

Essential Care & Support Ltd

# Essential Care and Support Ltd

## Inspection report

8 Spectrum Business Park  
Spectrum seven  
Seaham  
County Durham  
SR7 7TT

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01 February 2018

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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 undertook an announced inspection of Essential Care and Support Limited on 24, 25 January and 1 February 2018. The provider was given 48 hours' notice of our visit. We wanted to be sure there would be someone at the office to meet us.

Essential Care and Support Limited is a domiciliary care agency based in Seaham, County Durham. It provides personal care and support to people living in their own homes or in small groups, referred to as an independent supported living scheme. Different levels of support are provided over the 24 hour period dependent upon people's requirements. Many of the people are tenants of their home and pay rent for their accommodation which is leased from housing associations.

At the time of our inspection the service provided personal care to 95 people, the majority of whom required help to maintain their independence at home. CQC only inspects the service being received by people provided with personal care; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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.

Essential Care and Support Limited was last inspected by CQC on 22 October 2015 and was rated Good. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People who used the service told us they felt safe. Relatives and external professionals expressed no concerns regarding safety.

The registered manager understood their responsibilities with regard to safeguarding. Staff had received training in prevention of abuse and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

Accidents and incidents were appropriately recorded and risk assessments relating to the environment and the delivery of care were in place.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

Appropriate arrangements were in place for the safe management and administration of medicines.

There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the people who used the service.

People who used the service, relatives and external professionals were extremely complimentary about the standard of care provided by Essential Care and Support Limited. 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 received effective care and support from well trained and well supported staff. New staff completed a thorough induction into the service and mandatory training was up to date. Staff received regular supervision sessions and an annual appraisal.

Care and support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. The plans made good use of personal history and described individuals care, wellbeing and support needs. Staff knew the people they were supporting and provided a personalised service.

People were supported to have maximum 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.

The service demonstrated innovative practice with assistive technology which enabled people to gain more independence.

People were supported with their dietary needs and to maintain a healthy, balanced diet. People who used the service had access to healthcare services and were supported with their health care needs.

The service had a positive culture that was extremely person centred, open and inclusive. Staff felt supported by the provider and the management team, and were comfortable raising any concerns.

People were empowered to voice their views and feedback regarding the management of the service.

The registered manager showed us records confirming regular checks and audits were carried out at the service. The provider was meeting legal requirements in relation to notifying the CQC of events.

The service had excellent links with the local community and organisations.

The provider had policies and procedures in place that provided staff with clear instructions. Records were kept securely and could be located when needed.

## 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 and remained Good.

### Is the service effective?

Good ●

The service was effective and remained Good.

### Is the service caring?

Good ●

The service was caring and remained Good.

### Is the service responsive?

Good ●

The service was responsive and remained Good.

### Is the service well-led?

Good ●

The service was well-led and remained Good.

# Essential Care and Support Ltd

## **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 24, 25 January and 1 February 2018 and was announced. The provider was given 48 hours' notice of our visit. We wanted to be sure there would be someone at the office to meet us. The inspection was carried out by an adult social care inspector and two experts by experience. The experts by experience had personal experience of caring for someone who used this type of care service.

Before we visited the service we checked the information we held about this location and the service provider, for example, we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding, speech and language therapists, community nurses and social workers. We also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

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 our inspection we spoke with 17 people who used the service about the care and support they received and five relatives. We also spoke with the registered manager, twelve care staff, the training manager and the administrator.

We looked at the personal care or treatment records of 13 people who used the service and the personnel files for four members of staff. We also looked at records relating to the management of the service, such as audits, surveys and policies.

# Is the service safe?

## Our findings

People who used the service consistently told us they felt safe in the presence of staff and that their needs were met safely. One person told us, "I'm quite safe, I trust them [staff]." Another person said, "Yes, I feel secure." A third person told us, "I just ask if I need help, they [staff] are always around."

