Essential Care & Support Ltd

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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?	Good

Overall summary

We undertook an announced inspection of the Essential Care and Support Limited on 22 October 2015. We gave the provider 48 hours' notice of our visit because the registered manager is often out of the office supporting staff and we needed to be sure that they would be available.

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

Summary of findings

Essential Care and Support Limited was last inspected by CQC on 9 September 2013 and was meeting the regulations inspected. At the time of our inspection the service was providing support to eighty people.

People who used the service were complimentary about the standard of care and support provided by Essential Care and Support Limited. A person told us, “I find the workers here very good, if I ask for anything it’s done”.

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

The registered manager was accessible and approachable. Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service. The registered manager undertook regular spot checks to review the quality of the service provided.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people’s needs and provide a flexible service. Staff were able to accommodate last minute changes to appointments as requested by the people who used the service.

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

Staff were knowledgeable about their roles and responsibilities and raining was up to date. Staff had the experience required to support people with their care and support needs.

Staff received supervision and appraisal which meant that staff were properly supported to provide care to people who used the service.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Care plans were written in a person centred way and were reviewed regularly or when people’s needs changed.

Staff supported people to help them maintain their independence. People were encouraged to care for themselves where possible. Staff treated people with dignity and respect.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

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

There were processes in place to help make sure people were protected from the risk of abuse and staff were aware of safeguarding vulnerable adults procedures.

There were appropriate staffing levels to meet the needs of people who used the service.

Good

Is the service effective?
The service was effective.

Staff had the skills and knowledge to meet people's needs and received regular training, supervision and appraisal.

Staff understood their responsibilities under the Mental Capacity Act 2005.

People were asked for their consent before they received any care or support.

Good

Is the service caring?
The service was caring.

Staff were respectful of people's privacy and dignity.

People who used the service were involved in making decisions about their care and the support they received.

People were encouraged to maintain their independence.

Good

Is the service responsive?
The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's interests and preferences in order to provide a personalised service.

Staff supported people to access the community and reduce the risk of them becoming socially isolated.

People who used the service felt the staff and the registered manager were approachable and there were regular opportunities to feedback about the service.

Good

Is the service well-led?
The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Good

Summary of findings

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Records were kept securely and could be located when needed. Policies and procedures took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions.

Essential Care and Support Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 October 2015 and was announced. We gave the provider two days' notice of our visit. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who used the service. We needed to be sure that they would be in. The inspection was carried out by an adult social care inspector and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the agency we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service, including commissioners and safeguarding. No concerns were raised by any of these professionals.

During our inspection we visited and spoke with nine people who used the service about the care and treatment they received at Cornwall Court, Clark House and Fulwell Road. We also spoke with the registered manager, registered provider, two team leaders, four support workers and a visiting professional. We looked at the personal care or treatment records of six people who used the service, we also looked at the personnel files for four members of staff and records relating to the management of the service, such as audits, surveys and policies.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Good

Is the service safe?

Our findings

People told us they felt safe. They were relaxed and looked comfortable with the staff that supported them. People who used the service told us, "I feel I am safe alright", "Yes, I feel completely safe", "I feel I am safe with staff" and "Very, more safe here than I would outside. If you're poorly you can pick up the phone. If I fall they phone for an ambulance or Doctor. I have all the help I need".

We saw a copy of the provider's safeguarding adult's policy dated 30 September 2015, which provided staff with guidance regarding how to report any allegations of abuse, protect vulnerable adults from abuse and how to address incidents of abuse. Staff had received training in safeguarding vulnerable adults. They were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us, "We've done safeguarding training. We also did other training which covered the different types of possible abuse and the signs", "We have a threshold to see if it would be safeguarding and what steps to take before we made the alert", "I would tell my manager and inform the person's care coordinator" and "I would ring the crisis team and get advice. Also bring it up with my team leader. There is also the Emergency Duty Team".

