

Essex Cares Limited

# Essex Cares South West

## Inspection report

Whitmore Way  
Basildon  
Essex  
SS14 2NN

Tel: 01268272242  
Website: [www.essexcares.org](http://www.essexcares.org)

Date of inspection visit:  
13 April 2016  
18 April 2016

Date of publication:  
26 May 2016

### 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

This inspection took place over two days 13 and 18 April

Essex Care South West provides a number of different services. This includes providing care and support within people's homes and a reablement service for up to six weeks for people who have been discharged from hospital. At the time of our inspection they were providing a service to eighty eight people. The focus of their support is to rehabilitate people back to independence. They provide personal care and support to adults who live in their own homes in the geographical areas of Basildon, Wickford and Billericay. The service also has ten residential reablement beds in a care home in the local area whom they work in close partnership with.

The service is also a 'provider of last resorts (POLR).' This is where Essex County Council are unable to find another contracted service to provide care and ECL will then assist with the care (short term) until another provider can be found.

The service has 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.

Staff had good knowledge of safeguarding procedures and were clear about the actions they would take to help protect people. Where safeguarding concerns had been identified the service had made the appropriate referrals and was open and transparent. Risk assessments had been completed to help staff to support people with everyday risks and help to keep them safe.

Systems were in place to assist people with the management of their medication and to help ensure people received their medication as prescribed. Recruitment checks had been carried out before staff started work to ensure that they were suitable to work in a care setting. Staff told us that they felt well supported to carry out their work and had received regular support and training.

There were sufficient numbers of staff, with the right competencies, skills and experience available to help meet the needs of the people who used the service.

Where needed people were supported to eat and drink sufficient amounts to help meet their nutritional needs and staff knew who to speak with if they had any concerns around people's nutrition. People were supported by staff to maintain good healthcare and were assisted to gain access to healthcare providers where possible.

People had agreed to their care and been asked how they would like this provided. People said they had been treated with dignity and respect and that staff provided their care in a kind and caring manner.

Assessments had been carried out and care plans had been developed around each individual's needs. People had also made 'goals' to achieve to assist them in regaining their independence.

The registered manager had a good understanding of Mental Capacity Act 2005 and who to approach if they had any concerns and the appropriate government body if people were not able to make decisions for themselves.

People knew who to raise complaints or concerns to. The service had a clear complaints procedure in place and people had been provided with this information as part of the assessment process. This included information on the process and also any timespan for response. We saw that complaints had been appropriately investigated and recorded.

The service had an effective quality assurance system and had regular contact with people who used the service. People felt listened to and that their views and opinions had been sought. The quality assurance system was effective and improvements had been made as a result of learning from people's views and opinions.

## 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 could be sure that they would receive the assistance they needed when being supported with medication.

The provider had systems in place to manage risks, which included safeguarding matters and this helped to ensure people's safety.

There were enough staff available, with the right competencies, skills and experience to help meet the needs of the people who used the service.

### Is the service effective?

Good ●

This service was effective.

People were cared for by staff that were well trained and supported.

Staff had knowledge of the Mental Capacity Act (2005) and knew how to keep people's rights protected.

People had experienced positive outcomes regarding their health and support and assistance had been gained when needed.

### Is the service caring?

Good ●

This service was caring.

People were provided with care and support that was tailored to their individual needs and goals.

Staff had a good understanding of people's care needs.

Staff were compassionate, kind and treated people with respect.

### Is the service responsive?

Good ●

The service is responsive

People's needs were assessed and their care and support needs had been reviewed and updated.

Staff responded quickly when people's needs changed to ensure that their individual health care needs were met.

**Is the service well-led?**

**Good** ●

This service was well-led.

The manager understood their responsibilities and demonstrated good management and leadership skills.

The management team worked in partnership with other professionals.

Staff understood their roles and were confident to question practice and report any concerns.

Effective quality assurance systems were in place to monitor the service and identify any areas that needed improvement.

# Essex Cares South West

## **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.

The inspection was an announced inspection and took place on the 13 and 18 April 2016. The inspection team consisted of two inspectors on day one and one inspector for the remaining day.

Before the inspection we reviewed the information we held about the service. This included notifications, which are documents submitted to us to advise of events that have happened in the service and the provider is required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we visited five people within their own homes. We also spoke with the registered manager, the capacity and quality lead and head of quality and corporate governance. As part of the inspection we spoke with six staff to gain their views about working for the service. Healthcare professionals were approached for comments about the service and any feedback received has been included in this report.

As part of the inspection we reviewed six people's care records and five care plan folders within people's own homes. This included their care plans and risk assessments. We also looked at the files of six staff members and their induction and staff support records. We reviewed the service's policies, their audits, staff work sheets, complaint and compliment records, medication records and training and supervision records.

