

Essential Social Care Limited

Essential Social Care 13 Panfield Road

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

This inspection took place on 15 and 22 December 2015 and was announced. We gave the provider 24 hour notice of the inspection because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The service was registered with the Care Quality Commission in July 2011.

Essential Social Care is a domiciliary care provider offering support to adults with learning disabilities and associated mental health conditions. At the time of this inspection, 17 people were using the service. The service provides support for people living in Greenwich and Bexley boroughs.

There was no registered manager in post at the time of our inspection. The manager appointed into post was in

Summary of findings

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

People using the service felt safe and that staff treated them well. The provider had safeguarding adult's policies and procedures in place and staff understood of their responsibility to safeguard the people they supported from abuse. There was a whistle blowing policy and procedure also available and staff said they would use it if they had any concerns. Risk to people had been assessed and the assessments were regularly reviewed to ensure risks were safely managed. Appropriate recruitment checks took place before staff began working at the service and there were enough staff on duty to meet people's needs. People's medicines were managed safely and people received their medicines as prescribed by healthcare professionals. The provider had arrangements in place to deal with foreseeable emergency.

Support was in place for staff in the form of induction, training and supervision to ensure they had appropriate

skills and knowledge to perform the role which they had been employed to undertake. Both staff and the management team demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to have sufficient to eat and drink for their wellbeing. Where required, people had access to a range of health and social care professionals.

People's privacy and dignity were maintained and their independence promoted. People were supported to keep relationships with their friends and family.

Each person using the service had a support plan in place which was reviewed every six months or when a person's needs changed. People were engaged in various activities of their choice to ensure they were stimulated. People knew how to make a complaint when they were not satisfied with the service. The provider had systems in place to monitor the quality of the service and this included tenants' meetings and audits at the various supported living sites. Where improvements were identified, there were action plans in place to improve the service delivery.

All staff we spoke with were happy working at the service.

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 safeguarding adults and whistleblowing policies and procedures in place and staff were aware of their responsibility to protect people from abuse.

Risk to people were assessed and relevant action plans were in place to manage risk safely.

There were safe recruitment procedures in place and there were sufficient staff available to support people when they needed it.

Medicines were managed safely and people were receiving their medicines as prescribed by healthcare professionals. The provider had plans in place to deal with foreseeable emergencies.

Good



Is the service effective?

The service was effective. Staff received induction, training and supervision to support them carry out their roles effectively.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005. This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required and the service worked well with professionals to ensure people's health needs were met.

Good



Is the service caring?

The service was caring. Staff understood people's care needs and supported them in ways that met their needs.

People said their privacy and dignity were respected and we found that people's independence was promoted.

People were encouraged to maintain relationships with their family and friends.

Good



Is the service responsive?

The service was responsive. Each person using the service had an individualised care and support plan in place to ensure their needs were met.

People were engaged in a range of activities to keep them stimulated throughout the day.

The provider had a complaint policy in place and people who use the service and their relatives knew how to complain if they were not happy with the service.

Good



Is the service well-led?

The service was well-led. There was no registered manager at the time of our inspection; however, we received confirmation of the appointed manager's registration soon after our inspection.

The provider had monitoring checks in place to ensure the quality of the service was maintained and improved where required. People were provided with opportunities to provide feedback about the service they received.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 15 and 22 December 2015 and was announced. We told the provider 24 hours before our visit that we would be coming. We did this because we needed to be sure the manager would be in when we inspected.

Before the inspection, we looked at all the information we had about the service and this included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The inspection team on the first day consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors attended the office and a supported living setting on the first day of the inspection. A single inspector visited another supported living setting on the second day of the inspection. The expert by experience also spoke with people and their relatives on the telephone to gather their views about the service.

We spoke with six people who used the service and six relatives on the telephone. We visited two supported living services where we spoke with two people. We spoke with the operational manager, two service managers and three support workers. We looked at six support plans, three staff files as well as records relating to the running of the service such as policies and procedures.

During our inspection, we contacted various health and social care professionals involved in people's care to seek their views about the service.

Is the service safe?