The service had a system in place to log and investigate safeguarding concerns. The registered manager understood their role and responsibilities with regard to safeguarding and notifying CQC and the local authority of incidents. There were arrangements in place to help protect people from financial abuse. We looked at records where care staff supported the people to manage their daily finances. We found the service kept a log book and receipts for each transaction. This meant that people were protected from the risk of abuse.

We looked at the selection and recruitment policy dated January 2014 and the recruitment records for four members of staff. We saw that appropriate checks had been undertaken before staff began working at the service. We saw that Disclosure and Barring Service (DBS), formerly Criminal Records Bureau (CRB), checks were carried out and at least two written references were obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, birth certificates, driving licences, marriage certificates and utility bills. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

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

The registered manager informed us the service had not had any missed appointments. If staff were unable to attend an appointment they informed the registered manager and cover was arranged so that people received the support they required. People told us that the staff arrived on time for appointments and stayed for the agreed length of time. For example, "They are here for the full time they should be", "Yes, they do everything I need and a bit more", "Yes, they do come on time, if I ask them to come early, they'll do this and leave when I ask them to. They do what I want them to do" and "There are lots of staff, they all look after you".

Assessments were undertaken to assess any risks to people who used the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of people. These assessments also formed part of the people's care plan and there was clear links between care plans and risk assessments. They both included clear instructions for staff to reduce the chance of harm occurring. Staff told us, "I know the risk assessment is very important", "We've got a risk assessment threshold tool and all have individual risk assessments in their files" and "We've got a risk assessment threshold tool, on the wall in the office". At the same time they gave guidance for staff to support people to take risks to help increase their independence.

We checked the management of medicines and looked at the provider's management of medicines policies. People received their medicines in a safe way and were stored

Good

Is the service safe?

securely. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and their competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines. A person who used the service told us, “When I come back, staff help me with my midday tablets, they really look after me".

We looked at the provider’s accident reporting policy and procedures dated 30 September 2015, which provided staff with guidance on the reporting of injuries, diseases and dangerous occurrences and the incident notification requirements of CQC. Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends. Staff were aware of the reporting procedures for accidents or incidents that occurred and told us, “We have an accident book and it would be recorded in daily notes. Depending on the severity it would be reported to a care coordinator and family”, “We have an incident report form that we fill out and put in the book. If serious and further action is needed we contact the police or a care coordinator. Team leaders go through less serious incidents from the book once a week” and “There is an accident book. If a serious incident occurred I would phone the police or crisis team. If not so serious I would fill in a significant event form and this would lead to ringing the social worker”.

Each person had a personal emergency evacuation plan (PEEP) in place to provide guidance if their home needed to be evacuated in an emergency. These included the person’s name, assessed needs, details of how much assistance the person would need to safely evacuate the premises and any assistive equipment they required. People told us they took part in fire drills so they knew what do in the case of a fire. People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. A person who used the service told us, “I don’t usually see staff during the night, but if I need to I’ve got a phone number”. This meant the service had arrangements in place to protect people from harm or unsafe care.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Staff told us "We have had training on mental health, learning disabilities and we also get a lot of support from the forensic team. The forensic nurses and care coordinators support us well to support the people who use the service. A lot of us find that easier than reading a book. It is all individual" and "We are always booked in for training".

The registered manager told us there was an on-going training programme in place to ensure all staff had the skills and knowledge to support people. We looked at the records for four members of staff and we saw that they all had received a thorough induction. The records contained certificates, which showed they had completed mandatory training in, for example, moving and handling, first aid awareness, fire safety, medicines, infection control, health and safety, safeguarding, equality and diversity and food hygiene. Records showed that most staff had completed a Level 2 National Vocational Qualification in Social Care.