# Is the service safe?

## Our findings

People told us that they felt safe when receiving their care. Comments included, "The staff let themselves in using the key safe and ensure the door is locked when they leave." And, "I never have any concerns about any of the staff and not feeling safe."

The manager was clear about their responsibilities in regards to safeguarding people and managing incidents. They made the appropriate referrals when situations were viewed as potential safeguarding incidents and were open and transparent when things went wrong. They took corrective action to prevent situations from reoccurring. Staff knew how to protect people from abuse and avoidable harm and all had completed relevant training and received regular updates. Staff were able to explain how they would recognise abuse and who they would report any concerns to. The service had policies and procedures in relation to safeguarding people and these helped to guide staff's practice and helped to give them a better understanding. The service had a flow chart which provided staff with guidance and information on who to contact and what to do. The service also monitored safeguarding's to ensure staff had followed the correct procedures and to ensure people were helped to be kept safe.

Staff spoken with stated they would feel confident in raising any safeguarding concerns they may have and they found the management supportive when they had raised issues in the past. This showed that staff were aware of the systems in place and these would help to protect the people receiving a service. Staff told us that there were body map charts in people's care files that they would complete if they noticed any marks or bruising when they were assisting with personal care. Feedback from staff included, "I would call the office if I had any concerns" and, "There is always someone at the office to speak to." Staff were also aware of the whistle blowing procedure and described who they would speak to if they needed to report anything.

Risks to people's safety had been routinely assessed at the start of a service and these had been managed and regularly reviewed. People stated they had been part of the risk assessment process and a variety of risk assessments had been completed. These related to the environment and people's mobility needs and had clear instructions to staff on how risks were to be managed to minimise the risk of harm. Copies of this documentation could be found in people's homes and helped to ensure staff had up to date information and were kept safe. There was also a form for staff to sign to show that they had read the document and was aware of the content. The service also used an electrical device (CACI) to advise them of visits they have allocated to staff. This device was used to advise staff of any risks in people's homes and ensured they had up to date information.

The service was run from a self-contained office, which has access for those people who may have a disability. Appropriate risk assessments were in place and the service had appropriate insurance in place.

People told us they thought there was enough staff and they had received the care and support they needed from the care staff. People had received regular care staff whilst being with the service. This enabled people to build up trusting relationships with the staff.

Staff employed at the service had been through a thorough recruitment process before they started work for the service. Staff had Disclosure and Barring checks in place to establish if they had any cautions or convictions, which would exclude them from working in this setting. Staff members confirmed they had completed an online application form outlining their previous experience and provided references. They had also attended an interview as part of their recruitment. Checks to staff files during the inspection showed that the correct documentation had been sought and the service had followed safe recruitment practice. Staff spoken with told us that they thought the recruitment process was thorough and confirmed that relevant checks had been completed before they started work at the service.

The service had a disciplinary procedure in place, which could be used when there were concerns around staff practice and helped in keeping people safe. Staff were supervised and if necessary the disciplinary procedure was used to terminate an unsatisfactory staff member's employment.

The service had systems in place to assist with the management of people's medication. Staff had received mandatory medication training as part of their induction and regular updates had been organised to help ensure people received their medication safely. Any assistance with medication had been identified during the initial assessment and was part of the person's care plan. Care plans seen, clearly stated, whether assistance with medication was needed, but most people did not need assistance from staff due to having relatives who could assist or they were self-medicating.



## Is the service effective?

### Our findings

People were happy with the care they received and felt the staff had the right skills and knowledge. Feedback included, "The care is very good, I have no complaints" and, "The staff know what to do and I only have to ask."

Newly recruited staff had completed an induction training programme before they started working in the community. This included information and guidance on how to meet the needs of the people using the service. Induction training covered areas such as health and safety, safeguarding and moving and handling. The service had implemented the Care Certificate, which is a recognised induction training course for people working within the care sector. New staff would also shadow other staff before they worked on their own and this allowed the new staff member the time to understand their role and the standards expected of them. Induction records seen confirmed that each staff member had attended an appropriate induction relevant to their experience. Staff told us the induction training they received was good and provided them with the knowledge they needed.

People felt the staff had the skills to meet their care needs and a number of staff had achieved a recognised qualification in care. Staff also told us they received both mandatory and additional training regarding specific conditions, which had provided them with the skills and knowledge to provide appropriate care to people. When looking at the training records this included dates when staff had received training and when updates would be required. It was noted that the document had a number of gaps in some areas of training. For example, training needed updating for some staff members in areas such as MCA, medication, health and safety and lone working however, the manager had put plans in place for this training to take place in the very near future.