Our findings

People said they felt safe, happy and at ease when staff provided them with support. One person told us, “They are okay with me and they don’t really get grumpy with us and they are pleasant and not shouting at us...yes, they make me relax and at ease.” Another commented, “The staff are polite and friendly...I feel safe and protected.” Relatives we spoke with felt their loved ones were kept safe. A relative told us, “He is safe and seems happy enough”. Another commented, “He gives off all the signs to me that he is happy and feels safe.” One other said, “Nothing seems to distress him there and I’ve not seen anything like abuse.”

There were procedures in place to protect people from the risk of abuse. Safeguarding adults and whistleblowing policies were available to ensure staff were aware of actions to take if they had any concerns of abuse. Staff we spoke with knew of the types of abuse and how to recognise them. They were aware of their responsibility to report abuse to their manager. Staff understood whistleblowing procedures and told us they would escalate any concerns. One member of staff said, “If I am not satisfied with the resolution, then I will go right to the top, and inform the Care Quality Commission.” However, at the time of our inspection, staff told us they did not have any concerns they would like to raise with us. Where required, the provider had followed appropriate local authority safeguarding reporting protocols as well as notifying CQC. All staff had completed safeguarding training to ensure they had appropriate skills to protect people they support from abuse.

People’s support plans included risk assessments which had been conducted in relation to their support needs. Risk assessments covered areas such as medication, personal care, physical and mental wellbeing, going out in the community and the use of specific areas of the service such as kitchen or bathroom. Risk assessments were specific to each individual need and included information for staff on how to manage risks safely. For example, where a person was at risk of choking, there was guidance available for staff such as ensuring food was not too hot and the size staff should cut food to and that staff should visually observe the person whilst their eating to prevent or minimise the risk of choking. The risk assessments included a section on historical risks, which gave staff

information based on the likelihood of the risk occurring. Staff we spoke with were aware of individual risks and the support to provide. Risk assessments were reviewed every six months or when a person’s needs had changed.

People and their relatives told us there were sufficient staff to support them or their loved ones needs. One person who used the service said, “There are always loads of staff around.” A relative told us, “There is always someone there.” We spoke with different members of staff at different sites and they all felt the number of staff on shift in relation to the number of people using the service and the level of support they required was adequate. One member of staff told us, “There are definitely enough staff on duty, if there is an additional activity, management will make sure there are extra staff around.” Staffing arrangements were planned taking into consideration the number of people using the service at each supported living scheme. We looked at staff rotas for different sites and visited two supported living services and we saw that the staffing arrangements in place were sufficient to meet people’s needs.

The provider had safe recruitment and selection processes in place. Appropriate recruitment checks were conducted before staff began working at the service. Staff files contained completed application forms which included details of their employment history, qualifications and fitness to work. The files also contained two references, criminal records checks, proof of identity and the right to work in the United Kingdom.

People and their relatives told us that appropriate support was in place to manage their medicines safely. Medicines were administered safely. There were individual medicines administration records (MAR) for each person using the service. Each person’s record included their photographs, details of their GP, and information about any allergies they may have. The MAR sheets were up to date, accurate and no gaps were evident. Our checks confirmed that people were receiving their medicines as prescribed by healthcare professionals. Staff we spoke with described how to administer medicines safely and we saw from their training records that they had completed training in safe management of medicines. Each person had a medication support plan which included how they liked to receive their medicine, for example, by using verbal or pictorial prompts.

The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacy. We checked the balances of medicines stored in

Is the service safe?

the secured cabinets against the MAR for two people and found these records were up to date and accurate. A staff member told us how they consulted with the GP to ensure that any natural remedies used by people would not interfere with their prescribed medication and we saw a letter from the GP confirming such a consultation.

There were arrangements in place to deal with foreseeable emergencies. People who used the service had a personal emergency evacuation plan (PEEP) in place and we saw that this was specific to each individual need. For example for one person, their PEEP stated they had the tendency to

sleep through the fire alarm and needed to be woken up in the event of an emergency. Each person had a hospital passport in place which included their allergies, medications and likes and dislikes to ensure emergency and hospital staff were aware of their health conditions so that they could provide safe care and treatment. Staff we spoke with knew of actions to take in the event of an emergency and all staff had completed fire safety and first aid training to ensure they had appropriate skills to support people when required.

