

Essex Cares Limited

Essex Cares West

Inspection report

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11 October 2017
26 October 2017

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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

This comprehensive inspection took place on the 10, 11 and 26 of October 2017. We last inspected the service in September 2016 following the service being rated as Inadequate in March 2016 and placed in special measures. In September 2016 we found that the service had made improvements and they achieved a requires improvement rating without breaching the Health and Social Care Act. We found further improvements were needed to medicines management and care plans. During this inspection, we found that the provider had improved these processes and had made significant improvements to the running of the service.

At this inspection we found 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 was 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 service in all areas.

Essex Cares West were providing short six week care packages to 20 people in their own homes. This was a new contract and the service worked within local hospitals, and with the local authority to support people leaving hospital until a permanent care package could be found or people were able to manage independently without support.

A registered manager was in place. 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.

The safety of people who used the service was taken very seriously and the provider, the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

People told us they felt safe. Staff had undertaken training on safeguarding adults from abuse, and put their knowledge into practice. Where staff had raised alerts the service managed the concerns promptly and where required, carrying out thorough investigations to protect people.

We saw that staffing levels were suitable to meet the assessed needs of people in the service. Staff recruitment was thorough with all checks completed before new staff had access to vulnerable people.

People unanimously told us that staff consulted them about how they wanted their care to be provided. People's needs, preferences and goals were recorded in their care plans for staff to consult.

The provider had developed strong links with the local community. They worked alongside other

organisations to ensure they followed current good practice in the delivery of people's care.

The provider valued their staff and saw them as an asset to deliver high quality care to people. They appreciated that people wanted consistency in their care and that the way to achieve this was through staff retention. To achieve this they had identified a range of ways to retain their staff, which enabled them to attract and retain good quality staff to deliver high quality care to people.

Staff were encouraged to be involved and help drive continuous improvements. This helped ensure positive progress was made in the delivery of care and support provided by 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.

Medicines were managed safely to ensure people received their medicines as prescribed.

Risks to people were identified and there were plans in place to manage the risks.

There were sufficient numbers of staff to support people and effective recruitment systems were in place to ensure staff were suitable to work with vulnerable people.

Is the service effective?

Good ●

The service was effective.

People received care from competent, knowledgeable and skilled staff.

Staff understood their responsibilities to ensure people's rights were protected and that people were supported in line with the principles of the Mental Capacity Act.

Staff were supported through an effective supervision and appraisal process.

Is the service caring?

Good ●

The service was caring.

People told us the staff were caring and professional promoted their independence at all times.

Staff were committed to the service they were providing and went to great lengths to improve people's well-being.

Staff built meaningful relationships with people who used the service and given time to meet people's needs.

Is the service responsive?

Good ●

This service was responsive.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences.

People knew how to raise complaints. They told us that they had never had cause to raise a complaint, but they felt comfortable about contacting the senior team if they needed to. People's views were valued by the service and were used to drive continuous improvement.

Is the service well-led?

The service was extremely well led.

The provider, registered manager and staff shared the same vision of providing the best possible care to people using the service. The service played an active role in the local community and collaborated with other organisations and services in the area.

The registered manager and clinical governance team had implemented robust systems and processes to monitor the quality of the service which were used to drive continual improvement.

The provider was focussed on continual development and growth in line with industry best practice.

Outstanding 

Essex Cares 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 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 10,11 and 26 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 one expert by experience, who carried out phone calls after the visit to the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also made visits to people in their own home. Prior to the inspection, we reviewed a Provider information return (PIR). This is document that providers are required to send to us, which details any risks at the service.

We spoke to various members of the staff team. This included the registered manager, a physiotherapist, clinical governance lead, three trusted assessors, and three members of care staff. We visited four people and two relatives in their own homes, and spoke to a further six people and one relative by telephone. We also attended a staff meeting at the service.

We also sought information from the local authority and local commissioning teams and other health professionals such as social workers and health visitors.

As part of the inspection we reviewed seven care records, training records, three staff recruitment and support files and records which related to the management of the service.

Is the service safe?

Our findings

At our last inspection we found the provider had not ensured people's medicines were always managed safely. Following that inspection the provider had responded immediately sending us a full audit of their medicines. At this inspection we noted improvements had been made.

