Essex Care Consortium Limited

Essex Care Consortium Ltd - Fordham

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected Essex Care Consortium - Fordham on the 1 December 2016 and the inspection was unannounced.

The service provides accommodation and support for up to six people who have a learning disability There were six people living at the service at the time of our inspection.

The service had 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.

People were cared for by staff that had been recruited and employed after appropriate checks were completed. There were enough skilled and experienced staff available to support people to live safely at the service.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's support was planned and delivered in a way that was intended to ensure people's safety, welfare and independence.

Staff were able to explain to us what they would do to keep people safe and how they would protect their rights. They were aware of the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) when people did not have capacity to make their own choices and decisions.

People who used the service were provided with the opportunity to participate in activities which interested them and they enjoyed an active social life. People were relaxed in the company of staff. Staff were able to demonstrate they knew people well. Staff were attentive to people's needs and treated people with dignity and respect.

The service worked well with other professionals by seeking guidance and support from the person's G.P, psychiatrist, social worker and the specialist team which supported people with a learning disability. This ensured that people's health needs were met.

People who used the service and their relatives were involved in developing the service. They knew how to raise a concern or make a complaint if they needed to. We saw that any complaints were dealt with and resolved quickly.

A system for monitoring the quality of the service was in place to ensure that people received high quality care and support which enriched their lives.

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 took measures to keep people safe whilst encouraging their independence.

Staff were recruited and employed after appropriate checks were completed.

The service had the correct level of staff on duty to meet people's needs.

Medicines were stored appropriately and dispensed in a timely manner as prescribed.

Is the service effective?

Good

The service was effective.

Staff received induction and training in order to do their job well.

People's rights were protected under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had the food and drink choices that they liked and preferred and were supported to maintain a healthy diet.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good

The service was caring.

Staff knew people well and how to support their independence. Staff showed compassion towards people.

People were involved in decisions about their care and support.

Staff communicated well with people and treated them with dignity and respect.

Is the service responsive?

Good

The service was responsive.

Support plans met people's needs as they were individualised and person centred.

There were varied volunteering and leisure pursuits to support people's social and emotional well-being.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

Good

The service was well led.

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

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained good standards of care and support.

Essex Care Consortium Ltd - Fordham

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.

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

Before the inspection we reviewed information and notifications about the service. Notifications are important events that the service has to let the CQC know about by law.

During our inspection we talked with people who used the service and the staff and observed how people communicated and interacted with each other. We spent time looking at the ways support and care was provided in order to understand people's experiences. We were shown around the service and made welcome by the staff.

During our inspection we spoke with and observed all six people who used the service. We also spoke with one of the owner's, the registered manager, and six staff. We reviewed five care plans, three staff personnel records, audits and policies held at the service. We spoke with two relatives on the telephone after the inspection.

Good

Is the service safe?

Our findings

People were safe and comfortable living at the service. People told us that they were safe with the staff who supported them to look after themselves at home and when they were out and about in the community. One person said, "I am OK doing things on my own but I don't feel that safe going on public transport on my own." Another person said, "The staff make sure I am safe and I am organised." One relative said, "I couldn't be happier knowing [person's name] is safe but has the freedom to live their life also."

Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. Training had been provided to staff in safeguarding vulnerable people from abuse (SOVA) and the service had a policy and guidance for staff to follow. Staff knew who they would contact if they suspected someone was at risk of harm. The registered manager knew the process for raising safeguarding issues with the local authority and CQC and the process for investigations to take place.

Staff had the information they needed to support people safely whilst enabling them to have freedom and choice. Staff undertook risk assessments to keep people safe. These assessments identified how people could be supported to maintain their independence with everyday activities of daily living both inside and outside the service. For example, risk assessments detailed what level of support people needed when accessing the kitchen; how to use household objects and cleaning materials safely, what food would make them ill or choke because they had allergies or swallowing difficulties.

Risks associated with social media had also been discussed with people and steps put in place to help people to understand how to keep safe whilst using it. In addition, the risk assessments covered such things as assisting people with personal care, for example shaving body hair, supporting people at meal times, dealing with money, environmental risks and use of the swimming pool and dealing with behaviour which may be challenging. Staff demonstrated a good awareness of areas of risk for individuals and told us how people were supported to manage these risks.

The design, layout, and decoration of the service met people's individual needs. The premises were well maintained and safe. All living areas were clean including the kitchen and bathrooms. Outside, there were gardens which were maintained. People could freely access the garden as they wished as it had been made safe for people to use.

