of the service and the people who lived there. The service was well run despite the absence of the registered manager. The registered manager had overall responsibility for the service. The provider's values and philosophy were clearly explained to staff through their induction programme and training and there was a positive culture where staff felt included and consulted.

Everyone we spoke with held the manager in high regard. People, relatives, and healthcare professionals all described the management of the service as open and approachable. Staff told us that they were positive and supportive of the way the service was led. One staff member commented, "The management is really good and they are really approachable." Another staff member said, "[Name] take our views and recommendations on board, they are open to new things, and they are supportive."

On the day of our inspection, we saw that staff and management were clearly committed to providing good care with an emphasis on making people's daily lives as happy as possible. We were told that the Registered manager led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us management were supportive and typical comments included "we work closely together; I have a good relationship with my manager."

There was a stable staff team and they told us morale was good. There was a positive culture in the home and it was clear people worked well together. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service.

We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. A quality assurance framework was in place which had been developed to reflect the CQC five domains of good care; safe, effective, responsive, caring and well led. The provider conducted regular audits in line with these domains. The service was well led and had a framework that assured the quality of the service.

Staff told us they were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Regular staff meetings took place and they told us this enabled them to get together to discuss any issues or concerns and this was confirmed by the records we

looked at. Care files and other confidential information about people were stored securely. This ensured people's private information was only accessible to the necessary people.