Is the service effective?

Our findings

People who used the service told us that staff took their time to support them. One person told us, “They are really good at their job; they know what they are doing.” Another person said “There is a good atmosphere and they seem to have a good way of working with people and with each other.” Relatives told us that staff were reliable and had the skills to support people both at home and when out in the community. Relatives said staff were “pleasant and professional.”

All staff had completed an induction programme when they started working at the service. The service manager informed us all staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The manager said the CIS was being replaced by the Care Certificate Standards (CCS) for all future staff “to bring us in line with Care Quality Commission recommendations.” A staff member told us their induction was, “Really good and informative”. We found that the induction programme included shadowing experienced colleagues, completing mandatory training and familiarising themselves with the service policies and procedures. All staff said they felt well supported by their colleagues and management team and we saw records to confirm all staff had completed inductions.

Staff training records were up to date in areas such as safeguarding adults, Mental Capacity Act 2005, equality and diversity, manual handling, nutrition, infection control, first aid and medication. The majority of this training was done by e-learning. A staff member told us, “I prefer face to face training, I learn better that way.” The provider told us face to face training was carried out in areas specific to people’s needs such as autism, positive behaviour support, behaviour that challenges the service, learning disability and mental health awareness. Staff had also completed Qualification and Credit Framework (QCF) training level 2 and 3 to enhance their professional development and support them in developing relevant skills and training to perform their roles effectively.

Staff were supported in their roles through regular supervision. One staff member told us, “Supervision helps me to reflect on what I have done and to discuss any arising problems in my work. We also talk about the good bits of the job.” Supervision sessions were carried out every

three months in line with the provider’s policy. The manager told us that due to the various changes the service had undergone including management structure a new annual appraisal was planned for January 2016; however, we were unable to check this at the time of our inspection.

Staff were aware of the importance of gaining consent from people when offering them support and were familiar with the requirements of the Mental Capacity Act 2005. A staff member said, “I assume that everyone has capacity. There has been an occasion where I requested a capacity assessment to clarify a person’s capacity to make choices for themselves, rather than a family member making them all.” We observed staff offering choices and respecting the decisions made by people about the food they ate and activities they participated in. The service manager told us people who used the service had capacity to make decisions around their day-to-day care and support needs. However if they had any concerns regarding someone’s ability to make a specific decision, they would work with the person, their relatives, if appropriate, and any health and social care professionals involved in their care and support to undertake a capacity assessment and ensure appropriate support was in place for them. Where people were unable to make specific decisions for themselves, appropriate capacity assessments and best interest decisions were in place for them.

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. The service manager told us people were not deprived of their liberty as they were not subjected to continuous control or supervision and that people could leave the building when they wanted without restriction. The provider told us that they had not made any applications to the Court of protection to deprive people of their liberty because it was not required.

Is the service effective?

People told us that they felt supported to eat well whilst living at the service. They said staff supported them with grocery shopping and cooking. A person commented “I plan my own food and pick what I want to eat on the day. I can cook it myself, but staff are there to help if I need them.” A relative told us, “He looks well and he eats well and the food there looks good.” Each person had a budget for food and they drew up an individual weekly meal plan with a member of staff. Everyone had their allocated space in the fridge and the freezer and staff supported them to shop and prepare meals. Those with special dietary needs were assisted to plan and purchase food specific to their needs. We saw there were supplies of gluten and dairy free provisions available. People’s support plans included guidance on how their nutritional needs should be met and

staff we spoke with were aware of this. Weight charts we looked at showed people were weighed on a weekly basis to ensure any changes in their health condition was monitored and appropriate action taken.

People told us that staff supported them to book appointments with the GP, dentist and other medical services when needed. People’s care files included records of multi-disciplinary notes by other professionals such as speech and language therapists and psychologists. We also saw records of regular appointments with the GPs, dentist and chiropodist. Records showed that the service worked well with health and social care professions to ensure people’s needs were met.

Is the service caring?

