

Essential Health Limited

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## Inspection report

Pennant House  
Salem Street  
Etruria  
Stoke On Trent  
ST1 5PR

Tel: 01782914114  
Website: [www.esshealth.co.uk](http://www.esshealth.co.uk)

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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

The inspection took place on 3 March 2016 and was unannounced. This was the first inspection for the service since it was registered.

The service provides personal care to people living in their own homes in the community and was supporting 18 people at time of our inspection.

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

People who used the service received safe care and support from adequately trained staff who had been carefully recruited to support them in their own homes. People were protected from harm by the safeguarding policies and procedures in place. Staff knew how to question practice and how to recognise abuse and raise safeguarding alerts. People who required assistance to take their medication received support from staff who had been trained and knew people's individual medication support needs.

People had their individual needs met by competent staff who had the skills and training to give the right kind of care and support. New staff received induction training and were introduced to people over a period of time so that they knew how to meet people's specific care needs. All staff were supervised and supported to fulfil their roles. The provider complied with the requirements of the Mental capacity act 2005 and obtained consent from people or their representatives prior to offering care and support. People were supported to maintain good health. The provider made timely referrals to relevant health care professionals when people's needs changed and/or they became unwell.

Staff were kind and caring and had built positive relationships with people they supported. People trusted the staff to support them and meet their needs in a caring way. People felt included in their care and informed. People were treated with dignity and respect and personal care was carried out in private. People thought the provider "went the extra mile" to ensure their well-being.

People received person centred care and support that met their individual assessed needs. The provider responded to people's changing needs and circumstances and care and support was flexible and adaptive. People were supported to engage in activities and interests of their choice in the community. People and their representatives were involved in the planning and reviews of their care plans. There was an accessible complaints procedure and people knew how to raise concerns.

The service was well-led and management was open and transparent. Staff felt supported in their roles and were encouraged to express their views and suggestions. There was a robust quality assurance programme in place and the provider actively sought the views of people in order to drive through improvements to the

service.

## 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. People were protected because staff knew how to keep people safe and how to raise concerns about poor practice and/or abuse. Risks to individuals were managed so that people were protected and their independence promoted. There were sufficient numbers of suitable staff to keep people safe and meet their needs. People's medicines were managed so that they received them safely.

### Is the service effective?

Good ●

The service was effective. People received effective care and support from staff who have the knowledge and skills they need to meet people's needs. Consent to care was always sought in line with the Mental Capacity Act 2005. Where required people were supported with their food and drink. People were supported to maintain good health and have access to healthcare services to receive on-going healthcare support.

### Is the service caring?

Good ●

The service was caring. Staff had built positive caring relationships with people they supported. People were involved and informed about their care. Staff treated people with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive. People received care and support that met their individual needs. People were supported to maintain hobbies and interests which were important to them. People knew how to raise concerns and make a formal complaint if they needed to.

### Is the service well-led?

Good ●

The service was well-led. Staff felt supported, valued and included. Staff were aware of the values and vision of the service and were supported to maintain these values. The provider sought the views of people who used the service to drive through improvements.

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## 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 3 March 2016 and was announced. 'The provider was given 48 hours' notice because the location provides a domiciliary care service.

The inspection team consisted of one inspector. Before the inspection we reviewed the notifications the provider had sent us and spoke with the local authority who commission care with the service. We did this to see what their views were about the service.

We visited the office and spoke with the registered manager, the deputy manager and the field coordinator. We looked at the support plans and care records of three people. We did this to ensure that people were receiving appropriate care which had been updated. We looked at records relating to staff recruitment and training to ensure that staff were suitable to work in people's homes and suitably trained to meet people's needs. We looked at records of quality monitoring including records of staff supervisions, spot checks and views of people who use the service. We did this to ensure that the provider monitored the quality of service provision.

Following the visit to the office we telephoned four people who use the service and/or their relatives and spoke with them about what they thought of the care and support provided to them by the service.

# Is the service safe?

## Our findings

People were protected from harm and abuse because staff knew how to keep people safe. Staff told us and we saw that they had received training in how to recognise and report suspected abuse. New staff received training in adult safeguarding as part of their induction training. A staff member who had recently started to work for the service told us that they knew the signs of abuse, what to look out for and would report this to the registered manager. Staffs' knowledge of how to keep people safe was regularly tested by the senior staff and registered manager during spot checks and one to one staff supervision sessions. The registered manager knew how to make referrals to the local safeguarding team and the relevant telephone numbers were available for all staff to refer to. The provider acted on information in order to keep people safe. For example we saw where staff had raised concerns about the safety of a person living at home and had taken immediate action to make the person safe. The registered manager had referred the concerns to the local authority safeguarding team and an investigation had taken place.

Risks to individuals were managed so that people were protected from harm. People felt they were kept safe by the staff who supported them. Staff knew how to keep people safe. A staff member explained how a person was at risk of slipping out of their wheelchair and required certain safety measures in place to ensure this did not happen. The person told us that staff knew what their needs were and how to keep them safe. They said, "I think the staff have all had the relevant training because they all know how to move me safely. I feel very safe with them".