The provider's safeguarding adult's policy provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. The registered manager understood their role and responsibilities with regard to safeguarding and notifying CQC and the local authority of incidents. Staff had received training in prevention of abuse and were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

The registered manager told us that the staffing levels were determined by the number of people who used the service and their needs. Staffing levels could be adjusted according to the needs of the people who used the service and we saw that the number of staff could be increased if required. People supported by the service and the staff it employed lived locally. This, together with effective planning, allowed for short travel times and decreased the risk of staff not being able to make the agreed appointment times. There were sufficient numbers of staff, appropriately deployed to ensure people's needs were met and to keep people safe.

The people we spoke with informed us they had not had any missed appointments and staff would always inform them if they were running late. The registered manager told us if staff were unable to attend an appointment they would inform their supervisor and cover would be arranged so that people received the support they required. One person told us, "The girls are no bother they always come." Another person said, "They [staff] always call me if they are going to be late." A third person told us, "Sometimes they [staff] are behind, but they let you know and always come."

The provider's accident reporting policy and procedures provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were appropriately recorded, analysis was carried out to identify any causes or contributory factors and corrective actions took place. Staff were aware of the reporting procedures for accidents and incidents.

Risk assessments were in place for people who used the service and staff and described potential risks and

the safeguards in place. The registered manager told us how risk assessments were based on promoting independence and agreeing controls that afforded the person maximum choice and control over their lives. An environmental risk assessment was carried out for each person's home that staff visited. This was to ensure staff were aware of any potential hazards in the home and had important information on the location of utilities in case of emergency. The provider had a business continuity plan in place to cover any emergency situations so that people would continue to receive safe and effective care.

The provider's support with medication policy covered all key areas of safe and effective medicines management. People had medication support plans in place which described the level of support people required with the administration of medicines and received their medicines in a safe way. Medicines records were accurate and supported the safe administration of medicines. Staff had been trained in the safe handling of medicines and received regular competency checks whilst administering medicines in people's homes. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. One person told us, "I'm on a lot of medication. I get it three times a day. They [staff] watch me take it and see that I swallow then they sign it off. I always get them on time." A relative said, "There are no problems with their medication, they need oxygen as well, staff see to it."



## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. All the people and relatives we spoke with were confident the staff knew what they were doing when they were caring and supporting them. A person told us, "The staff are very knowledgeable and organised. They know how to put you in touch with other people who can help. I think they all have the right vocational skills. I have autism and they have worked with me so I have improved significantly and are higher functioning now. I hope to come off the injections soon."

We saw that all new members of staff received a thorough induction to Essential Care and Support Limited. The registered manager told us there was an on-going training programme in place to ensure all staff had the skills and knowledge to support people. The majority of staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely. In addition staff had completed more specialised training to help them understand people's needs in, for example, mental health, epilepsy, autism, learning disabilities, arthritis and dementia.

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

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. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and staff had received appropriate training.

People were supported to have maximum 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. The care records we looked at contained evidence of consent and showed how people were supported to make their own decisions with regard to their care and support. Where people lacked capacity, we found that the care records clearly detailed how staff were to work with people and who had the legal right to make decisions on behalf of the individuals. The registered manager told us the service were looking to appoint a Mental Capacity Champion who would support staff to understand and meet the standards in the Mental Health Act 1983: Code of Practice 2015.

People's care records included healthy eating support plans which identified dietary requirements and preferences. Some people received support from staff to help them shop for their food and help prepare or make their own meals and drinks. For example, one person's support plan stated, "I require support from staff with meal preparation", another person's support plan stated, "I require staff to accompany me shopping every Monday afternoon to do my food shopping, usually down Seaham, and I will enjoy a meal at

Weatherspoons."

The provider had a nutrition and hydration policy and staff had completed training in food hygiene and nutrition. The registered manager told us how staff knew about the nutritional needs of the people they worked with and how any concerns or changes in a person's health or demeanour were reported back to senior staff or relatives to ensure preventive measures were taken to help their health and wellbeing. A person told us, "They keep an eye on me and help me with finances, food, shopping and cooking my own meals." A member of staff told us, "I prepare a light lunch for a couple of their choice and a drink." Another member of staff said, "I support people to prepare and cook their own meals, protecting and promoting their independence."

