

Essex Cares Limited

Essex Cares North

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?

Outstanding ☆

Summary of findings

Overall summary

Essex Cares North is a domiciliary care agency and provides short, six week care to people in their own home. At the time of the inspection 23 people were using the service. It provides a service to older adults, people with dementia or mental health issues, people with a physical disability, people with a sensory impairment and younger adults. This service provides personal care, help with daily living activities and other practical tasks, usually for up to six weeks.

At the last inspection on the 7 and 12 of October 2016 we asked the provider to make improvements because the service did not always assess and record risks correctly and did not always identify errors or omissions in medicines promptly. We also found that care plans were task focussed and lacked detail.

During this inspection, we found that the provider had improved the running of the service. There were elements of the service that were outstanding. We found that the service was "Outstanding" in the Well-led domain this was because the provider had plans in place to ensure that they continuously learnt and improved. The service provided a service based on core values that were visible at all levels of staffing. This meant that they had created a firm foundation to work towards providing an outstanding services in all areas.

People were receiving care from staff that had an excellent understanding of individual risks and needs. Staff had been thoroughly vetted and were employed because of their personal values as well as their skills. Staff were supported to develop their skills and knowledge and their understanding of safeguarding vulnerable people was excellent.

Systems were in place so people could take their prescribed medicines safely and people told us they were satisfied with the service being offered to them but some people told us that sometimes their visit times could vary. There were sufficient staff to meet people's needs and to manage risk.

The registered manager had good links with other health professionals within hospital and social care settings, working together to source the best care options for people referred to the service. Staff had access to a physiotherapist and occupational therapist who were on hand to offer advice and support regarding people's changing physical needs and equipment needs.

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.

Staff knew people well and had time to develop positive relationships with them. People were supported to consume food and drink of their choice and staff worked well with people and health care professionals, to ensure people maximised their health and wellbeing. People received support that was personalised and staff responded flexibly to changes in their lives.

Guidance was in place to enable staff to provide a consistent level of support. We have made a recommendation about end of life care. People and their relatives told us they were aware of how to make a complaint and felt they were listened to by the registered manager.

People told us that staff were kind and compassionate and spoke highly of them. Staff promoted person centred care at all levels of seniority to ensure the best outcomes for people. People told us that they were treated in a respectful and dignified way at all times.

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 had improved and was safe.

There were sufficient numbers of staff to support people. Some people told us that the time staff would arrive could be quite variable. The registered manager was looking at ways they could improve satisfaction in this area.

Arrangements were in place to protect people from risks to their safety and wellbeing, including the risks of avoidable harm and abuse.

Is the service effective?

Good ●

The service was caring.

Staff received a wide and varied range of training depending of the needs of the people they were supporting.

The service had a strong focus on the continual assessment of people's needs.

Technology was used to look at how care and support could be delivered to people to enhance their independence.

Is the service caring?

Good ●

The service was caring.

People spoke highly of staff and consistently told us they were very kind and compassionate.

Staff understood the needs of the people they supported which included their personal histories and backgrounds. Staff considered how to treat people's information in a confidential way.

Staff were able to give people the time and support they needed to provide care and support in a compassionate way.

Is the service responsive?

Good ●

The service had improved and was responsive.

People were involved in the care they received through the assessment, planning and review of their care and support.

There were processes in place to deal with people's concerns or complaints and to use the information to make improvements to the service.

Is the service well-led?

The service was well led.

People and all staff told us that the registered manager was knowledgeable, supportive and non-judgemental. The registered manager had an emphasis on improving the wellbeing and increasing the retention of staff.

The registered manager and quality and corporate governance team had implemented new and robust systems and processes.

The provider had an excellent oversight of the service and was open, transparent and supportive.

Outstanding 

Essex Cares North

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 checked 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 26, 27 and 30 October 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for somebody who uses this type of care service. We used the information sent to us in the Provider information return (PIR). This is information that we require providers to send to us at least once annually to give some key information about the service, what the service does well and the improvements they plan to make.

We spoke with the registered manager, nominated individual, operational and quality assurance manager. We also spoke with four members of staff, a physiotherapist, and occupational therapist employed by the service. We spoke with four relatives and two people who used the service.

We looked at four people's care records and four staff records. We inspected information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints. Healthcare professionals were approached for comments about the service and any feedback received has been included in the report.

Is the service safe?