People told us that staff supported them with their medication safely, one person told us, "They do my meds how I like it." We looked at the way the service supported people with their medicines. There were various processes in place in response to people's individual needs, abilities and preferences. Each person's ability and preferences to manage and be involved with their medicines had been risk assessed. There were individual plans in place to direct staff on providing support. All the MAR (medicine administration records) seen were well presented and organised, complete and up to date. Medication was audited monthly and trusted assessors checked records in between. We saw that the registered manager listened to feedback from staff and during a staff meeting we attended, staff suggested a different format for the MAR. The registered manager immediately agreed to this and told staff they would be ready for the new month. All medication information was kept in a red folder within each person care file. Different colours had been implemented so staff could easily recognise if people had antibiotics, 'as required' (PRN) medicines or high risk medicines. Guidance had been produced on the introduction to this folder informing staff that blue coloured MAR was for PRN, yellow for warfarin and green for short term medication. This folder also contained information on any creams required and where they should be applied.

We noted that staff knew how to keep people safe and they had received training to enable them to identify when people may be at risk of harm or abuse and what actions they could take to protect them. Staff were provided with information about whistle blowing and safeguarding in various formats. Staff were given safeguarding and whistle blowing statements that provided staff with information and what the provider expected from staff in relation to keeping people safe from harm. Staff also had access to the provider's policy and procedures on both safeguarding and whistle blowing. One staff member told us, "It is straight forward here, we would go to the manager or CQC."

Staff told us there was an on-call system to ensure people and staff had 24 hour access to assistance in the event of an emergency. The registered manager was proactive in identifying any potential issues, which could impact on people's safe care. The registered manager reported concerns, accidents, and incidents through their electronic monitoring system which was overseen by the clinical governance team and the provider. This system was used to record information, track responses, investigations and completion dates within agreed timescales for accidents, incidents, medicine errors and complaints.

Potential risks to people's health and wellbeing had been assessed and each person had personalised risk assessments, which identified the risks they could be exposed to, and the support needed to minimise the risks. We saw that the risk assessments had been reviewed regularly and discussed in weekly multidisciplinary meetings to identify when people's needs changed. The trusted assessor had also completed an assessment of people's homes to ensure that they were free from hazards that could put them, their visitors and staff who supported them at risk of harm. The occupational therapist had identified

a risk to one person in relation to evacuating their property in the event of a fire. The OT had referred the person to the community team and a door and ramp was being organised. We also noted the provider had introduced the Herbert Protocol, which is a national scheme, introduced in Essex by Essex Police, in partnership with other agencies, including Alzheimer's Society, Essex Search and Rescue, Essex County Council and the unitary authorities of Thurrock and Southend. The scheme encourages carers to complete a form compiled of useful information, which could be used in the event of a vulnerable person with dementia going missing.

The provider had safe staff recruitment procedures in place to ensure that only suitable staff were employed by the service. We noted that since our previous inspection staff retention was very good and people told us that there was sufficient numbers of staff to support them safely. The registered manager and her team had worked extremely hard to avoid any missed calls and conversations with staff evidenced that missed calls now were extremely rare, something the whole team at Essex Cares West were extremely proud of. The provider continued to monitor this area very seriously and responded with a formal apology and token gift to anyone affected.

One person told us, "I have never had a missed call, they are reliable." A relative told us, "They are very reliable and stay the full amount of time."

Is the service effective?

Our findings

People who used the service and their relatives were consistently positive about the staff who provided care and support. One person told us, "My carers are very helpful, caring, and jolly and the OT took me to change my watch battery. I would recommend them, as they have been excellent. They have been most helpful to me and I'm very glad that I've had the service." A relative told us, "The girls know exactly what to do and what we want done."

The provider was committed to ensuring services were provided by competent and well trained staff. A core training programme was in place that covered an extensive range of courses delivered to front line staff. Prior to the new short term contract starting in July 2017, the provider had planned additional training courses designed to meet the needs of people using the new service. Additional training included PEG feeding (short for percutaneous endoscopic gastrostomy a way of introducing food and fluids to provide nutrition to people who cannot attain an adequate oral intake from food and/or oral nutritional supplements, or who cannot eat or drink safely), stroke awareness, catheter care, stoma care, diabetes awareness and dementia training. We found the provider was pro-active in identifying training that might be beneficial to staff and had recently carried out 'Prevent' training, a course designed to help staff recognise behaviours to prevent radicalisation.

