

Metropolitan Housing Trust Limited

Essex Community Support

Inspection report

Moulsham Lodge - office
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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

About the service

Essex Community Support is registered to provide personal care to people with a learning disability, physical disability and autistic people. The service has been recently set up to provide support to people living in supported living. At the time of the inspection, the service was providing personal care to one person living in a purpose-built development of seven flats in Chelmsford.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The registered manager promoted a culture where people were at the centre of all that happened. The service was well-run with processes in place to promote safety and ensure people received consistent good quality care. The provider supported the registered manager to develop the service in line with good practice guidance.

There was a focus on enabling people to make decisions about how to minimise risk. Staff supported people safely with their medicines. There were enough safely recruited staff to provide a flexible service. The provider followed national guidance on managing the risks from COVID-19.

Staff had the necessary skills to meet people's individual needs. They were well supported in their role. Guidance and training were of a good quality. Staff worked well with external agencies to promote people's health and wellbeing.

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

Staff were kind and treated people with dignity. They knew people well and developed respectful relationships with them.

Support had been developed flexibly to meet people's needs in a personalised way. Staff adjusted their support when people's needs changed. The provider ensured people received information in a manner they could understand. People and their representatives felt able to complain and be confident they would be listened to.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make

assessments and judgements about services providing support to people with a learning disability and autistic people.

The service was able to demonstrate that the service had been set up in line with the underpinning principles of Right support, right care, right culture.

Right support:

- The model of care and setting had been designed to maximise people's choice, control and independence. There was an emphasis on promoting inclusion into the local community.

Right care:

- Staff were supported to provide care which was person-centred and promoted people's dignity, privacy and human rights.

Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff created a culture focused on enabling people to lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Why we inspected

This was a planned inspection of a newly registered service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Essex Community Support

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provided care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. Also, this was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 October 2021 and ended on 17 November 2021. We visited the supported living location on 21 October 2021. The registered manager was not available during this visit, so we spoke with them at a later date and requested additional information.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

The inspection

We visited the person receiving support from the service and met with them and the two staff supporting them. During this visit we reviewed care and medicine records relating to the support the person received.

After this visit we spoke with the person's representative and had email contact with two care staff. We received feedback from a professional who had been involved with the service.

During the registered managers absence, we had contact with the area manager. On their return we had a video call to continue the inspection and the registered manager sent us additional evidence relating to the management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and knew how to raise any safeguarding concerns. They were committed to supporting people to stay safe.
- Staff told us the senior care workers and management always took their concerns seriously. They were confident swift action would be taken with other agencies to protect people from abuse.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood how to support people in a personalised way to minimise risk.
 - Senior staff had completed risk assessments which were regularly reviewed and updated as required.
- People were involved in managing their own risks and supported to take positive risks where possible.
- The registered manager described a situation where a person made a choice which posed a risk to their health. The registered manager had consulted with health professionals and carried out a risk assessment with the person and their representatives. They demonstrated an enabling approach which supported the person's right to make decisions. Advice was shared in a respectful manner.
 - The provider promoted people's safety. They investigated incidents and shared lessons learned throughout the service.

Staffing and recruitment

- Staffing was set up to provide flexible support to people, for example alternating between support teams of one or two staff, as required.
- Staff told us there were enough staff to meet people's needs.
- There was suitable recruitment and induction which meant people were supported by staff who had the necessary skills and understood their individual needs and preferences.

Using medicines safely

- Staff supported people to take their medicines safely and as prescribed. Staff could describe the medicines people took in detail, understanding what support was needed to minimise risk.
- People were supported by staff to make their own decisions about medicines where possible, for example what time they took their medicines. Staff provided advice to make sure people could make safe choices about medicines.
- People's medicines were regularly reviewed to monitor the effects on their health and wellbeing.

Preventing and controlling infection

- There were effective infection, prevention and control measures in place to minimise the risk to people, in particular from COVID-19.

- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed in line with guidance for community settings.
- Staff provided advice and guidance to people about the risks of COVID-19. Where they had capacity, people were enabled to make their own decisions throughout the pandemic.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There was a detailed assessment process in place to ensure staff had the information they needed to meet people's needs. Despite the challenges of COVID-19 the registered manager had worked hard to gather information and promote a positive transition into the new service.
- Care plans reflected a good understanding of people's needs with detailed guidance in place in areas such as communication, sensory assessments and any protected characteristics. A member of staff told us, "People have an individual personal support plan tailored to their needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training to develop the necessary skills required to meet their needs and preferences. A member of staff described how the provider continued to ensure training was of a good quality even though it moved online during the pandemic.
- The registered manager had involved an external specialist to provide staff with training to ensure they had the necessary skills to support a person with their specific health need.
- Shadowing of more experienced staff took place as required. A member of staff told us that where a person was not able to speak to describe their needs and preferences, extensive shadowing and advice was provided to ensure a new member of staff could provide good quality care.
- Staff told us they were well supported and supervised. They meet regularly with senior staff informally and in structured supervision sessions. Competency checks were carried out to ensure training and best practice was understood and practised.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had the necessary skills to support people to maintain a balanced diet. Staff had received specialist training in this area, to ensure they could meet people's individual needs.
- People had good access to physical healthcare and were supported to live healthier lives. Staff described the support they provided to enable people to attend appointments, such as physiotherapy.
- Staff worked well with other professionals to meet people's needs and supported people to make referrals as required. A professional told us staff had followed guidance well to meet a person's individual needs.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff empowered people to make their own decisions about their care and support and obtained people's consent in an inclusive and respectful manner. They gave examples where a person was making an independent decision, which at times was different to the advice provided by staff.
- Staff were aware of people's capacity to make decisions through verbal or non-verbal means and this was well documented. Staff could describe people's ability to make decisions and how to support this.
- There were effective processes in place where people lacked mental capacity to make certain decisions. Staff clearly recorded assessments and any best interest decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The service ensured people were well matched with their designated member of staff. We observed a comfortable relationship between a person and the staff who were supporting them.
- Staff members showed warmth and respect when interacting with people. They understood they were visitors in the person's home. A relative told us it was like the person was being looked after by their wider family.
- The registered manager led by example. They spoke about people with compassion and told us about how they had advocated for people to promote their wellbeing and human rights.

Supporting people to express their views and be involved in making decisions about their care

- People were listened to, given time and supported by staff to express their views using their preferred method of communication. We observed staff and a person communicating in a relaxed and familiar manner. The member of staff demonstrated good levels of skill and knowledge of the person's communication needs. A relative said, "Staff build up this communication over time, it can't be taught."
- People were enabled to make choices for themselves and staff ensured they had the information they needed to support these decisions.
- People, and those important to them, took part in planning their care.

Respecting and promoting people's privacy, dignity and independence

- People's human rights were upheld by staff who supported them to increase their independence and have control over their own lives.
- Staff knew when people needed their space and privacy and respected this. A member of staff described with empathy what they did to ensure a person had privacy.
- The provider followed best practice standards which ensured they received privacy, dignity, choice and independence in their home.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Support focused on enhancing people's quality of life. Staff encouraged people to develop new interests and skills. The registered manager supported a person to find practical solutions to promote their quality of life.
- Support was regularly monitored and adapted as a person went through their life or as their needs changed.
- People were supported to explore meaningful relationships. Staff described how they supported a person to keep in touch with their family. They also spoke respectfully about promoting people's rights to explore other meaningful relationships.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had good awareness and understanding of individual communication needs. They were skilled in supporting people who had varied ways of communicating.
- Staff worked closely with health care professionals and to support people to be assessed to see if they would benefit from the use of alternative communication tools.
- The provider ensured people had access to information in appropriate formats. For example, staff told us they would sit with people and read out important letters.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The provider put processes in place to ensure concerns and complaints were seriously investigated and lessons could be learnt from the results.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- The service was not currently supporting anyone with end of life care. However, people's preferences around end of life were being considered as part of their overall care planning.

- The registered manager had the skills to support people requiring end of life care. They had access to training for staff to ensure they were able to support people flexibly as their needs changed.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Management and staff put people's needs and wishes at the heart of everything they did. A family member told us, "I have seen with my own eyes poor care in the past (before coming to the service) but these staff do a good job. I recommend them 100%, even 200%."
- The new service was still developing, and the registered manager was passionate about continually improving the service. For example, we spoke about whether people were involved in staff interviews. The registered manager described how this had been a challenge during COVID-19 but was being developed as part of ongoing developments to the service. □
- The service benefitted from being part of a large organisation. Staff had access to a variety of additional training and resources to support their work. They had access to best practice guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- There were detailed checks on quality and safety which were used to make the service safer and better. For example, senior staff had checked care staff had given a person the necessary support when they were on antibiotics. They had also observed staff to ensure they treated people with respect.
- Despite being a small service, the provider had good contingency plans should the registered manager be off. This ensured staff were supported and good quality of care was maintained.
- The registered manager and staff worked positively with other professionals to ensure people received consistent support. There was a holistic approach to this, for example the registered manager was developing positive relationships with people's landlords.
- A health professional described positive working relationship with the service. They told us, "The registered manager is key to making sure staff provide safe care."
- The registered manager was pro-active about developing networks such as with Epilepsy UK, which supported staff to provide care in line with best practice. They were also positive about promoting links locally to support people to become part of their community.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management were visible and approachable. They took a genuine interest in people's wellbeing. A member of staff told us, "The registered manager is very good at involving people in the service." They had meetings

for people where they discussed development such as COVID-19.

- They sought feedback from people and those important to them and used the feedback to develop the service. For example, how to use the communal areas at the service.
- Staff felt respected, supported and valued by the registered manager and the provider. A member of staff told us, "The registered manager is based here and is very supportive, as is their boss."
- The registered manager promoted an open culture. A member of staff said, "We have an open-door office where all people are welcomed to come in." Being part of a wider supportive provider group also promoted openness at the service, for example, provider representatives visited the service to ensure people received good quality care.