Our findings

At our last inspection this key question was rated as requires improvement. This was because the service did not always assess and record risks correctly and did not always identify errors or omissions in medicines promptly. At this inspection we found improvements had been made.

Whilst people told us they were they received safe care, four people and their relatives told us that their visit time was variable. One person said, "The one issue is that there is a window of time for the visits which can be difficult to work with." Another person said, "I don't have set times for visits they just come when they can really which can be a bit awkward as you have to wait for them." Another person said, "The care is always safe. They are good with me and I feel safe, I trust them totally. The staff are all very good and they are mostly familiar faces, but I never know what time they are coming."

Unless people needed a visit time to meet a specific need or outcome, a two hour timeframe was agreed. For example, if a person wanted a visit at 9:00 am, they could expect to receive a visit at any time within an hour either side of the agreed time. The registered manager said, "We do aim for the visit to be as close to what the customer wants as possible."

Following the inspection, we fed back our initial findings, and changes were quickly made. The registered manager said, "From today, we will introduce and implement a system asking the customers about how they are feeling regarding the times of the calls. We will do this at the 3 day assessment and the 7-10 day review meetings. We will look at how we can make changes if people are not completely satisfied."

Staff said there were enough of them available to enable them to do their job effectively and meet people's needs. Staff' capacity and availability were taken into account and rotas allowed for travel time. Once the rotas had been agreed they were sent to staff using an electronic system. The electronic monitoring system could also be used to inform staff of any changes.

The provider told us that this was a new arrangement with the local authority and that it was flexible and focused on achieving outcomes for people. They said this had enabled them to refuse care packages without being penalised for doing so. This meant that they were able to effectively plan for staffing increases when this was needed.

People were protected from the risk of abuse by staff that understood how to identify and report concerns correctly. The registered manger had developed and trained staff so that they clearly understood what abuse was and how they should keep people safe. Staff knew how to report concerns and were confident that if they raised a safeguarding or whistle-blowing alert the management team would deal with their concerns promptly and effectively. One staff member explained, "I would have no hesitation in raising a safeguarding concern to my manager. This would be dealt with quickly."

One safeguarding incident had occurred and the registered manager had followed local safeguarding protocols. They had also notified the commission of this incident. This meant that the registered manager

and staff understood how to respond to incidents of safeguarding in the correct way.

At our last inspection we found that the provider did not always assess and record risk correctly. At this inspection we found this had improved. The provider had an effective system in place for assessing and managing risks. We looked at four people's care records and saw that the service had completed risk assessments that included medicine management, moving and handling and the home environment.

Accidents and incidents were recorded and thoroughly investigated. When an incident had occurred responses included an apology to people. The quality manager explained, "When we know a visit has been missed or someone is running late. We apologise and send them a gift. We also look at what changes are needed to make sure it doesn't happen again."

People were actively encouraged to take their medicines independently and the provider looked at using creative ways of using assistive technology to encourage people to do this.

At our last inspection we found that the registered manager had not always identified any errors or omissions in medicines promptly. At this inspection we found that this had improved. The registered manager carried out medicine audits to ensure that people had received medicines as prescribed and investigated when they had found a gap in recording. This information was shared with staff so that lessons could be learned. One staff member explained, "We are not made to feel stupid in meetings. We talk about what went wrong so that we can learn from the experience and also learn from each other."

Medication administration record sheets (MARS) were completed correctly and included detailed information about how to identify the most common medicines and potential side effects. Separate MARS were in place if people required specific medicines such as topical creams or antibiotics. Staff had been trained in medicine management and the registered manager had observed them to make sure they were competent to administer people's medicines safely.

There was an open culture and learning about how to improve safety was high on the agenda. When areas for improvement had been identified the registered manager encouraged staff to learn from each other. One staff member explained, "If there is a lack of training staff are retrained. We are aware of how we may have contributed when things go wrong. They don't make you feel bad, we use this to learn and make changes about how we do things." Another staff member said, "If something goes wrong. We identify what needs to happen, give training and discuss at team meetings. We have training workshops to learn about what we need to." Another staff member gave us an example and explained it like this, "[Staff member] was struggling and saying how they couldn't get [person] to do a certain task. Another member of staff said that this wasn't a problem for them and that they could get them to do it easily. At meetings it is sometimes just as simple as saying to staff, let's talk and learn from each other. How did you manage to encourage this person?"

