

Leonard Cheshire Disability

# Essex Community Support & Enabling Service

## Inspection report

Heathcroft  
2 Fingringhoe Road  
Colchester  
CO2 8DZ

Date of inspection visit:  
20 March 2019  
28 March 2019

Date of publication:  
23 April 2019

## 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 & Enabling Service provides care and support to people living in individual flats within a '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.

At the time of our inspection there were 10 people who received personal care. The service supported adults including people with mental health needs, physical disabilities, learning disabilities and autistic spectrum disorder.

People's experience of using this service:

- People and relatives were positive about the service provided.
- Staff supported people to keep safe, and acted when necessary to prevent any harm or abuse.
- Risks to people's health, safety and welfare were managed well.
- Safe recruitment practices were followed with enough staff to cover people's planned visits.
- People's care and support led to good outcomes. Staff were sufficiently trained and had the skills and knowledge to meet people's individual needs.
- People received care in a manner which was in accordance with the principles of the Mental Capacity Act 2005.
- Where required, people were supported with their dietary needs, to maintain good health and access healthcare services where needed.
- Staff had developed good relationships with people, treating them with kindness and compassion. They protected people's privacy and dignity and promoted their independence.
- Care plans were person centred and up to date. Staff were responsive in identifying and reviewing changes to meet people's needs.
- People's feedback was valued and used to improve the service.
- Complaints were managed in line with the provider's procedure.
- Systems to monitor the quality and safety of the service were effective.

Rating at last inspection: This was the first inspection for this service.

Why we inspected: We inspected this service in line with our inspection schedule for services currently rated as good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any information is received that we need to follow up we may inspect sooner.

See more information in Detailed Findings below.

## 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 & Enabling Service

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

The service is a domiciliary care agency. People receive a personal care service within their own home and it is the personal care that is regulated by CQC. Not everyone using Essex Community Support & Enabling Services receives regulated activity; 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. At the time of the inspection there were 10 people who used the service that received personal care.

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 the service 48 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection visit. We also wanted to give them sufficient time to make arrangements with people so we could visit them in their homes to find out their experience of using the service.

What we did:

Before the inspection we reviewed the information we held about the service and the provider. The registered manager completed a Provider Information Return (PIR). This is information that we request that asks the provider to give some key information about the service, what the service does well and any further developments they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

Inspection site visit activity started on 20 March 2019 when we visited the service and ended on 28 March 2019 when we provided feedback. During the visit to the service we spoke with the registered manager and four members of staff. We visited four people who used the service in their own flats. We reviewed the care records of three people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

We received electronic feedback from one person who used the service, two relatives, one member of staff and two community professionals.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People using the service told us that they felt safe and comfortable with the staff that supported them. One person said, "I feel safe with them all; no problems. Would tell the manager if I did not."
- Staff had received training in safeguarding and understood how to recognise and protect people from abuse.
- The service had raised safeguarding concerns appropriately when they were worried about people's safety.

Assessing risk, safety monitoring and management

- Staff understood the actions they should take to make sure people were safe.
- Personalised risks assessments demonstrated that the risks to people relating to their care and support were assessed and mitigated. This included risks associated with moving and handling and in people's home environment.
- Risk assessments were reviewed at frequent intervals and if a person's identified needs changed.

Staffing and recruitment

- There were sufficient numbers of staff to meet the needs of people. Records seen showed that there had been no recent visits that had been over 15 minutes late or been missed.
- People who used the service told us that the staff were punctual in their arrival and stayed the allocated time. One person said, "They always turn up on time; reliable help me to get ready for my day." This person showed us their weekly rota and added, "It is all on here who is coming and when and what for. They [management] let me know if it changes."
- Recruitment procedures were in place to check prospective staff were suitable to work in the service and were of good character.

Using medicines safely; preventing and controlling infection

- Not all of the people who used the service required support with their medicines. One person who received support said, "The staff help me with my tablets and with my insulin."
- When people required support with their medicines, they received them as prescribed. People's records identified the support they required and guided staff how this was to be provided safely.
- Staff told us they received training in supporting people with their medicines in a safe manner and regularly had their competency checked by the management team. Records seen confirmed this.
- Systems were in place to regularly review the level of support people needed with their medicines to keep them safe.
- Medicine Administration Records (MAR) were completed correctly and regularly audited to ensure any

potential discrepancies were identified quickly and could be acted on.

- Systems were in place to reduce the risks of cross contamination including providing staff with training and personal protection equipment, such as disposable gloves and aprons. One person commented, "They always have plenty of [disposable] gloves and aprons."

Learning lessons when things go wrong

- Accidents and incidents had been reported appropriately with action taken to make improvements.
- The registered manager carried out regular reviews of accidents and incidents in the service to identify if there were any trends or if lessons could be learned and actions taken to minimise future risks. These were also monitored by the provider.

# 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

Good: 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

- Assessments of people's individual and diverse needs were in place, prior to the person using the service. These were completed with the involvement of people and their representatives, where appropriate, designed to achieve positive outcomes in line with best practice and current legislation.
- People's physical, mental and social needs were reflected in their care records and were regularly reviewed and updated in line with their wishes. This enabled staff to get to know people and understand how they wanted to be cared for.