In addition staff had completed more specialised training to help them understand people's needs for example mental capacity act, deprivation of liberty, cancer awareness, personality disorder/self-harm, managing challenging behaviour, loss and bereavement, eating disorders and MAPA (Management of Actual or Potential Aggression). Staff files contained a record of when training was completed and showed some renewals were overdue. We also saw evidence of planned training, for example, managing safeguarding alerts was booked for 14 January 2016, NVQ enrolment was booked for eight staff and training in awareness of brain acquired injuries was being sourced.

Staff had a good understanding of people's communication needs. We saw staff used communication cards to support a person to take their medicine and understand its importance to their wellbeing. Records detailed how staff could encourage the person and stimulate them to interact in making choices regarding their needs. For example, 'use short sentences', 'use simple words', 'encourage (Name) to use picture cards to express themselves' and 'use easy read leaflets'. This enabled staff to understand the needs of the individual and to support them to maintain their health and wellbeing.

We saw staff received regular supervisions. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Records showed that annual appraisals were overdue. We discussed this with the registered manager who acknowledged this and told us this was being addressed. Staff told us, "I see my team leader on a daily basis and even on a weekend, she's always on the other end of a phone", "We have formal supervisions usually every three months" and "We get supervisions, we've all recently had one about a month ago". This meant that staff were supported to provide care to people who used the service.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the registered manager, who told us that if they had any concerns regarding a person's ability to make a decision they would work with the local authority to ensure appropriate capacity assessments were undertaken. Staff had received training and had a good understanding of the Mental Capacity Act 2005 and 'best interest decision making, when people were unable to make decisions for themselves.

People who used the service were involved in developing their care and support plan, identifying what support they required from the service and how this was to be carried out. People were asked for their consent before they received any care or support. We saw care plans and contracts were signed by the people who used the service. The provider acted in accordance with their wishes, for example a person told us, "Yes, I never get told anything. I get asked" and "Yes, I talk to carers and it's sorted". Staff we

Good

Is the service effective?

spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

We checked how the service met people's nutritional needs and found that people had food and drink to meet their needs. People's care records included eating and drinking care plans and these identified requirements such as the need for weight reducing or modified diet. People required different levels of support. Some people received support from staff to help them plan their weekly menu. They were then supported by staff to shop for their food and help prepare or make their own meals and drinks.

We saw people who used the service were supported to access healthcare services and received ongoing healthcare support. Care records showed people had access to a range of healthcare professionals including clinical psychologist, speech and language therapy, chiropodist, dietician, sensory team, GP's and community nurses. This meant the service ensured people's wider healthcare needs were being met through partnership working.

The service had handover arrangements in place for staff to pass on information between shifts which included a communication log to record daily household duties, social activities, visitors and appointments. This meant staff were able to communicate effectively with each other to support the delivery of people's care.

Good

Is the service caring?

Our findings

People who used the service were complimentary about the care and support provided by the staff. They told us, "I find it ok. It's easy going", "If I need anything doing they're very helpful like that", "It's a very good service", "I would recommend this service" and "The staff are lovely here".

People who used the service were supported by staff that were warm, kind, caring and respectful. They appeared comfortable with the staff that supported them. People told us about their experiences said they were happy with the care and support they received. For example, they told us, "I get very good care and support. If ever I need a Doctor, they get me one. They got me a new microwave. They're very good. They take great care of you. When my microwave was broken, staff were making my meals until I could make my own again", "At Christmas we sit together in the communal room and have a meal together. Nearly everyone writes lists out and then staff get presents. Very helpful. I don't think there's anything I would like to change", "I would describe staff as more than caring and kind, they're absolutely fantastic", "I think it's magic here" and "I am really, really happy with the care and support I receive".

Staff were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook aspects of personal care but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls. A member of staff told us "I ask the service user how they prefer to be supported and make sure it's written down in their care plan". People who used the service were involved in making decisions about their care. One person told us, "I talk things through with my keyworker if I want to change things" and "The staff are fantastic, they are there for you from day one. They are there 24/7. They provide person centred care, this means what I want within reason the staff will help me with".