Staff stated they received regular supervision and support, but only received a formal supervision every six months. They said that during this session they would be given the opportunity to discuss their training and development needs. A weekly team meeting was also held and this provided them with support and they would discuss any concerns they may have with their work and share any relevant information. One staff member told us, "There is always someone available to talk to in person or at the end of the phone." And, "I always feel supported." The manager told us that supervisions had not taken place as regularly as they should, due to staff work commitments. They were in the process of putting in place measures to enable staff to be formally supervised on a regular basis.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager had a good understanding of the Mental Capacity Act (MCA) 2005. Staff confirmed they had received training in MCA both during induction and at regular refresher training. Staff were aware how to

keep people safe and protect their rights and the service had recently ordered small information cards so staff could carry these with them at all times. Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. They said they would recognise if a person's capacity deteriorated and that they would discuss this with their manager. People told us that they had agreed to the service providing their care and support and the service had been proactive in ensuring people had been part of the decision making process. Files contained a form for people to sign to say they agreed with their care plan, but the actual assessment and care plan form did not have a space for people to sign to give consent. The registered manager agreed that they would look at their present forms and ensure either the person receiving the care or their relative signed to give their consent to care. People had given consent for staff to assist with their medication.

Some people did receive assistance with meals, but this was usually in a 'reablement' form and staff assisting them to be independent. Staff told us that they would ensure that people had access to their food and drink before they left the person's home. They added that if they had any concerns that someone was not eating properly they would speak with their manager so that they could contact other health care professionals and get help and advice if needed. Feedback from people included, "They help me to heat my dinner in the microwave and always make sure I have access to a drink before they leave." and, "I can get my breakfast myself but the staff always ask if I can manage."

People had been supported to maintain good health, access healthcare services and receive on-going support. The manager told us that they worked in partnership with other agencies and this included, Age UK, the falls prevention team and Health watch. They also had a physiotherapist employed by the service this meant that people did not have to wait for a referral process to take place. Staff confirmed that referrals were put through for equipment to Occupational Therapists, if it was identified that people needed additional equipment to support them with their care needs. Where areas of concerns had been identified by the assessment and reviewing staff, they had made appropriate referrals so that extra support could be gained. Staff told us that when they noticed a change in someone's health or if their needs changed they reported it to the office or call an emergency service.

## Is the service caring?

### Our findings

People told us the staff treated them with kindness and compassion. They added that staff assisted them when help was needed and they all agreed that they had shown improvement and were more independent since their visits had started. Comments included, " I couldn't get out of bed on my own to begin with and had a bed downstairs, now I am able to go back upstairs to sleep, don't know what I would of done without them." Another person told us, "The staff are very good at getting me to do things for myself if I can."

Everyone we spoke to told us they felt that staff listened to them and helped them with their care to enable them to be more independent. The people we visited had shown improvement over the time the care staff had been calling in.

People told us that the staff were, 'caring and respectful.' Comments included, "The staff are lovely I need full help with intimate personal care and they are only young girls but are very respectful and make me feel at ease, I cannot fault the staff." and "Lovely carers can't do enough for you." They People said that staff were cheerful, friendly and respectful.

Staff understood people's day to day care needs this included any care needs due to people's mobility, health or diverse needs. Clear goals had been set with each person during the assessment process and staff then helped them to work towards these and regularly reviewed their progress. Staff understood the support each person required to meet their needs and to help keep them safe. Weekly meetings were also held with staff to discuss each person's improvements and where extra support may be needed.

For people who needed extra support to make decisions about their care and support, the service had information about advocacy services or had involved relatives. Advocacy services help support and enable people to express their views and concerns and provide independent advice and assistance where needed.

## Is the service responsive?

### Our findings

People were happy with the care they received and told us they had been fully involved in their care plan however, a couple of people told us they had specifically asked for a female carer and on occasion a male carer had turned up to give them their personal care they and refused the care and a member of their family had to support them with this. I discussed this with the manager and was told, "We do try and ensure people have their care provided by their choice of gender staff, and this is stated on their initial assessment however, there may be an occasion when it has not been possible for this to happen because of staff sickness or annual leave."

People's care needs had been assessed before receiving a service, which helped to ensure the service was able to meet their needs. A care plan had been produced and this contained a variety of information about each individual person and covered their physical, mental, social and emotional needs, plus the care they needed. Any care needs due to the person's diversity had also been recorded and staff were aware of people's dietary, cultural and mobility needs. Due to the nature of the service each person also set themselves three or four goals they would like to achieve whilst regaining their independence, for example, making a hot drink for themselves. People confirmed the service met their needs and they had been involved in the assessment and planning of their care.