People were supported to access healthcare services and received ongoing healthcare support. Care records contained evidence of visits to and from external specialists including GP, dietician, psychologist, epilepsy nurse, dentist, chiropodist, speech and language therapist, psychiatrist and optician. The registered manager told us the service were looking to appoint and train Health Care Champions within the service to enable people to have access to a wider range of health care services of their choice. Part of this role would include supporting people with substance misuse and smoking.

## Is the service caring?

### Our findings

People and their relatives told us staff were exceptionally caring and respected the people they supported. People described the service as "Good" and "Outstanding". One person told us, "I've been here for a couple of weeks and they've made me feel really welcome." Another person said, "The staff are brilliant, I get on with them all." A third person told us, "Nothing is too much trouble for them." One relative told us, "He gets good care, he always seems well when he comes home at weekends." Another relative said, "All very nice people, friendly and welcoming even when I go without ringing first. [Staff Name] is always approachable and friendly."

People were comfortable with the staff that supported them. One person told us, "The staff are caring and easy to talk to." Another person said, "I am happy with the care I get." A third person told us, "I am happy here the staff really are lovely and cannot do enough to help you." One relative told us, "He really likes them. He has developed a close attachment. They have their banter. We are very happy with all the staff."

Care records described how staff were to respect people's privacy and dignity. One person told us, "They knock before they come in and say who they are." Another person said, "They are very polite and kind. Always knock as well." A third person said, "They always treat you with respect and ask first." A relative told us, "He's always been very cautious about privacy in the bathroom, they keep him covered up and put a towel around him." A member of staff said, "The team and I always respect how the person wishes to be addressed, one gentleman likes to use a nickname this is written into his support plan. Staff and I always knock and wait before we enter a person's flat."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. A person told us, "Once I was stressed and they made me a cup of tea, talked to me and put me at ease. Also, "If I approach them they always talk to me in a nice manner." Another person said, "It's fantastic here my life is so much better now and I feel very supported." A third person told us, "I've had an accident and can't walk far. The doctor said I need to get out more. They [Staff] encourage me to go out and walk. I walked into town this morning."

People's independence was promoted where possible and care records described what people could do for themselves and what they needed staff to support them with. One person told us, "I have autism and didn't socialise much. They [Staff] have worked very hard with me, organised me to go out into society more, helped me with my money and shopping. They have improved my life a lot for which I am very grateful." Another person said, "The service has changed my life for the better and made me much more independent." One relative told us, "He can make a cup of tea and dress himself; they help him along but don't take over." Another relative said, "Staff would never go ahead with anything without consulting him first." A member of staff told us, "The team and I promote a person's independence by offering to be involved in the local community, by going to the local gyms, use of local transport, visits to the surrounding areas and visits to the local shops."

The provider's 'Equality and Diversity' policy described how people's needs should be met in line with their individual preferences. People were supported with their religious and cultural needs where required. It was important to one person that they attend church. For example, "My religion is very important to me as it helps me to deal with my mental health. I receive a great deal of solace from the companionship the other parishioners offer me." The person asked staff to make sure they were "Dressed in time to attend church." The staff we spoke with and the records we saw supported this happened.

People were supported with their sexuality needs where required. For example, one person's sexuality support plan stated, "[Name] struggles with their sexuality. [Name] appears more comfortable socialising with gay people and in gay venues." The plan clearly described how staff had supported the person by providing information and advice about the lesbian, gay, bisexual and transgender community.

Staff had completed training in communication and care records described the support people required with their communication. This included guidance for staff regarding people's preferred method of communication, their body language and whether they had any difficulties with eyesight or hearing. For example, one person's support plan stated, "[Name] will rotate their hand in the air in a circular motion this means [Name] would like to go out in the car for an activity." A relative told us, "His language has improved phenomenally, he's galloped forward. It's due to the interaction with the staff and the residents. He's able to say more clearly what he is interested in. We make sure he is kept very busy, lots of hobbies, surfing the net, he's on a swimming team they [Staff] have enriched his life a lot."