Staff told us that the training they received gave them the confidence to do their job well, one staff member said, "I have had assessor training for the new service where we looked at equipment that might be required, and the OT is also available to support us with this. Another staff member told us, "There is a lot of training, which was nice, even after training they called me to see if I was confident, we are always shown how equipment works." Another staff member said, "If there is anything you want to do, you only have to ring and ask."

We spoke to the physiotherapist employed by the service who told us they intend to take over the moving and handling training provided to staff, they explained they were a qualified trainer and already worked with staff to provide support in moving people that use the service safely. They told us, "I volunteered to do care calls so I can support carers with their role and work with them to provide support to people using this service."

All new staff completed a twelve week induction programme at the start of their employment that followed nationally recognised standards. Staff told us they had completed an induction which had involved a variety of training courses, the expectations of the organisation, policies and procedures and spent time working alongside regular staff. A checklist is completed with new staff members and observations related to nationally recognised standards are completed by trusted assessors. Local business managers supported staff with their induction workbook and will only sign off staff as competent when confident that staff have met standards. The registered manager also samples new starter's workbooks to check that required standards are being met.

Staff said they felt valued and supported in their role by the registered manager and the provider. Staff

received regular supervision with the registered manager and local business managers which included regular observations of their working practice. This was then discussed as a way of improving their practice. One staff member told us, "I have this every month. I have had input into how all the forms needed to change for the new service, they have been very open with us, tweaking and changing forms when we suggest it." Another staff member said, "I emailed a suggestion for a word change in a health related document and it has been updated, there is constant two way communications." In a recent staff survey, 100% of responders were 'satisfied with the training they had received'.

The registered manager, provider and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Staff had been trained to understand and use these in practice, the registered manager told us that currently people using the service had capacity for all decision making. Care plans clearly documented people's ability to make their own decisions and how staff should support them. Staff spoke confidently about how they supported people with decision making. The subject was discussed in team meetings and scenarios were included to support staff understanding.

Staff were effective in supporting people to have enough to eat and drink. One person told us, "I choose my food and they prepare it, they always make me a cup of tea." Another person told us, "They come at breakfast, lunch and tea, it covers all eventualities and they provide my meals, I have no complaints." A staff member told us, "We try to accommodate all requests, one person likes tea and biscuits in bed before they are supported with personal care and we are there to keep to people's own routines as much as possible." During a visit to a person's home, a staff member made sure that the person had sufficient drinks available to have after staff left. They also encouraged the person to drink more as they were concerned about the person not drinking enough." When we checked the person's care plan, we noted that the previous staff member had already reported this concern to the office who were following this up.

The service had strong links to local services, which helped enable people to have access to the services they required. One relative told us, "When [family member] was unwell they were not looking at time at all, they were amazing and waited with us until the GP arrived." The care team also kept in regular contact with community nurses, GPs and community therapists to keep updated about services available, and joint working opportunities to support people. One staff member told us, "The occupational therapist is great at finding out about other services people can access, for example one person needed emotional support following the death of their partner. We gave them information about a local service that supports people following a bereavement.

Is the service caring?

Our findings

People consistently described staff as having a caring attitude and felt staff treated them with kindness and compassion. Comments included, "They really help me with the things I cannot do", "Carers are very nice and cheerful and I wish they did not have to go. They do more and go beyond helping me", "They could not be more pleasant and are very nice, all of them", "It's brilliant, they are all lovely and all so nice to me. If I feel a bit down they always cheer me up", "They don't rush and they stop and have a chat with me." A relative told us, "I am really pleased, my [family member] is happy with the care, they cannot do enough for my [family member]." Another relative told us, "I cannot fault them and just wish they could stay but they did explain they were short term."

We visited people with the trusted assessor and they greeted people in a warm and friendly manner. The trusted assessor clearly knew people and their relatives, and checked with them that they had everything they needed until their next visit. During one visit we saw where the person had been supported to be as independent as they could be and was about to have a review to discuss the next steps. The trusted assessor discussed with them another piece of equipment that had been ordered and said they would check if this had arrived and deliver it personally.

At two visits where relatives were present we were told that they had this trusted assessors telephone number and felt confident to call if they needed anything clarified or wanted to ask advice about something. One relative told us, "Everything has been explained and [named assessor] keeps us up to date, but I am reassured they will continue until another provider has been found." Another relative said, "I have [trusted assessors] direct number who I know leads the team and that has been a great relief."