We saw examples of where people's safety was compromised the provider took action to reduce the risk of harm. We saw where staff had recognised the way a person was moved and handled had become unsafe. The provider had made a referral to the Occupational Therapist for a re-assessment of the person's manual handling needs and relevant changes had been made to ensure the person was moved in a safer way.

The provider took account of environmental risks within people's homes to ensure that the person and the staff were kept safe. Detailed risk assessments were maintained within people's individual support plans of how staff would keep them safe within their homes. Risk assessment and care plans were reviewed after any changes and updated regularly with the person and/or their representative to ensure they remained effective.

There was a robust recruitment procedure in place where staff were carefully selected. This ensured that people were supported by sufficient numbers of suitable staff. As part of the staff recruitment procedure we saw the provider obtained detailed information on an individual's past employment history, skills and experience and obtained two or more suitable references. Where references for individuals had not been returned these were actively sought by the provider and/or other references were obtained. Relevant checks were obtained on individuals including Disclosure and Barring service (DBS) checks before they were offered employment by the provider. This helped to ensure that only suitable staff were provided to support people in their own homes. People told us they were happy with the staff who supported them. A person said, "The staff are excellent. They are always on time and there is always two staff because I need two of them to help me".

People's medicines were managed safely. Staff we spoke with confirmed they had received comprehensive training in the administration of medicines and they were regularly assessed as being competent by a senior member of staff. People had clear and comprehensive medication care plans which informed staff how people liked to have their medication dependent on their personal preferences and needs. When people's medication needs changed the provider took action to ensure they continued to receive their medication safely. For example, when the provider became aware a person was refusing to take some of their regular medication, they referred this to the person's GP. The person had the specific medication reviewed and prescribed as PRN (as required). The person was happier to take this medication as and when required this way.

## Is the service effective?

### Our findings

People were supported by staff who had the knowledge and skills to meet their needs. People told us they thought staff were "excellent". They thought that staff were well trained. A person said, "The staff certainly know what they are doing. I feel my needs are met very well with this agency. Much better than others I have used". We saw, and staff told us that they received good induction training. A staff member said, "The induction training was very good and I worked with a mentor at first until I knew the people I would be supporting". People who used the service told us that new staff always worked alongside other staff. A person said, "There is a new staff member shadowing [staff name] looking after [person's name] this week".

We saw staff had effective support, supervision and training from the provider. Staff told us they felt very well supported with their training needs. We saw detailed records of up to date plans to develop staff knowledge and skills. Each staff member had a personal development plan where they set individual goals. For example a staff member's goal was "To develop my awareness in administering eyes and ear drops to clients living in the community". The required support had been provided and the target date for completion of this of 17 December 2015 and been achieved. Another person's goal was, "To develop my knowledge in the safe handling and administration of medication to clients in the community". This training had been completed on 16 December 2015. The deputy manager had set a goal, "To achieve my NVQ (National Vocational Qualification) level 5". The individual plans also recognised staffs' key strengths. This helped to ensure staff were supported and well trained to meet people's needs. People who used the service were pleased that they received consistent care and support from the same group of staff. A person said, "They [staff] seem to like it here and staff seem to stay, which is good for us".

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 provider ensured that consent was obtained throughout all aspects of care delivery. Each person had signed their consent in agreement with their care plan. Staff ensured that people's consent was obtained whenever support was offered. For example we saw that a staff member had recorded, "I asked [person's name] if they would like a shower. They said yes they wanted one". Then, "I asked [person's name] if they wanted help going to the toilet. They declined help with this". Staff understood people's ability to make decisions. A staff member said, "Some people can make small decisions like what they want to wear or people can make decisions sometimes but not all of the time. You always have to give people choices though". We saw recorded that a person's dementia needs were progressing but "[person's name] is still deemed to have capacity". This meant that staff understood the principles of the MCA.

Where required staff supported people to eat and drink. Staff understood people's nutritional needs and the level of support required. A staff member explained to us that a person was at risk of choking and that all food must be cut up into small pieces. They said the person needed feeding. We saw recorded that the person required feeding and liked chicken and fish and a mug of water with meals.



People felt that staff supported them with their health care needs. A person said, "They [the staff] are very good at picking up when [person's name] is unwell and doing something about it. I have no worries about that". We saw when people's needs changed staff raised this with the provider and the provider made referrals to relevant health professionals. We saw where referrals had been made to the Occupational Therapist for mobility equipment to help a person improve their mobility. We also saw where a person developed an eye infection and the provider made a referral to their GP and where a person became confused and a urine infection was identified. The provider actively promoted discussions with the GP and other health care professionals so that people could receive better care. Detailed, accurate, up to date records were maintained relating to people's health care needs.

## Is the service caring?

### Our findings

People told us that the staff were kind and caring. A person said, "The staff are wonderful, they are very kind with [person's name]. They always talk in a nice kind way with them and ask them if they are alright and ask what they can do for them".