The registered manager considered how the service managed the control and prevention of infection.. Most staff had been trained in food hygiene or were in the process of being trained. Staff told us they had access to personal protective equipment (PPE.) and used this when undertaking personal care. The registered manager also told us that they ensured that gloves provided to staff were latex free. It is important for providers to consider the use of latex free gloves to reduce the risks to people who are at risk of having an allergic reaction to latex.

The provider had changed the way they recruited staff and had introduced a values based assessment of potential employees. This interview process looked at drawing out people's core values so better decisions

about who should be employed could be made. For example, potential employees were asked to give examples of when they had acted upon concerns for the safety of others in previous care roles. One senior member of staff said, "We use the interview process to pick people who we think will work well together and bring the right skill mix and attitudes. Everyone in this team brings something different."

Systems and processes were in place for the safe recruitment of suitable staff. Information inspected on the recruitment files for four members of staff showed they had completed an application form, provided a full employment history and eligibility to work in the United Kingdom was checked. The registered manager had also undertaken a Disclosure and Barring Service Check (DBS) on all staff before they had started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal records and whether they are barred from working with people who use health and social care services.

Is the service effective?

Our findings

At our last inspection this key question was rated good. At this inspection we found that this remains good.

The service had a strong focus on the continual assessment of people's needs. This was because it had been set up to support people to return home from hospital and assess if they needed continuing care or if they were able to return to their day-to-day lives. This meant that the service assessed people continuously over this period of time and enabled people to be able to go home from hospital without having to make an immediate decision about long-term residential or nursing care.

Assessments considered what people needed to achieve and was focused around achieving positive outcomes so that people felt confident to return to their day to day lives without care and support.

The assessment process took into consideration people's different communication needs and preferences. One person said, "I must say that the assessment process and care planning was very thorough and when you know that they have paid such attention to detail it is very reassuring. We were asked about staff of different genders and were happy with this. In fact, the guy who comes is one of the family favourites. We are very fond of him." Another person said, "I was asked if I minded having male carers and I am fine with it."

People were supported by staff who had been well inducted into the role and had received a wide variety of training. One person said, "They simply cannot do enough for me. I would score them 150 out of 100. The care I receive covers everything and is thorough. I don't have to struggle with anything. They help me just enough for me to be as independent as possible. The team are so skilled."

The service benefited from being able to employ a physiotherapist and an occupational health therapist and they delivered themed workshops around specific topics to support the up skilling of staff. This meant that the training and development of staff was continuous. Staff said they were able to discuss how best to support people and access additional support when this was needed. For example, the physiotherapist and occupational health therapist supported staff to keep up to date when changes to people's equipment had been made. Staff told us they were able to get advice quickly and when they needed it.

Additional training to meet the specific needs of people was offered to staff which included the following; sensory awareness, stroke awareness, Parkinson's, stoma and catheter care and prevent awareness. Prevent awareness is to help stop vulnerable people from being exploited and drawn into terrorism. One staff member said, "The training is good, we have access to the intranet and we are encouraged to develop and complete additional training." Another staff member said, "We all play to each other's strengths and are encouraged to take an active role in learning." Staff were able to demonstrate a good understanding of people's individual needs and could explain how they supported people effectively using the knowledge acquired from the training. Staff were well supported by the registered manager and senior care staff who carried out their face-to-face supervisions.

Consideration was given to how the service could meet people's cultural and religious preferences. For

example, one person had a specific cultural requirement and the service had considered how staff could meet this needs and had carried out their wishes.

At the time of the inspection, no one had speech and language involvement in order to enable them to eat in a safe way. However, workshops had been arranged to develop staff understanding of the possible risk of people choking when they were eating or drinking. People were supported with their nutrition and fluid, in a way that met their needs. One relative said, "[Name] has nausea. They cater for this and allow time them to settle before they can eat. They have been very good." Another person said, "They ensure I have eaten and have drinks regularly. I think they are excellent." Another person said, "They prepare some meals for me and will ask me what I would like. Today I am having soup so they will bring me a selection from the cupboard to choose from."

Care records reflected the advice and guidance provided by external health and social care professionals. People's information included their views about how they could achieve their goals, regain independence and when needed have access more long term care provision. One health professional said, "We are lucky to have the time to spend with people. We see people in their own homes. It's about how can you get people better at home."

The service had strong links with the local hospital and social work teams and this benefited people when their care arrangements were coming to an end. Information about people's on going care needs were shared with social workers so that the correct service could be arranged. One person said, "They are excellent and it is a positive experience when they visiting in every way. We are sorry to have to change to another company now. We would stay with Essex Cares if we could."