Staff consistently told us the organisation had a caring ethos and positive caring relationships were nurtured and encouraged. Staff said they had the flexibility to respond if people were in need or if people were distressed. They told us they were supported to stay extra to ensure people were happy and content before leaving them. This caring culture was extended to supporting relatives too. Staff we spoke with had an excellent understanding of the service they were providing and understood the ethos of enabling people to be as independent as they could be. One staff member told us, "I do not rush, I don't think about time as people will take as long as it is needed and managers are very supportive of this." The staff member explained that the provider listened if more support was needed but said in their experience support was usually decreased as people received the support they needed to reach their goals.

People's privacy and dignity were respected. Staff went ahead of us to remind people of our visit and check they were suitably covered and bathroom doors closed, before we entered their homes. One person told us, "They shower me how I like it and are so nice to me." Another person said, "They are very respectful in my home."

People told us that staff consulted them about how they wanted their care to be provided and gave them choices. A person told us "I find overall they are good, I had to tell them how I liked my tea and they have now got it off to a fine art." Another person told us, "They came to discuss the service and I have a booklet all

about it."

Is the service responsive?

Our findings

At our last inspection we found care plans were brief and lacked detail. At this inspection we noted improvements had been made and care plans reflected the care people were receiving.

The service worked with the local authority to provide a short term service for people usually following a hospital admission. An assessment was carried out in people's own home to further explore what support might be required to enable them to regain full independence or support them to access the right support following the assessment period. Trusted assessors responded to requests from the local authority to avoid the blocking of hospital beds or provide support in crisis situations. People were involved in formal assessment and reviews of their care needs.

Trusted assessors carried out a comprehensive assessment to find out what people wanted from the service and inform people what the service was able to provide. This focused on supporting recovery, stabilisation, and confidence building and ensured agreed outcomes were achieved. Following the initial assessment trusted assessors then carried out a review after seven to 10 days, and again at regular intervals. A full review was held at the end of the six-week period or sooner if the person had recovered well enough to support themselves independently, or if it was identified that longer support might be required. A booklet was given to people using the service that explained in detail all aspects of the service.

People told us their needs had been assessed before they received a service. A person told us "They came to visit me and told me about the service." Another person said, "The carers are very cheerful, I don't think I would have made any progress without them."

People received care that was personalised and responsive to their needs. Their preferences and goals were noted in their care record. New information or requests were noted in people's daily records and information was shared with staff using the electronic communication system [CACI]. Trusted assessors also told us they often telephoned staff with updates to ensure information staff required was current. In addition, at the staff meeting we attended staff suggested that an update sheet should be added at the front of the care plan to support staff to see updates at a glance and see more clearly how people were progressing with their identified goals. Following the inspection the registered manager sent us a copy of the update sheet that was to be added following what staff had suggested. Daily records demonstrated people regularly received support consistent with their care plan.

Care plans detailed what the person was able to do independently and what support that might need from staff. One person told us that their goal was to access their shower, which they had achieved, they said, "We set a goal to use the shower and they helped me straight away." We saw that the service had created a 'things about me' document that was about to be added to the care plan to further capture things that were important to people using the service.

The provider had successfully recruited and employed an occupational therapist and physiotherapist and people told us these visits had been a great help. When we visited one person in their home, we could see

that the occupational therapist (OT) had identified risks in relation to a person's mobility and provided a grab rail to promote their independence in moving around. The registered manager also provided us with some examples of how the appropriate input initially had supported people. One person's goal was to complete transfers safely, mobilise using a wheelchair with minimal assistance, manage personal care needs independently or with minimal assistance and to be able to wash and dress independently or with minimal assistance. The person had regular sessions with the physiotherapist and the service was able to reduce the person's package of care as they regained their independence. Another person wanted to use their mobility scooter outside and had already managed this successfully.

The provider had a compliments, concerns and complaints policy, which outlined to people how and to whom they could address any concerns they had with the service. The policy detailed for people how their complaint would be handled and how to take it further in the event people were not satisfied with the response. All complaints were logged onto the provider's electronic system so responses, investigations and outcomes could be tracked. One complaint we looked at contained detailed responses and information provided to the complainant and the service shared this information with the local authority.

A new customer satisfaction process was put into place which meant that only people who had consented to be surveyed were contacted. This was usually done within four weeks of the end of their support. People either were contacted by phone or received a face to face visit. People's feedback included. "Excellent, fantastic", "Hope future services will be as good as you lot", "Empathetic approach to care" and, "Cannot thank you enough."

