

Essex Care at Home Limited

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## Inspection report

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Date of inspection visit:  
13 March 2018

Date of publication:  
11 June 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 12 March 2018 and it was announced.

Essex care at Home Limited is a small domiciliary care agency, providing personal care support to people in their own homes around the Leigh on sea, Essex area. At the time of our inspection the service was supporting two people.

The service has a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was safe. The provider's recruitment processes ensured that appropriate checks were carried out before staff commenced employment. There were sufficient numbers of staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. The service had a good management and monitoring structure in place for medication.

The service was effective. People were cared for and supported by staff who had received training to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and also when there was a change in care needs. People were supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

The service was Well Led. The service had systems in place to monitor and provide good care and these were reviewed on a regular basis. The registered manager told us that current systems and processes were being updated and improved.

## 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 felt safe at the service. The provider's arrangements ensured that staff were recruited safely and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Medication was managed and stored safely.

Staff ensured people were safeguarded from abuse.

There were enough staff to keep people safe.

### Is the service effective?

Good 

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

People were supported to meet their needs and their nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

### Is the service caring?

Good 

The service was caring.

Staff treated people kindly and respected their privacy.

Staff were knowledgeable about people's individual care.

### Is the service responsive?

Good 

The service was responsive.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

**Is the service well-led?**

**Good** ●

The service was well-led.

The quality assurance system were effective in identifying the areas of concern and the service had addressed them according.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

# Essex Care at Home Limited

## **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.

Inspection site visit activity started and ended on the 12 March 2018 this included home visits and was carried out by one inspector. We visited the office location on 12 March 2018 to see the registered manager and to review care records and policies and procedures. As part of the inspection, we carried out home visits to people who used the service to speak to them and observe, where possible, their care to ensure that information kept in people's homes was reflective of the records stored in the office.

Before the inspection, we reviewed the information we held about the service including previous reports and notifications. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law. 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.

We spoke with the registered manager and two staff. We reviewed two people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for three members of staff.

# Is the service safe?

## Our findings

A relative we spoke with told us they felt assured that their loved one was safe using this service. They went on to say, "I know my loved one is always safe when the staff coming to care for her, we couldn't have asked for anyone else better. Staff always contact me if there is an issue."

Risk assessments had been completed and these identified how risks could be reduced to help keep people safe. These had been regularly reviewed to ensure the information available to staff was always up to date and relevant. People and relatives confirmed they had been part of the risk assessment process and a variety of risk assessments had been completed in relation to the environment, medication and people's mobility needs. This documentation had been placed in each person's home with clear instructions to staff on how risks were to be managed to minimise the risk of harm.

Staff knew how to recognise the signs of possible abuse and how to report it. Where issues or concerns had been reported in the past they had been addressed appropriately by management. Staff had confidence that the senior staff would act appropriately in the event of any future concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Staff were clear on what actions they would take should they have any concerns about people's wellbeing. The registered manager had a good understanding of their responsibility to safeguard people and dealt with safeguarding concerns appropriately. The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team.

Relatives told us that care call times vary from time to time, on some days staff will be on time however some days mainly at the weekend and bank holidays or when there has been bad weather staff can be late. People informed us that someone from the office would always call to let them know of the delay.

The registered manager informed us that staffing levels at the service were based on the local Clinical Commissioning Groups (CCG) funding arrangements for each person. However, the registered manager and staff informed us that should people's needs change they would request an urgent review of needs for the individual from the CCG. This was confirmed by care plan records we reviewed. The provider had a robust recruitment process in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

People and staff told us all medication was safely and securely stored and the service had a procedure in place for the safe disposal of medication which involved contacting the pharmacist to arrange for unused medication to be disposed of. Medication administration records (MARS) we checked were correctly completed with no unexplained gaps of omission. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications.

We found staff knowledgeable about people's medicines and the effects they may have on each individual. In addition staff continued to receive regular training and competencies were assessed by the registered manager. For example, understanding how to monitor someone on a new prescription medication and noting any adverse or unusual side effects. This helped to ensure medicines were administered in a safe and person centred way.

# Is the service effective?

## Our findings

People and their relatives told us that staff provided good quality care and had the knowledge and the skills to best meet their needs. One relative told us, "The management team and the staff look after my relative very well".