People were cared for and supported to live in a safe environment. Safety checks were in place to reduce the risk of avoidable harm to people living at the service. Hot water temperature checks, 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 such as utilising the support of their other services should they need it.

Staff and people who used the service told us that fire drills took place weekly and everyone knew where to go should a fire break out in the service. They also knew where and what was in the first aid kit. One person said, "There is a torch, emergency numbers for our families and useful things to help out if something

happens." Staff were trained in first aid and fire safety should there be an emergency, they knew the procedure and who to contact should the need arise.

There were sufficient staff on duty to meet people's needs. This included being able to support people with their individual social, leisure and volunteering activities and access to the community. The staff told us that there were enough of them on duty to meet people's needs. The provider had a bank of staff who they could call upon as and when needed to cover for sickness and holidays. The bank staff were usually ex staff members who would step in at short notice. Bank staff were familiar with people who used the service and this meant people were cared for consistently by staff who knew them well.

The provider had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record checks with the Disclosure and Barring Service (DBS) to ensure they were not prohibited from working with people in a health and social care setting

People received their medicines safely and as prescribed. The registered manager showed us the systems in place for the correct storage, ordering and disposal of medicines. We saw they carried out regular audits of medicine practices. All staff had received training in medicine administration so that they could assist people to take their medicines safely. The assessment of people's capacity to be able to administer their own medicines was completed to ensure their rights were protected. If they did not have the capacity to do this for themselves, staff were authorised to do this on their behalf.

Medicine was provided in blister packs, apart from prescribed toothpaste and creams and stored in locked cabinets in each person's room. Agreements had been made for staff to hold the keys to the cabinets for safekeeping. We viewed the medicine records and found these to be in good order. Where errors had been identified, these had been dealt with in supervision and subsequent retraining of the staff member responsible. Information showed that processes were in place to ensure that people's medicine was administered and managed safely.

Good

Is the service effective?

Our findings

People received effective care from staff who were supported and valued. People told us about the staff and said, "The staff are fantastic", "They help me a lot" and "She's my friend and we do stuff together."

Staff had the knowledge and skills to provide good care which met people's needs. We observed that staff members were knowledgeable about the people who lived at 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 and used pictures and symbols to assist when communicating with people. Pictures and symbols were all around the service and used effectively so that people could let staff know how they were feeling and what they wanted to say.

All staff had completed an induction programme when they first stared work which included the common induction standards, shadowing other staff and getting to know people at the service. One staff said, "The introduction to the work was great. Meeting everyone and getting to know them whilst doing training was really useful." Another said, "The staff and people who used the service made everything so easy as I was quite nervous the first few days."

We saw that there was a comprehensive training programme in place which provided staff with the knowledge and skills to support people to live as independently as possible. Mandatory subjects were covered which also included moving and handling people, health and safety, infection control, communication and food hygiene.

Specialist training to meet the individual needs of people who used the service was provided such as Makaton (sign language) and epilepsy. The service promoted staff to gain further qualifications for example, three out of six staff had attained nationally recognised courses at levels two, three and five in health and social care.

The provider had developed a programme to assist new staff without any qualifications to undertake The Care Certificate with support from them as an employer. The care certificate was introduced by the Government to help ensure care staff have a wide theoretical knowledge of good working practices within the care sector. The care certificate should be completed in the first 12 weeks of employment with each section being signed off by the registered manager when completed and the staff member competent.

Staff felt supported and valued at the service. We saw from records that staff received regular supervision with the registered manager. This was an opportunity for staff to discuss their performance, any concerns they had and identify further training needs. Staff also received a yearly appraisal to discuss how they had performed over the past year and what plans they had for the coming year. One member of staff said, "It is a very supportive place to work, I can't fault it."

Staff gave people the opportunity and support to make decisions and choices about their everyday lives. Assessments had been completed when people were thought to lack mental capacity to identify how care

could be provided in line with their wishes. When people lacked capacity, the provider had taken action to seek that the care, treatment and support which did not restrict people's freedom and rights. These decisions were clearly documented with the reason why and what these decisions covered including taking their medicines, nutritional needs, blood tests and visiting the dentist.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS).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 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 on authorisations to deprive a person of their liberty were being met. DoLS had been applied for by the registered manager as appropriate and these were awaiting authorisation from the local authority. An in-house trainer provided staff with the guidance, knowledge and information about the MCA and DoLS to ensure all staff were up to date about protecting people's human rights.

People were supported to have a balanced and healthy diet. They were involved in sharing the shopping, preparing and cooking of meals. People choose to eat their evening meal together in the kitchen. Each week staff discussed with people what food and drinks they would like to have and planned menus.