Is the service well-led?

Our findings

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

The provider in conjunction with the local authority had taken on a new contract to provide short term support to people in the community. This service was for people that required intensive support to aid recovery following a stay in hospital or a period of ill health. The provider had taken a robust approach to starting this service by gradually taking on additional packages only when staffing and resources were in place.

The provider had produced a comprehensive pack that included information about the service, a complaints leaflet and various other leaflets signposting people to other services that might be useful. This considered approach meant that people using the service had a clear understanding of what the service provided and were consulted about what they wanted from the service.

We found that the provider had improved the culture and the running of the service and systems and processes were in place to demonstrate that these improvements had been sustained. The provider had plans in place to ensure that they continued to learn and improve and had created a firm foundation to work towards providing an outstanding service in all areas. One person said, "I'm very happy with the service and would recommend it. They're lovely." A relative told us, "They're very helpful and we would recommend them." Staff understood their role, what was expected of them, were happy in their work, were motivated and had confidence in the way the service was managed. One new staff member told us, "I love it, it is a really positive atmosphere and a challenge. I can pick up the phone and speak to anyone including the directors." Another staff member told us, "This company are very supportive."

A staff newsletter was produced each month which kept staff informed about all aspects of the organisation and the services it provided. The provider had carried out a series of staff road shows, which updated them on current services and fed back results from the previous year's staff survey. The results of the current years staff survey was currently being analysed but initial results looked extremely positive with 100% of returns so far agreeing with the question, 'I am proud to work for ECL'. A loan scheme had been introduced to support staff when they first started work, this ensured they had funds available until they received their salary or mileage payments.

The physiotherapist and occupational therapist supported staff with learning and development. Staff we spoke to told us how they found this resource really helpful to meet the needs of people effectively and promote their independence. One staff member told us, "It is a great support and I have learnt a lot from them." Another staff member told us, "It is really helpful having their support, they come out and assess with us or carry out joint visits with us."

The physiotherapists and occupational therapist working at the service had taken a lead in communicating with other health and social care professionals locally to ensure people received the right support and

enabled positive transitions between services. The physiotherapist working at the service told us, "I have been involved in linking with health services and this has meant we have clinical collaboration, I have time in this package for intensive physiotherapy, but can also link with the community team and local GP's if more support is required." This collaborative working had also meant the physiotherapist working with the service was able to obtain prescribing rights to provide people with the equipment they required to support their independence. The service had also worked closely with other organisations such as local hospices, the local authority and other specialist services in the area.

Staff were supported at all levels and various meetings were organised as support mechanisms for staff. Therapists attended monthly peer meetings and registered managers attended quality improvement forums which gave them the opportunity to share good practice or discuss any concerns they might have.

At the staff meeting we attended, we saw the OT give a demonstration to staff on the use of in situ slide sheets. The OT had put together pictures of numerous handling techniques, which were also used with staff in team meetings. The registered manager used team meetings as opportunities to enhance the knowledge and skills of their staff and reflect on their practice. Staff participated in role-play scenarios and workshops. For example, a senior member of staff had played the role of a person about to use the service and trusted assessors had to write a person centred care plan. Staff were able to question the role player about their likes, dislikes, goals and aspirations and develop a care plan specific to what the person wanted. These workshops supported staff on an on going basis to remain updated about any new initiatives or best practice. Another staff member said, "They really motivate us to progress here, it is the best job I have ever had." We saw a new member of staff speak confidently in the staff meeting about a concern they had and other staff members responded with advice and support.

Staff were highly complementary about the style and leadership of the registered manager. One staff member told us, "The registered manager is always available and very supportive, I can discuss anything with them." Another staff member said, "[Named registered manager] is a really good manager which is why staff go above and beyond." A third staff member said, "I could not ask for a better manager, we work things through together, I know they could probably have an office but they choose to sit with us as part of the team."

The registered manager had recently introduced a staff handbook file that contained one page guidance documents on a variety of subjects. These included equality and diversity, communication, duty of care, person centred working, inhalers, dehydration, dementia and guidance on various religions and cultures. This meant staff had information to refer to whenever they needed it.

There was an effective quality assurance system in place to drive continuous improvement within the service. Registered managers carried out a range of comprehensive audits to ensure staff records, customer records, medication records and support plans were up to date. The Governance team also carried out inspections 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.