Staff knew about the needs, choices and preferences of the people they worked with. For example, a member of staff told us how one person wasn't keen on the crowds when going shopping and how they did their own washing. Another member of staff told us how they and their daughter had completed the 'race for life' with a person who used the service. A person who used the service told us, "I talk to staff and they get hold of the right people. Like when I was very upset (Name) got me someone to talk to and I feel alright, I can cope now",

Staff focussed on the service user's needs. Staff told us, "I love supporting the people and making them happy" and "I like to help people have the best quality of life". A person who used the service told us, "Staff come and do what needs to be done and if I ask for something else to be done while they're here it's no bother" and "Staff help with dusting, hoovering, washing the floor, cleaning the kitchen and washing up".

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks, for example taking medicines. A member of staff told us, "(Name) does his own dishes and manages his personal care. If he needs any help he can phone us". People who used the service told us, "Staff are very kind. They don't like to take your independence away. I have my own bank card. I go out on my own, do my shopping and get money out. I go on the bus or taxi. I go to all appointments on my own. I will go to the hospital appointment on my own next week. We have a washing room. I do my own washing there" and "I can do anything I want, the staff are there to support me, if I wanted to go out for a meal the staff support me."

The service provided people with information on equality and diversity, safeguarding and complaints in their service user guide. Fire and complaints procedures were also in an 'easy read' format.

Good

Is the service responsive?

Our findings

People who used the service were supported and involved in planning their care. A person told us, "I would say the care and support is alright. People come and do what needs to be done and if I ask for something else to be done while they're here it's no bother". Staff told us, I always give people choice, or if they can't think of anything, I give different scenarios and ask them what they would like in their support time. If I make someone happy I'm doing my job" and "If people require additional time or support at a different time, we're a good team, we'll juggle it about and if it's possible we do it. It happens on a daily basis."

We found care records were person-centred and reflective of people's needs. We looked at care records for six people who used the service. We saw people had their needs assessed and their care and support plans demonstrated regular review, updates and evaluation.

Each care and support plan included a document called 'All About Me'. This provided insight into each person including their personal history, their likes and dislikes. For example, '(Name) enjoys going out, music, art and cats' and '(Name) likes making tea, needs assistance taking medicine and reminders about paying utility bills'. This was a valuable resource in supporting an individualised approach.

The service utilised a care and support planning framework which comprehensively assessed people's needs. People had care and support plans in place covering a wide breadth of areas. Plans aimed to maximise independence in supporting people's dignity and self-respect including, for example health promotion and screening, safety and security, skin care, personal hygiene, enjoying and achieving, making a positive contribution, economic wellbeing and behavioural support, hearing and substance misuse. Care and support was planned and delivered in line with their individual care plan. This meant people were not placed at risk of receiving care which was inappropriate or unsafe.

The care and support plans demonstrated evidence of person centred planning. They were well developed, showing good understanding of each individual's needs and preferences at a holistic level including 'what is important for me' and 'how best to support me'. There was clear guidance in relation to interventions to staff in providing safe and appropriate care and support.

Each support plan had a risk assessment in place. For example assessments were in place for personal care, finances, communication, accessing the community and personal safety. Risk assessments contained control measures and recommendations from professionals. This meant risks were identified and minimised to keep people safe.

Records were in place for the management of some people who displayed distressed behaviours. These people had care plans in place to show their care and support requirements when they were distressed. The plans gave staff guidance with regard to supporting people. Information was available that detailed what might trigger the distressed behaviour and what staff could do to support the person. A member of staff told us, "There could be certain triggers, what was going on at the time, the environment, flashing lights or too many people in the room. It helps you to try and avoid those situations".

We saw people had given their written consent to the care and support they received, to sharing their information and taking photographs. Each care record contained a 'hospital passport'. The aim of the hospital passport is to assist people to provide hospital staff with important information about them and their health when they are admitted to hospital.