The provider had an advocacy policy in place. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us some of the people who used the service had independent advocates and how people were directed to a local advocacy service if required.

The service provided people with information about the organisation in their service user guide which is currently being reviewed. Information about health and local services was also accessible to people who used the service.

## Is the service responsive?

### Our findings

People's care records were extremely person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. For example, an 'All about me' document was used to record information that was important to the person such as their preferred name, life history, important routines, things that may worry or upset them, how they communicate, their friendship circle and their care requirements.

People had their needs assessed and their care records demonstrated a good understanding of their individual needs. People had support plans in place covering a wide range of needs including personal care, mobility, medication, healthy eating, finance, communication and activities which detailed how people wished to be supported. For example, "One of my favourite artists is Pink. I enjoy going out in the community and visit my local pub. I enjoy having a game of pool with a pint or two", "It is important people take the time to listen to me" and "It is important staff develop a communication system using communication cards and pictures."

People and their relatives were involved in making decisions about their care and had given their written consent to the care and support they received. One person told us, "We have discussed my care plan and I'm getting everything I need at the moment." One relative said, "I've had input into all the care plans and had discussions with staff about the changes. [Name] won't wear their glasses except in certain situations which have now been included in their care plan so staff know when to tell them to put them on." Another relative told us, "We are meeting in a week to review the care and myself and my daughter will be there."

Each person had a health action support plan in place. These plans had health logs attached for each health appointment attended and were used as a reminder for future health appointments. People also had a Hospital Passport with detailed information about their medication, support needs and communication methods as well as health issues. This would accompany the person should hospital treatment be required.

Staff used a range of assessment and monitoring tools and kept clear records about how care was to be delivered. Care records were regularly reviewed, updated and evaluated. One healthcare professional told us, "I find the service is responsive and works together with ourselves in looking at the outcomes for the service users."

We saw people were supported with their social wellbeing. For example, people were supported to go swimming, attend coffee mornings, go dog walking/grooming, do karate, play football, work on an allotment, attend college and go to the gym. The registered manager also told us how the service had supported three people to gain volunteer work within the local community in the Salvation Army and local shops.

The service demonstrated innovative practice with assistive technology which enabled people to gain more independence. The registered manager told us the service was implementing electronic support plans called IPLANIT. The support plans looked at outcomes for people around 'staying safe', 'enjoying and

achieving', 'making a positive contribution' and 'economic well-being'. People could access their support plans via a smart phone or IPAD. People were encouraged and supported to take ownership of their plans and received training to use them. People could also delegate access to relatives if they wished. The people and staff we spoke with, and the care records we saw supported this practice.

The service had successfully piloted devices called Alexa and Google Home which are virtual assistants capable of voice interaction which can be set up for a number of tasks including a reminder for medication, health care appointments and can also assist in turning lights, radios and televisions on or off by a tap on APP or a verbal command.

This had promoted people's choice and independence around their personal care and safety, house safety and security. For example, it was important to one person that they attend a swimming gala each Saturday. The device had been set to prompt the person to get ready in time to attend. A device had been designed to assist another person who had difficulty remembering to turn off their shower and another person had been supported to travel independently through the assistance of safe and danger zones set up on their smart phone.

A healthcare professional told us, "I have completed a project with a service manager at an Essential Care and Support Limited supported living scheme which was linked to introducing the use of assistive technology and found his approach to this work very refreshing. He has put forward ideas regarding the use of 'apps' and home automation with customers living at the property which has resulted in some positive outcomes for the customers in the area of developing independence."

People were actively encouraged to raise concerns. The provider's complaints policy described the procedure for people to follow when raising a concern or making a complaint, and the timescales they could expect to receive a response. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. The registered manager reviewed all complaints to establish if there were any trends or lessons learned.