Throughout the day we saw people had access to food and drinks as they wished. A joint decision with everyone had taken place to agree that the fridge would be locked between 9pm and 6am as it kept being left open during the night and food had to be thrown away as it had perished. This did not mean that people could not have snacks in the night but that they would need to ask staff to unlock it. This system was working fine for people and one person said, "It wasn't a problem." Staff had received training in diet and nutrition in order to support people to keep well.

Staff knew people well including their likes and dislikes and knew how to best support them with eating and drinking to avoid choking and other issues at mealtimes. People who had particular allergies were supported by having pictures of foods they could and could not have on the doors of their food cupboards. Referrals to professionals such as a dietician or a speech and language therapist were made should people require specialist input. Staff monitored people's weight where appropriate to ensure they were eating healthily and keeping well.

People had access to healthcare professionals as required and we saw this was recorded in people's support plans. We noted that people were supported to attend any appointments as scheduled, such as to the GP, dentist and the chiropodist. People also had access to specialist support such as mental health services, behaviour therapists, the epilepsy nurse and professionals who supported people with a learning disability. One relative said, "They have managed to get [person's name] to the dentist better than I could, they have a magic touch."

Good

Is the service caring?

Our findings

People told us that the staff were very caring. One person said, "They are great to me." Another said, "We have a lot of fun when we go out, [staff members name] makes me laugh." A relative said, "Those staff are just the best, [person's name] is so happy living there."

We saw during the day of our inspection, warm, caring, sensitive, practical interactions between people who used the service and staff. The service had a very calm, friendly and relaxed atmosphere. We saw staff talking with people, laughing and joking with them and people were animated with their responses. Staff knew people well and how best to communicate with them. One staff member, when asked to tell us a little about everyone, told us about their individual personalities, personal histories, likes and dislikes. They spoke about people in a generous and respectful way and knew them very well.

Staff knew how people preferred to spend their time for example, what their morning and evening routines were, what they liked best to do, what their social and work interests were, who liked time alone or a lie in at the weekend, who had boyfriends and girlfriends and who was good at cooking. Staff told us, "Everyone is completely different, they all like different things but they do get on so well, they also give and take." Another said, "What a lovely job I have with lovely people. It's not like going to work, it's like coming home."

Staff respected what people wanted to do with their time. For example, on the day of the inspection, one person said they were not feeling very well and decided not to go out to the day centre. The staff member reassured them that they could do whatever they liked and checked on them throughout the day as to whether they required any pain relief, making sure they had some lunch and leaving them to spend time as they wanted.

People and their relatives were involved in the planning of their care and support needs. "One relative said, "They included us in everything when [person] first went to live there and they settled so well, and we have had no concerns all these months on. It's a lovely home for them with fabulous staff."

One person showed us their support plan and this was written in an individual way fully involving the person in following their aspirations and ambitions. One person said, "I have loads of things to do, I like being busy doing everything." Another person said, "The staff are going to help me to use the bus on my own and we have been planning how I can do this." We saw that this was recorded as part of the person's risk assessments.

People had information in a way they understood and their different ways of communicating were met by the use of communication cards, symbols and pictures as well as staff using Makaton sign language. This enabled people to be listened to, understood and have their needs met appropriately.

Staff treated people with dignity and respect. The way they spoke, the tone of their voice and the way they acted towards people was warm, reassuring and dignified. We saw an example of how a person's dignity was maintained in their support plan when they wanted to have a bath. A strategy had been developed with

the person so that the staff member stood outside the bathroom whilst the person got in to give them privacy and then the staff member went in once the person was in the bath.

People were supported and encouraged to maintain relationships with their friends and family. Staff told us that people regularly received visits from their family members and went out with them and at times stayed at home. One relative told us, "I can't praise the service enough. I offer for [person's name] to come home but they don't want to. Well that says it all."

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. On the day of the inspection the service was clean, homely and lived in. This showed that the provider cared about and respected people's right to live in a nice home they could call their own. One person said, "I have an ensuite in my room, its lovely."

Good

Is the service responsive?

Our findings

Staff responded in a respectful, patient and appropriate way to people who used the service. One person said, "They help me, yes help me to cook food, they help me do things." A relative told us, "The staff are there to help and support but they also enable [person's name] to be independent and do things for themselves."

Before people went to live at the service their needs were assessed to see if the service could meet them. Once the registered manager had completed the assessment, people would be invited to spend time at the service so that they could see if it would be suitable and if they would like it. This would also allow them an opportunity to start to get to know staff and meet other people already living there. One person said, "I really wanted to come and live here, I couldn't wait."