People confirmed that before the service commenced they had received a visit from an assessment and review co-ordinator in order to assess their needs and ask their preferences about the support they would be offered. One person told us, "They came before hand and talked to me about the help I would need, they were very good and listened to me." Staff stated they received enough information to provide the care required. There were a number of ways they received which included, written guidance, emails and via their electrical gadget called Caci.

People had been involved in the planning of their care through the assessment and care planning process and also at on-going reviews of their care and support. People had signed to say they agreed with the care as part of the initial assessment process. People had care plans within their homes which advised staff on what care they needed assistance with. Staff we spoke with were knowledgeable about their role and the people they supported.

Care plans were regularly reviewed and updated over the six week period people received their reablement service. The assessment and reviewing staff would visit regularly to see how people were improving, checking what they had achieved on the goals they had set and monitoring their independence. Staff had weekly meetings with the management team to discuss people's progress and identify any changes in their care or extra support they may need. The registered manager also met with health care professionals in their team to ensure people received personalised care and they were responsive to their needs.

There were effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This information could be found in the care folders in people's homes. Where

complaints had been received there were records that these had been investigated and action taken. Senior management in the organisation monitored complaints, so that lessons could be learned from these, and action taken to help prevent them from reoccurring. The service was also in the process of introducing a new system that would document missed visits, complaints, safeguarding etc., so they could look at trends in the service. The registered manager felt this would improve communication and also the quality assurance of complaints.

People confirmed they knew who to contact if they had a concern and all knew where to find this in the folder in their home. Staff spoken with said they knew about the service's complaints procedure and that if anyone complained to them they would advise them what to do, or would notify the manager. One person told us, "I have nothing to complain about but I know how to complain and I would if I needed to." Compliments the service had received included, "I would like to thank Essex Cares for their kindness, friendship and support."

## Is the service well-led?

### Our findings

The service had a registered manager who was aware of their responsibilities. The service also had upper management to help support the day to day running of the service, the managers and staff. Staff told us the management team were approachable and supportive.

The ethos of the service is to provide short term care for people to enable them to regain their independence. The service empowers people to make decisions and set goals to help them achieve their independence again. The service was very person centred and care was arranged around each person's individual needs and situation. People were actively involved in their care and through regular reviews the support they received was changed to meet their needs. Where people were unable to achieve independence the service supported them to obtain a service that was more appropriate to their needs. Both management and staff were very focused on the service they provided people and always looking at ways this could be continually improved. Feedback from people included, "Staff that have come to support me have been great."

People benefited from staff that received regular support, attended regular staff meetings and could gain help and advice when needed. This enabled them to be clear about their roles and responsibilities and continually improve their care deliver. Staff told us that they felt listened to and were kept up to date with information about the service and the people. They added that management had an 'open door' and they could call in at any time. Feedback from staff included, "We have a really good team and the service is well managed" and, "(Registered Manager) is great and really supportive with professional development." Staff told us they liked their jobs and morale was good amongst the staff team. Some other comments from staff included, "I love my job, I get job satisfaction every day."

The service had clear aims and objectives, which included dignity, independence and choice. The ethos of the service was made clear to people through the service's aims and objectives and staff had a good understanding of the standards and values that people should expect. These were also covered as part of the staff induction and the Care Certificate.

Management had regular meetings to identify any areas of work that would need to be completed during that week and also looked at any audits that have been completed and discuss plans of action. They had systems in place to try and improve the quality of the service people received and act when issues were brought to their attention. The service provided questionnaires to people after the six week service had ceased, the responses were collated each quarter and the results shared during team meetings and with the quality team. This provided the registered manager with regular feedback about the service people received and an opportunity to develop it further.

People received good quality care and the service had a number of systems in place to help monitor the standard of care received. The registered manager had carried out a range of regular audits to assess the quality of the service and to drive continuous improvements. These included checks on staff recruitment, service user files, care reviews, staff training and supervision, and issues relating to the quality of care people

received. They also had a system which enabled them to monitor missed visits, complaints, safeguarding's, referrals etc. and a monthly report was printed off and analysed. The service had an internal audit report completed which provided an independent overview of the service. The service had robust data and management systems in place standard of service to people. The registered manager attended weekly or monthly meetings with a number of other healthcare professional organisations, with the aim of improving the service and communication. One healthcare professional told us that they had regular meetings with the registered manager and the team and this was an opportunity to share views and discussions regarding people who received a service. It was an opportunity to look at what further services they may require. Feedback included, "I have an excellent working relationship with ECL, and communication between us is great." And "I feel listened to they take on board my views and we are able to discuss everything, I have never had a problem, they provide a really good service."