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 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 of their behalf must be in their best interest and an as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that staff had a good awareness of capacity and consent. Staff had completed Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training.

Staff understood the Mental Capacity Act, 2005 and its principles and people's information included details about people's ability to make their own decisions and how staff should support them. Staff understood about people's right to make an unwise choice when they had capacity. For example, if someone decided they didn't want to take their medicines.

Everyone told us that staff asked for their consent before carrying out care tasks. Consent had been obtained and was recorded within each care plan. Where a person had a lasting power of attorney in place it was clearly recorded. A lasting power of attorney (LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When a person did not have a lasting power of attorney in place, records relating to the court of protection were also considered. At the time of our inspection no one required the support of an Independent Mental Capacity Advocate (IMCA). An IMCA provides statutory advocacy and gives some people who lack capacity a right to receive support from an IMCA.

Is the service caring?

Our findings

At our last inspection this key question was rated good. At this inspection we found that this remains good.

People consistently told us that staff were very kind and compassionate towards them and spoke highly of them. One person said, "The staff are all very pleasant. They are caring and listen to me and take an interest. I do crochet for charity and they always ask how it is going."

People told us that staff spoke to them in an appropriate way. One relative said, "The staff will chat with [Name] and us and we often hear the banter going on with [Name]. It is nice because they talk about things which are appropriate for someone of his age. They are excellent and it is a positive experience when they visit in every way."

Staff were able to give people the time and support they needed to provide care in a compassionate way. One family member said, "The staff attitudes are happy and friendly and they always make time for a chat. [Name] used to be very quiet but they have opened up now when they talk to them. It is more progress and really good to see." Another family member said, "They have been good at encouraging [Names] independence and their improvement has been amazing." Another person said, "The staff seem very friendly and always introduce themselves. They give me the time I need and make polite conversation whilst they are giving care."

People told us that their privacy and dignity was maintained at all times. One person said, "They look after me well and always protect my dignity. They do things like close the curtains and doors. They make time to chat. I like them and their attitudes."

Staff understood the needs of the people they were caring for which included their personal histories and backgrounds. One staff member explained, "We spend a lot of time talking to people about what they like and what their beliefs are. Care plans are written in first person and this aids our understanding. It's important to recognise that we really understand that we may have ways of doing something that doesn't fit with their beliefs. It's really important to behave in a different way. We do things their way. We are in their home."

Staff considered how to treat people's information in a confidential way. One staff member explained, "I consider what I am talking about and who is around. For example, in the open plan office I consider that not everybody in the office needs to know the intimate details of people's information. So when we are getting peer support, we make sure that it is done in the right way."

One person said, "They are lovely ladies who can't do enough for you. They show respect and always ask my consent. They are just so polite. If I was their manager I would be extremely proud of them. They are caring beyond belief and it isn't a front. It is sincere and genuine care."

Is the service responsive?

Our findings

At our last inspection this key question was rated required improvement, because care plans were task focussed and lacked detail. At this inspection we found improvements had been made and this was now good.

People were involved in the planning of their care through a robust assessment, planning and review process. Information included details of people's personal history and preferences, their interests and their aspirations. Information explained how staff would support people to achieve their goals, with a focus on enabling people to do as much as they were able to for themselves and encouraging them to take control and ownership of their day to day lives once again. For example, supporting people to eat independently or develop day to day living skills that they previously couldn't. One staff member explained, "One person really didn't want to get out of bed so we spent time developing this. One day we just practice sitting up. Then slowly we progressed on to putting their feet on the floor. Over a period of time, they realised they were able to get out of bed."

People and their relatives were involved in reviewing the care they were receiving at the end of the six week period or sooner if required. One person said, "Yes, there is a care plan in the house and the staff read it daily. To begin with an assessment was done and we had a long chat." Another person said, "The initial assessment was very good and they have provided a care plan which is used by all the staff when they come."

People and their relatives told us they were involved in reviewing their goals. One relative explained, "All of [Names] needs are catered for and we are given regular updates as a family. The assessor was very, very good. The staff have built a rapport with them. They are very respectful and have done a really good job."

At the time of the inspection, no one had specific communication needs so we were unable to assess if the service met the accessible information standard effectively. The Accessible Information Standard directs and defines a specific and consistent approach to meeting the information and communication needs of people with a disability or sensory loss. The registered manager explained ways in which alternative methods may be offered to people and policies were in place which supported this approach. Staff had been trained in equality and diversity and at the point of assessment they considered ways in which communication could be made accessible to everyone who used the service.