We saw that detailed written support plans and individual risk assessments were in place. Support plans included information that was specific to the individual about their health, mental health, emotional, practical and social care needs. The support plans were very person centred and had been written with the involvement of people who used the service and their families. Agreements to the support plans had been given by the person or a family member. The support plan highlighted the things you needed to know about the person, their likes, dislikes, preferences and wishes. For example, "I like highlights in my hair," "I use pictures to help to communicate time and days," "I don't like loud noises," and "I need help shaving under my arms."

Staff were able to explain to us how people preferred to be supported and demonstrated a good knowledge of all people's needs at the service. People were supported as individuals to enhance their quality of life which included respecting their age, religious and sexual needs. 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.

Relationships with friends and families were maintained and people had the opportunity to visit and stay with their families. Where people were in relationships or had close significant friendships, the staff told us that people mainly met together at the clubs they visited. There had not been an occasion where people had met outside of these group activities such as a person's 'friend' being invited back to the service.

People at the service had a very active social life. One staff member told us, "It's like Piccadilly Circus here sometimes, one person is in and then another is out and then all of them are in or out." People's social and leisure activities included them doing their own arts and crafts at home; as well as going shopping (and doing the food shopping for the house), swimming, volunteering, social clubs and day centres, horse riding and going to the cinema. A mini bus was available to be used by everyone. Sometimes, people chose to go out together, such as in the evening for swimming but usually people's day to day activities were individual.

People knew who their key worker was and spent time with them. Staff told us that it was their responsibility to spend time supporting people individually and reviewing their care and support needs each month or more frequently if these changed. We saw that reviews of people's needs and circumstances had been

undertaken and the support plan updated. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's behavioural and emotional needs as they had plans in place to assist people to manage their feelings and behaviours. For example, there was a strategy in place for one person to manage their anxiety and their concept of 'time' when they went on a visit to their family. The concept of time was calculated in the number of 'sleeps' and this was followed by staff in order for the person to be supported and to reduce their anxiety about going home.

The service had a robust complaints process in place that was accessible and all complaints we saw were dealt with fully and people were satisfied with the outcome. The complaints procedure was clearly displayed and available in pictorial format for people to use. People told us that they hardly had any arguments with the staff or other people in the house. They spoke confidently that any worries they had would be picked up by the staff or the registered manager. Relatives were also complimentary and told us that they knew who to complain to and they knew that any complaint would be dealt with quickly. One relative said, "I have not had cause for complaint – on the contrary, I have cause to praise, I can't thank them enough for what they do for [person's name]."

Good

Is the service well-led?

Our findings

People and their families knew who the registered manager was and they spoke very highly of them. One person said, "They are always there for me." A relative said, "[registered manager] is so lovely and I am able to speak to her about anything. She is so generous with her time." Another relative said, "It is not like a home used to be, it's like a real home and that is down to the way its run."

The registered manager was visible within the service, and spent time working with people and staff and bringing them together as a team. The staff told us that they were supported in their work and any issues they had would be listened to and addressed. There was a clear vision for the service with values promoting independence, choice, rights and empowerment. We saw that these values were put into practice by the registered manager and staff.

Staff had regular supervision and meetings to discuss the running of the service. Staff had handover meetings between each shift and used a communication book and diary to ensure important information was shared between staff. This demonstrated that people were being cared for by staff that were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views individually on the service through their interactions with people and through reviews of their needs and discussions with keyworkers.

Staff told us that often impromptu discussions would take place over dinner or lunch if everyone was there and topics of interest or concerns were discussed like the recent USA election. People were registered to vote in the UK election process as is their right.

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 frame work was in place which had been developed to reflect the CQC five key questions of good care; safe, effective, responsive, caring and well led. The provider conducted regular audits in line with these key questions.

Staff and visitors had been asked their views in a survey in August 2016 about keeping people safe. The response to this was mainly positive. The staff member who managed the surveys discussed with us the limitations of the tick box and how they might expand this so that people had more space to write their views. People who used the service had been involved in testing a new survey which the provider was going to put in place. Key workers had helped people to complete it and had recorded their views about their responses to it.

Audits and checks were done by the registered manager and general manager in terms of care plans, medicine management and staffing. For example, a recent audit in October 2016 of people's bedrooms identified that some redecoration was needed, equipment was in need of testing and one person needed more rings for their curtains to hang from properly. This showed that improvements were noted and the

attention to detail showed that quality and safety was part of the service's improvement plan.

Care files and other confidential information about people were stored securely. This ensured people's private information was only accessible to the necessary people. The service was well led and managed by a skilled and committed registered manager supported by a consistent and caring staff team.