Staff informed us that when they commenced employment they were required to complete an induction which helped them learn about their role. As part of their induction, staff were required to read people's support plans, this ensured staff had a good knowledge of the people they were supporting before providing care. Staff went on to say this was a continued process as people's needs changed.

Staff attended mandatory training when they started employment and afterwards they attended yearly refresher courses. The training was provided through online workbooks or planned training dates with the local Authority. Staff informed us that they were offered an array of training modules which had relevance to their roles and this helped them to deliver safe and effective care to people. Staff we spoke with were positive about their training and they felt supported by the management team. Staff had been trained in first aid and should there be a medical emergency, staff knew to contact the doctor or paramedic if required.

Staff had regular supervision and meetings to discuss people's care and the running of the service and were encouraged to be open and transparent about any concerns they may have. Staff said, "We have supervision at least once a month and if we need to speak to the management team we can speak to them at any time." The registered manager informed us that they regularly held discussions with staff to acknowledge areas of good practice and improvement which helped to improve the quality of care being provided.

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 Mental Capacity Act. The procedures for this in care homes 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 or authorisations to deprive a person of their liberty were being met. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We spoke to staff on how they consulted people about how they wanted their support to be delivered and if the person was unable to make an informed decision how would staff then make a decision in the person's best interests. Where a person lacked capacity the service had care plans in place to support people and the service had consulted the person's family and all professionals involved with the person's care to ensure the people's wishes and feelings were being respected and their needs were being met in the best way possible.

People said they were supported by staff to have enough food and choice about what they liked to eat. The service regularly monitored people's food intake and adapted individual plans to ensure that people had a balanced diet. The registered manager told us, "We are in regular contact with the district nurse and GP to monitor people's weights and wellbeing."



People's healthcare needs were well managed. People told us they were supported to have access to a range of healthcare professionals and services such as, GP and district nurse.

## Is the service caring?

### Our findings

People and relatives told us they found staff to be friendly and caring towards them. Staff informed us they felt it was their responsibility to make sure the people they cared for mattered as most people had little interaction with the outside world. One person informed us, "I find all the staff listen to me and treat me in a dignified and respectful manner." People told us they found staff to have a positive attitude towards caring for them. One person informed us, "My carer [name] is very important to me, I don't know what I would do without them, we have built on such a good relationship and I'm not sure how I would manage without them."

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people using the service and this was recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans. People told us they felt their independence was promoted and staff respected their choices, for example people told us they had been given a choice in regards to who provides their care this being male or female. This also showed us that people's dignity was being respected.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had annual review meetings with the management team and social services to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting trips home to their family and into the community. One person informed, "Care staff will help me to go into town to do some shopping; Sometimes I wish they could just sit down and spend time with me chatting as I don't get to see people often." This was fed back to the registered manager.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to or if a person had been assessed as requiring support to make decisions. The registered manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

## Is the service responsive?

### Our findings

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other and interests.

The registered manager held conversations with other health professionals, the person and relatives to plan and discuss people's care before the service commenced. This ensured the service could meet the needs of the person. Staff regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care such as watching people's responses to their care.

The service encouraged people to access activities in the community. The registered manager expressed that staff continued to encourage and support people to develop and sustain their aspirations.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods and specific behaviours and any changes were communicated with the person and social services. Care plans were regularly reviewed as and when required.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager.

## Is the service well-led?

### Our findings

The registered manager/provider was present during our inspection and informed that they ensured that either them or their business partner were always present in the office or field to support staff and people using the service. The registered manager and provider had a good knowledge of people using the service and their relatives.

People benefited from a staff team that felt supported by the registered manager. Staff said this gave them the confidence to fulfil their roles, which in turn enabled them to assist and help people to maintain their independence. Staff had regular handover meetings and communicated all information with the main office to ensure all staff were aware. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the registered manager and the staff. The provider told us that their aim was to support both the person and their family to ensure they were happy using the service. The registered manager informed us that she held meetings with relatives and the person using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that were involved in the continual improvement of the service.

There were a number of effective monitoring systems in place. Regular audits had taken place such as for health and safety, medication. The registered manager and provider carried out a monthly manager's audit where they checked care plans, medication management and administration of the service. Actions arising from the audit were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.

Personal records were stored in a locked office when not in use. The registered manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.