The provider ensured that people felt they were important and that they mattered. A person's representative told us, "They (the staff) always go that extra mile. [Person's name] wanted to go out this weekend, so the staff changed the times they normally come so that they can take them [person's name] out. They are very flexible and will do anything for you".

The registered manager and staff spoke fondly to us about the people they supported. Staff told us about people's needs and their likes, dislikes and preferences. Staff had built up positive, caring relationships with people.

Staff showed concern for people's well-being in a caring way. We saw where the provider talked with a person and their relative when the person became anxious about ringing their GP. The registered manager consulted with the person's GP (with consent) and explained the situation. The GP came out to visit the person and the problem was rectified. It was documented, "[Person's name] is happy and feels confident again".

We saw the provider contacted people regularly to ask their opinions and discuss their support needs including any changes required. Discussions were usually held over the telephone but where this was not applicable the provider would go out to the person's home to visit. Detailed records of discussions were held including any changes made as a result. People we spoke with confirmed that they were contacted to ask their opinions and given relevant information. A person said, "If there is a new staff member starting they (the registered manager/senior staff) ring to inform me about it.

People who used the service were treated with dignity and respect and personal care was delivered to people in the privacy of their own homes. People described how staff delivered personal care in their bathrooms away from other family members to ensure their privacy was promoted. Care plans contained detailed information for staff on how to uphold privacy, dignity and respect for people they supported.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People told us that staff supported them/their relatives to receive care in the way they preferred. A person said, "[Person's name] has communication problems so the staff need to be patient with them. The staff always arrive on time and they know exactly how to go on with [person's name]. They really take their time with them and go at [person's name's] pace, which is so important to them". We saw the person's care plan contained detailed information for staff to follow. It was documented, "When talking to [person's name] make sure you face them directly" and "Enable [person's name] to communicate their needs. Be patient and allow [person's name] time to respond". For another person it was documented for staff, "[Person's name] likes to have everything in reach before staff leave on the night visit". The person confirmed that staff were "very good" with this.

People received support to pursue their interests. We saw documented [person's name] likes shopping and church meetings. Staff told us about a person whom they supported to use the Hydrotherapy pool twice weekly and how a staff member accompanies them to a local Comedy Club. The person also enjoyed trips out on the train and there were clear detailed instructions for staff to follow for accompanying the person on social outings.

People were actively involved in their own care. People told us that they had been involved in the development and planning of their/ their relative's care plan. A person said, "There is a copy of that here (in the person's home) and we can look through it anytime". People told us that if they needed to discuss any changes to their care plan they could do this. We saw where a person had signed in agreement with their care plan and they confirmed this when we spoke with them. A person told us, "They (the staff) are very good with records such as my care plan and I am very involved with this. They always keep me up to date with any changes". We saw records relating to people's care were reviewed monthly and/or whenever people's needs changed. This helped to ensure that care and support people received remained effective based on their current needs.

People received consistent and co-ordinated person centred care. The provider ensured that people received care from the same small group of care staff and that any new staff were introduced gradually to the person.

When people's needs changed or they required support in a different way the provider responded to meet their needs. A person wanted a change to the agreed visits over the weekend and the provider arranged for this so that the person could be supported on a trip out.

There was a formal complaints procedure in place and people had copies of this in their own homes. People knew how to raise concerns and knew that they would be addressed.

## Is the service well-led?

### Our findings

The provider was currently also the registered manager. There was a deputy manager who worked alongside the registered manager and who was planning to apply to become the registered manager. There was also two team leaders and a field coordinator in post. Staff told us that the management team were approachable and supportive and that there was an open door policy. Staff felt valued and supported in their role. They told us they felt they could raise concerns and question practice and knew they would be supported by the registered manager.

The service had a clear vision and set of values. Each staff member was made aware of these on their induction and these were contained in the staff handbook issued to each staff member. Temporary and Agency workers were also given a staff handbook with a summary of all policies and procedures. A staff member said, "My induction was really good. The company are very good. I have a good idea of what their visions are and what they are trying to achieve".

Staff felt encouraged to develop themselves to their full potential. A staff member said, "I have worked for other companies and this is totally different. They [the registered manager] inspire you to be your best and achieve your full potential". The staff member showed us an example of how they were developing their skills and bringing about improvements to the service.

Staff felt supported with their training needs and there were excellent records of staff induction, training and development and supervision. The provider maintained excellent records throughout. Records relating to care were also very well maintained and up to date. A person who used the service said, "I think they really excel at record keeping. My care plan is spot on. They are really on the ball with this".

The provider was continually striving to improve the service and sought the views of people as part of the quality monitoring process. We saw and people told us that the provider carried out spot checks on staff when they were working in people's homes. A staff member had recently been appointed as 'Field Coordinator'. This role involved supporting the staff in the community and carrying out spot checks to ensure that standards are maintained and where required improved. The staff member said they would also be responsible for monitoring medication. People who used the service felt involved in their care and told us the provider rang them up to seek their views. A person said, "When we have a new staff member start, the manager will ring up and ask what we think about them and how they are fitting in".

The registered manager was aware of their responsibilities in relation to their registration with CQC. They reported notifications of accidents, safeguarding and other incidents as required.