We recommend that the service considers ways in which they can identify, record and meet the need of people's who may have communication needs as a result of disability or sensory loss.

Staff groups within the team worked closely together to ensure that care was responsive to people's needs. Whilst not regulated by the Care Quality Commission, Essex Cares Limited also provides equipment to people in their own home and people benefited from the service having these strong links. For example, people could access equipment that they needed and this was supported by the services own physiotherapist and occupational health therapist being able to provide staff with detailed information and

support about how to use the equipment.

A complaints, comments, and compliments system was in place which captured people's feedback about the service. The service had only been commissioned since July to deliver this type of service, so at the time of the inspection, no complaints had been received. We noted a number of compliments had been received. The registered manager was clear about their duty to investigate complaints, and apologise when mistakes have been made. Policies and procedures supported this approach. One person said, "I feel I could approach the office with any concerns, but they have been very good so far."

Is the service well-led?

Our findings

At our last inspection this key question was rated required good. At this inspection we found that this was outstanding.

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

Staff told us that the registered manager respected and valued their involvement and feedback. The registered manager was consistently described by staff as, "Knowledgeable, supportive and non-judgemental." The registered manager had an emphasis on wellbeing and the retention of staff. They told us, "We aim to be the best employer in the locality. In order to show staff that we value their contribution we offer career progression, healthcare and loan schemes. We want to recruit the right staff and then strive to retain them."

Incentives were used to provide staff with top up training and information about the service. A staff newsletter was produced each month which supported staff awareness of what was going on within the company and was used to celebrate staff success. Staff told us they were proud to work for the organisation. One staff member said, "We are lucky to have the time to spend with people. It's a privilege to have been a part of that person's day and home." One staff member said, "I would whole heartedly recommend this service. We make a lot of difference to people's lives."

Relatives told us that they felt the service was well led. One relative said, "Overall our experience of the company is that we are very impressed with them. It seems very well run. We feel our opinions are valued by the company. The initial introduction and assessment was excellent, everything was checked so thoroughly, right down to the equipment here. It really was amazing. It has just been such a good experience from start to finish." Another person said, "The company seem to have got it just right. I have been very happy with them."

Staff told us that they had regular staff meetings which were conducted in an honest way to learn when things were working well and when things had gone wrong or could be improved. When the provider became aware that someone was dissatisfied with the service, an apology was given. The head of quality and corporate governance said, "When someone tells us things aren't to their liking, we apologise and offer them a good will token, usually a pot plant or a box of chocolates."

Staff at all levels of the organisation were encouraged to uphold the service values, and staff told us these were treating people with compassion and dignity and enhancing peoples independence. The registered manager was focused on making sure that staff and people were involved in improving and developing the service. For example, the service had introduced business cards which had contact numbers. One staff member said, "We continuously gather feedback and look at ways to improve things. It's a good strong

team. Everyone has their own strengths; there is no one I can't call if I need help or support. Yes, the registered manager. What can I say, fantastic."

In addition to the registered manager having systems for auditing the quality of the service, the quality and corporate governance team worked very closely with the registered manager providing a thorough and rigorous oversight of these processes. This information was fed into regular reports about the service, and looked at any risks to the service.

The governance team carried out their own inspections of the quality of the service this included a review of people's care, and speaking to people receiving a service to find out their views and using this to look at how improvements could be made.

The registered manager was clear about their role and understood their registration requirements which included their obligations around managing safety and the submission of notifications. The provider had introduced a new satisfaction survey. Questions reflected the services values around person centred care, promoting independence and quality care provision.

People benefited from a service that had good working relationships with the local authority and other professional and charitable groups within the community and the local hospital. A member of staff was permanently based at the local hospital which helped to aid a seamless transition when people were going home. This meant that people could go home quicker and regain their independence in a much sooner way.

The registered manager was looking at ways that effective care and support could be delivered to people to enhance their independence by using assistive technology. For example, in partnership with the local government association the service was piloting a scheme to look at ways assistive technology could be used to help people live more independent lives. Technology which had audio and video capabilities was offered to people to help them to stay in touch with key professionals, report any concerns or changes and keep in touch with their friends and family. It also provided people additional information such as internet services, the daily news, maps and online shopping.

One person said, "I wouldn't recommend any improvements as you can't improve on excellence, can you? They are all so well trained with a lovely attitude to their work. They are special."