We looked daily records, which showed staff had involved people who used the service in developing and reviewing care plans and assessments. Support plans recorded how people who used the service were involved in making decisions about their care for example, 'I need to feel safe' and 'I need support to take my medicine'.

Staff supported people to access the community and minimise the risk of them becoming socially isolated. A member of staff told us, "One of our service users has his own allotment. He is very independent. Another person goes to the gym. One person goes to Dalton Park shopping centre and goes for a cup of tea or to play pool with staff or without staff". Another member of staff told us how the

Good

Is the service responsive?

service had started a social evening on a Thursday, held tenants meetings monthly and planned to start coffee morning to provide the opportunity for people to get together.

We looked at the provider's complaints policy dated 28 August 2015 and we saw that the service's complaints process was included in information given to people when they started receiving care. It informed people who to talk to if they had a complaint, how complaints would be responded to and contact details for the local government ombudsman and the CQC, if the complainant was unhappy with the outcome. We saw the complaints file and saw that complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. The people we spoke with were aware of the service's complaints procedure. People told us, "I would complain to the carers", "(Name) sorted out a concern regarding a member of staff within a day", "If I had a complaint, I feel it would get looked at and I would get a reply back", "I have no complaints" and "I have never had to complain about the service". This meant that comments and complaints were listened to and acted on effectively.

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the agency had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We spoke with the registered manager about what was good about their service and any improvements they intended to make. For example, they told us how they proposed to appoint a staff 'champion' to promote several areas of the service including mental health, dementia, safeguarding, information technology, green issues and fire.

Staff we spoke with were clear about their role and responsibility. They told us the registered manager was approachable and kept them informed of any changes to the service provided or the needs of the people they supported. Staff told us, "I love my job. I have a good relationship with the service users. I feel happy coming into work, because of the good relationship with the service users and we have a good team with a supportive team leader" and "It's a great place to work". A person who used the service told us, "(registered manager) is good at her job".

We looked at what the registered manager did to check the quality of the service. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. They also undertook monthly spot checks to review the quality of the service provided. Audits were undertaken for care and support plans, finances and medicines. All of these were up to date and included action plans for any identified issues.

Staff supported people to hold tenants meetings. We saw the written record of a tenants meeting dated 4 October 2015. Discussion items included flats refurbishment plan 2016, dignity champions, tenancy agreements, smoke hut and social activities. A person who used the service told us, "We have a resident's meeting once or twice a week. One of the people who live here is the chairman. She's very good. We talk about if anyone has concerns or we need anything mending".

We saw the results of a 'customer satisfaction survey' from 2014. Questions asked included 'do you feel safe', 'do you know who to go to if you have a concern', do you enjoy the food prepared' and 'can you choose each day where you would like to go'. Responses were positive. People who used the service told us, "Just recently I filled in a form about what I thought about the staff, I was pleased with the outcome of it" and "Staff ask is everything alright and are you happy with the service provided".

Staff meetings were held regularly. We saw a record of a staff meeting dated 9 September 2015. Discussion items included communication, handover arrangements, keyworker documents, making appointments, finance sheets, medicine audits, health and safety and fire alarms.

We saw the result of the most recent 'staff survey' dated March 2015. Responses were positive. Staff comments about the management of the service included, 'Essential Care and Support has improved a lot since the new management came in. It feels more structured and better run', 'approachable', 'well led', 'open, fair and transparent', 'they listen and welcome feedback' and 'open door policy'. This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

We spoke to the local community cohesion officer who told us how they worked closely with the people who used the service to promote their wellbeing and how supportive the staff were. This meant the service ensured people's personal safety and wellbeing needs were being met through partnership working.

The service had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. For example, the provider's nutrition policy referred to the Food Safety Act 1990. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice". The staff we spoke with and the records we saw supported this. We noted that records were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's personal information could only be viewed by those who were authorised to look at records.