People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed. One person told us, "I have never had any complaints." Another person said, "No never had any reason to complain and been here a long time." A relative told us, "The staff are very approachable and friendly, they've no problem with me asking questions and will explain everything. You are never made to feel a fool or awkward. If I had a complaint I know I could tell them and they would do their best to sort it out."

## Is the service well-led?

### Our findings

The service was exceptionally well-led. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with CQC since 1 October 2010.

We spoke with the registered manager about what was good about their service and any improvements they intended to make in the next 12 months. They told us they had registered the service with the Great British Care Awards 2018 to recognise and reward all staff for their commitment and outstanding work/efforts. They also described how the provider planned to apply for Investors in People, an accredited standard which defines what it takes to lead, support and manage people well for sustainable results.

The registered manager told us about their aim to give people who used the service more involvement in the organisation by developing a 'service user group' who will audit services and be actively involved in the processes giving feedback to senior management on how to improve outcomes and service delivery.

The service had excellent links with the local community and organisations. For example, the service had received recognition and thanks from the Chief Executive Officer of the East Durham Trust for their ongoing charity work. A manager at the service was registered with Inclusion North, who have a sub-group called 'Confirm and Challenge'. This group ensured that individuals with a learning disability are heard and encouraged to share their experiences of care and how this can be improved through the service users own voice. Another manager was asked by a psychologist involved with the service to deliver a presentation to professionals about her experience of supporting people with a personality disorder.

The service had a positive culture that was extremely person centred, open and inclusive. The management team demonstrated and showed evidence of an 'open door policy'. A member of staff told us, "My manager has an open door policy" and another said, "I love my job." All the professionals we spoke with provided very positive feedback about the registered manager and the staff and told they would recommend the service to a member of their own family.

Staff we spoke with felt supported by the provider and the management team, and told us they were comfortable raising any concerns. They told us, "I haven't raised any concerns but I feel I would be able to if I had a concern", "I have access to the manager on call and I have always been able to contact my line manager in emergency irrelevant of the time", "I can ask questions if I need to. My manager is very approachable and I feel at ease. I am included and updated at all times. I am asked if I have any concerns which I do not have" and "Yes, I feel well supported in my workplace my team leader is very approachable. If I have any concerns or worries my team leader is very understanding. My manager ensures I am up to date with relevant training and up to date with supervisions."

We received very positive feedback regarding the management of the service from people who used the service and their relatives. One person told us, "I feel the staff and management are great, they can't do enough for you." Another person said, "It is well led, I feel very supported here." A third person told us, "I

think it's very well led due to all the wonderful staff" and a fourth person said "I cannot fault the place or the staff." A relative said, "I would recommend them."

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits for care and support plans, medication, health and safety, finance, fire and environment. Audits were based on the five CQC domains and a 'RAG' (red, amber, green) rating tool was used to monitor compliance. The audits were up to date and included action plans for any identified issues. Improvement plans were agreed and reviewed where required. The provider was awarded the Quality Management System ISO9001 in July 2016 for being able to demonstrate it had developed and improved its quality assurance procedures on a regular basis.

The service regularly sought feedback from people about how they met their needs and aspirations. One person told us, "We have community meetings. We talk about life skills and what's been happening" and another person said, "We talk about what we want to do."

The registered manager told us how the service undertake an annual quality questionnaire and collate the results to identify themes and ways to improve. We saw positive responses to the 'customer satisfaction survey' from November 2017. Questions asked included 'are you happy with the support you receive', 'do staff ask if you have any cultural or person needs', 'are staff polite and courteous towards you' and 'are you involved in the planning of your support'.

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly and showed staff were able to discuss any areas of concern they had about the service or the people who used it. Staff were sent a questionnaire to feedback on their role and what it was like working for the service. We saw positive responses to the 'staff survey' from September 2017. Themes included, 'job satisfaction', 'training and development' and 'line management and leadership'.

This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities and statutory notifications were submitted in a timely manner.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this.

Records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.