Staff support: induction, training, skills and experience

- People said the staff were skilled and competent to provide them with the care they needed. One person told us the staff, "Seem good at their job, know what they are doing, capable and well trained. Some are more natural than others but that's more about personality than ability."
- Staff were provided with suitable training, encouraged to develop and progress in their role and improve their skills.
- Staff described being supported through regular team meetings and supervisions with management. One member of staff stated, "Great team, we work well together, bounce ideas off one another. The manager keeps us informed of any changes. It is a very supportive workplace; no ego's."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with their dietary needs, this was provided effectively.
- The support people required with preparing meals and eating was clearly set out in their care records. This included information about reducing the risk of people becoming dehydrated or with managing their weight.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- People said, if required, staff helped them to arrange and attend their health care appointments. One person nodded when we asked if they had seen the doctor and the dentist. They commented, "They [staff] come [with me] to the hospital for my check up."
- Records were kept of the contact people had with other health professionals including any advice staff were to follow.

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

- People told us that the staff asked for their consent and gave them choices. One person said, "They [staff] ask me what I want and how I want things done."
- Staff were aware of their responsibilities in supporting people in the least restrictive way possible.
- People's capacity to make their decisions was assessed, and where people required assistance, this was provided in their best interests and with the involvement of others involved in people's care. The registered manager understood their responsibilities to apply for an Order from the Court of Protection as needed.

# 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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives told us the staff were compassionate, conscientious and caring. One person said, "I love all my support workers. They are my friends and look after me." Another person said, "My support workers are kind to me, listen to what I have to say and help me to do what I want to do."
- The service promoted meaningful relationships between people and the staff. The management team ensured that people received support from a consistent staff group who knew them well. A community professional commented about the staff approach, "Support and practice has been good, empathetic, patient and fair."

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

- People and their representatives where appropriate were involved in the planning of their care. One person commented, "Me and my key worker [designated member of staff] go through my folder [care plan] and check I am happy with everything."
- People's care records reflected that they were involved in the decisions about their care and where able, they had signed their care plans.
- The service understood their role in supporting people to make decisions about their care and to work with others to achieve this. A community professional described how they had recently worked with the service to support a person in making choices about their care. They said, "We just completed a review of [person's] support plan. The [person], their mum and advocate were involved. Everyone is generally happy about [person's] current support, and the progress they have made."

Respecting and promoting people's privacy, dignity and independence.

- People told us their right to privacy and confidentiality was respected.
- Information in people's care records guided staff to ensure people's privacy, dignity and independence was maintained.
- Care records made clear the tasks within daily routines that people could do themselves and where they needed assistance. This reduced the risk of people being over supported and losing their independence.
- Staff received training in dignity and respect. They understood why it was important to treat people with respect. All the staff spoken with talked about people in a respectful and compassionate manner.
- Staff encouraged people to be as independent as possible. One person said, "Since I have been here I have started doing a lot more for myself." A community professional told us, "We are so pleased with the progress [person] has made in becoming more independent."

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support provided to people was individual and met their specific needs and preferences.
- People's care plans were personalised and contained information about their life history, preferences, likes and dislikes. These were in the process of being further expanded upon to enhance the level of detail to assist staff to better understand people and meet their needs.
- Discussions with the staff and management team demonstrated they knew people well on a personal level. This was confirmed by speaking with people and feedback from relatives and professionals.
- People and relatives told us they were consulted and listened to regarding their preferences for the care provided.
- Staff told us that they were informed when people's needs changed. Care plans and records were updated with this information.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place, which was provided to people who used the service.
- People knew how to raise concerns and complaints. One person told us that their relative had acted on their behalf and reported concerns to the registered manager when needed and these had been addressed promptly.
- The registered manager used feedback from complaints and concerns to drive improvement. Where concerns and complaints had been received we saw the registered manager had undertaken a detailed and thorough investigation of the issues.
- The service had received several written compliments about the support provided.

End of life care and support

- There was no one receiving end of life care when we visited the service.
- People's care records were being developed to show that the service had sought the wishes and preferences of people including if they wanted to be resuscitated and these were kept under review.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and relatives fed back they were satisfied with the quality of the service provided. One person said, "The support workers are easy to approach if you have a problem and the manager is very helpful and understanding."
- The registered manager was proactive and acted when errors or improvements were identified and learnt from these events. One relative told us, "The service is very well led by [registered manager]. She is caring, efficient, conscientious, proactive, communicates well with [people who use the service] and families, and is always responsive to any concerns."
- The registered manager promoted a positive and open culture in the service where staff described being able to speak to the management team if they needed guidance and support.
- Duty of candour requirements were met. This regulation requires safety incidents are managed transparently, apologies are provided and that 'relevant persons' are informed of all the facts in the matter.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A programme of audits to assess the quality of the service and identify issues was carried out by the registered manager. These included regular management reports which covered areas such as staff training, supervisions, care plan reviews, incidents, complaints, and overall amount of care hours. Where shortfalls were identified, records demonstrated that these were acted upon, and action plans were in place.
- Where required the registered manager listened to other professionals and their advice. A healthcare professional confirmed, "The manager is very supportive and takes on board our suggestions, very good communication and working together relationship."
- The registered manager understood their legal requirements. Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were actively engaged in developing the service; through surveys, care reviews and ongoing communication to check they were happy with the service they received.
- Planned assessments checked that the service was able to meet people's needs. Ongoing reviews included people who used the service and their relatives where appropriate to identify how they wanted their care delivered.
- Staff described feeling valued and listened to by the registered manager and that this contributed to good

morale and team working. A member of staff said, "The manager is amazing, hands on and supportive of her team."

- The registered manager involved staff in decisions about the service. They did this through meetings and ongoing discussions.

Continuous learning and improving care

- There was a commitment to learning and development. The registered manager told us that when people using the service had specific needs, training was sourced to ensure that staff had the knowledge of how to provide effective care and support.
- The registered manager understood the importance of keeping up to date with changes in the care industry.

Working in partnership with others

- The registered manager had built positive relationships with health and social care professionals. Records and conversations with people demonstrated the registered manager had taken on board advice from external organisations and put this into practice.