Our findings

People using the service and their relatives told us staff treated them in a respectful and caring way. One person said, "Staff are very kind and funny; they tell me jokes to cheer me up when I am a bit sad." Another said, "I can go out alone, but staff always care about me and like me to keep in touch." All the people we spoke with told us they liked living at the service. Relatives told us staff were caring and treated people respectfully. A relative commented, "It's excellent and I am the most fussy parent but they have been really very good with (the relative) and at first I was very reluctant to have him leave our home...but it worked really well." Another commented, "They are worth their weight in gold. Brilliant!"

We observed positive interactions between people and staff throughout the day. We saw that staff had good relationship with people and engaged with them in a kind and respectful way. We heard lots of conversations and laughter between people and staff and we noted that people knew the staff on duty by name including the management team. Staff also called people by their preferred names when speaking or referring to them. We observed staff giving people time and space to do the things they wanted to do and respond to any requests or queries.

People expressed their views and were involved in making decisions about their care and support delivery. People and their relatives we spoke with told us that they were involved in the development of their support plans and were able to express their views as to the way they would like their support provided. One person said, "Yes, they do reviews and they listen to me and sort things out." Staff we spoke with told us that people were given choices about the food they ate and how they spent their day and this was respected. People's support plans we looked at included the things they liked and disliked and how they would prefer their care delivered. For example, one person's care plan stated they would like staff to ask them if they wanted a bath or a shower each morning and daily

care notes we looked at showed the person's choices were respected. People's support plans were signed by them to demonstrate they were in agreement with the care and support that had been planned for them.

People told us that their privacy and dignity were respected. One person said, "Staff always ask my permission before they come into my room." Staff we spoke with told us of how they supported people in ways that maintained their privacy and dignity. For example they told us they made sure doors were closed during personal care activities. A staff member told us, "I do not intrude on people's space; I let them know that I am around if they wish to talk to me." We observed staff speaking and treating people in a respectful and dignified manner.

The provider had systems in place to promote independence. People told us they were involved in shopping, cooking, tidying up their own room and accessing the local community independently on public transport. Staff told us they promoted independence by encouraging people to be involved in household activities where they could. A staff member told us of how they supported a person to "hold onto their bank card, although they need full support to manage their finances. By doing this, I feel I am empowering them in different ways." People's support plans included the things they could do for themselves and where they needed staff support to promote their independence. At our inspection, we observed a person washing their own dishes after a meal and another person laundering their clothes with staff support.

People told us staff encouraged them to socialise and maintain relationships with their family and friends. We found that people, their relatives and those that mattered to them could visit or take them out. People were also supported to spend time with their relatives on set days such as weekends or on special occasions where this had been agreed and planned in advance. The service manager told us one person was supported with video communication with their relative who lived abroad to promote their relationship.

Is the service responsive?

Our findings

People told us they were happy living at the service. People said they knew how to complain if they were not happy about the service. One person said, 'It's really nice here but I would tell them if it was not. I've not complained.... not really because I'm happy. Relatives told us they were satisfied with the care and support provided. One relative said, They look after him well and I know he is happy. I go there every week and I have never found anything untoward.' Another said "Overall I am reasonably happy. They keep him well with a range of activities like attending the day centre which he enjoys." People said they were involved and in their care and support planning and knew of the support they should receive from staff.

Assessments were undertaken to identify people's needs before they begun using the service. Support plans contained a pre-admission assessment with information shared by the placing local authority which formed the basis of the person's care and support plan. People's support plans we looked at covered areas such as personal care, medication, communication, nutrition and behaviour that challenges. The support plans included people's likes and dislikes and the things that mattered to them. Staff told us support plans were individualised to each person's needs. A staff member said, "It is not one size fits all, our support is tailor made for people." Another said, "It is all about the individual's likes and dislikes, and responding to their preferences." The care and support plans included guidance for staff and staff we spoke with knew of people's needs and the support to provide to ensure their needs were met. People's support plans were reviewed every six months or when people's needs had changed. We found that people and their relatives were involved in their care and support planning and reviews. One person told us, "I am always included in my reviews and then sign my care plan after that. Mine has been changing a lot because I am becoming much more independent." Daily support notes written by staff demonstrate the care and support delivery was in line with the care that had been planned for people.

People's support plans included their communication needs and guidance for staff on how to support each person to communicate effectively such as using short phrases, pictures, specific words or Makaton to encourage them express their views. Makaton is a language programme that uses signs and symbols to provide a

means of communication to individuals who cannot communicate effectively by speaking. People's support plans and other supporting documents were written in formats such as easy read or in pictorial form to support their understanding.

People were supported with stimulating activities. People told us of the various activities they were involved in. We found that some people were supported to acquire paid and voluntary work to ensure they were active members of the community. Others attended college, and community libraries and day centres to enhance their knowledge and skills. Each person had an activity planner and we saw that people were involved in activities such as bowling, sight-seeing, swimming and visiting the cinema and theatres. We found that two people also played in a local youth football club. People had various forms of digital gadgets such as mobile phones, x-boxes, ipads, computers and television sets they used whilst at home to engage in activities that interested them.

We found that the provider funded a weekly activity session at the local youth club to promote people's involvement in the local community. The youth club was also opened to other people who lived in the local area and this had become an important and vibrant part of the local community. A staff member told us, "This is such a generous gesture [by the provider]. Our service users really look forward to it, but it also means that locals get to know us better and we are not a mystery to them."

The provider had a complaints policy and procedure in place which was also in easy read formats to support people's understanding. People we spoke with were aware of the complaints procedure and told us their views were taken seriously and acted upon. People said they would speak to the manager, staff and/or their relatives to support them complain. One person said, "I've not really complained. Yes, I can turn to my key worker...It works ok. She is nice and easy to talk with." Another said, "Yep I did complain about something, it was not really serious. They listened...I'm not really confident to always speak up but my mum and dad would help me and I can tell them." Where people or their relatives made a complaint or comment, we found that the provider took appropriate actions to resolve the matter and improve on the service as

Is the service responsive?

a result. People and their relatives we spoke with told us things had improved since there was a change of management team and that they were satisfied with the service provided.

Is the service well-led?

Our findings

People and their relatives we spoke with were complimentary about staff and the management team. They told us that they felt the service was well led and that staff were easy to get on with and the management team were always professional. One relative said, “We would like to give great credit to the manager, her professional, caring nature installs confidence in not only ourselves but staff and our son. We feel totally at ease with the way she safeguards those that she supports and trust her with our sons every day care and support.”

At the time of our inspection, there was no registered manager in post. The appointed manager was in the process of registering with CQC and their registration was confirmed soon after our inspection. The manager told us the philosophy of the service was to be “open, transparent and working together without losing sight of the people that count.” They said they were open to suggestions to develop and improve upon the service. We found that the service manager notified CQC promptly of any accidents or incidents as part of their statutory notifications.

There were systems in place to monitor the quality of the service. We saw monthly audits carried out at the various supported living sites. The audit documents we looked at covered areas such as finance, accidents and incidents and staff files including training and supervision. We found that where issues were identified, these were recorded, monitored and noted with the completed actions.

People were encouraged to provide feedback through one-to-one key working sessions and regular tenants’ meetings. People told us their views were taken into consideration and acted upon. Tenant’s meetings were organised in the various supported living settings to encourage people to talk about the things that mattered to

them. The minutes of meetings we looked at showed discussions covered areas such as activities, maintenance work, fire safety, behaviour management and people’s views about the service. Relatives told us the provider kept them informed and involved them in making decisions about the service delivery and we saw evidence of this during our inspection. For example, where a person’s relative lived abroad, there were letters and e-mails on record containing updates and feedback about the person wellbeing.

All staff we spoke with were complimentary of the management team. One staff member said, “I am very lucky to work here; it is a really nice place to work.” Another said, “The management are definitely taking us in the right direction; there is always one of them around to support us.” One other commented, “If you are unclear about something, you only have to ask our managers and they will explain.” Staff told us they were happy working at the service because they felt well supported by the management team.

During our inspection, we contacted a number of health and social care professionals involved in people’s care. We received feedback from a local authority learning disability team and local library. Healthcare professionals told us they were sometimes unclear about the management structure however, the manager “kept them up-to-date with any changes” and had “build a culture of working together.” We found there was a new management structure in place including a newly registered manager. The provider informed us that since the required management team were in post, the service would now experience some form of stability. The local library told us that the management team were “caring”, “professional” and “client focussed” when providing support for people using their facilities.