

Essex Care Consortium Limited

Essex Care Consortium - Colchester

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 ●

Summary of findings

Overall summary

About the service:

Essex Care Consortium is a residential care home, providing personal care and accommodation for up to 20 people who may have a learning disability, autism and or complex/physical health needs. On the day of our inspection 17 people were living at the service accommodated over two separate buildings and three single apartments.

The service has been developed and re-designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and /or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People's experience of using this service:

People were safe living in the service. Risks had been identified and people were looked after safely.

Staff were kind and caring and supported people to be as independent as possible.

People had access to healthcare professionals when required.

Staff knew how to care for people. Staff used their skills and the resources and equipment provided so the risk of accidental harm or infections was reduced. Staff had developed effective skills to meet the complex needs of the people at the service.

People were supported to have their prescribed medicines safely to remain well.

People were supported to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service had a well-defined management structure. The registered manager had clear oversight of the service and worked alongside staff. Staff were respectful of the register manager and told us they were approachable and supportive.

Audits were in place and people were encouraged to give their feedback about the service. Regular surveys were carried out with a range of people, relatives, staff and professionals. Information was used to make improvements to the service.

Rating at last inspection:

Good date of the last report published was (04th May 2017).

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service in line with our re-inspection schedule for those services rated as Good.

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

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well led

Details are in our safe findings below.

Good ●

Essex Care Consortium - Colchester

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one inspector and one expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Essex Care Consortium is a care home. People in care homes received accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service what the service does well and any

improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke with the directors, registered manager and the deputy manager and four care staff. We also spoke with two people who use the service and 14 relatives. Because other people were unable to communicate verbally with us or were not home on the day of inspection, we carried out observation of people, spoke with staff, reviewed records and looked at other information which helped us to assess how their care needs were being met. We observed the care and support provided to people and the interaction between staff and people throughout our inspection.

Following the inspection, we continued to seek clarification from the provider to validate evidence found. We sought feedback from the two professionals who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

- People continued to be safe and protected from avoidable harm. People's needs were assessed, and plans were in place and followed to promote their safety. One relative told us, "Yes, I never have to worry about [name] being safe two staff go out with him they know how to keep him safe."

Systems and processes to safeguard people from risk of abuse:

- The provider had processes in place to protect people from abuse. Staff told us about the different kinds of abuse and the steps they would take if they suspected or identified a person was being abused.
- We saw examples where concerns had been raised, and investigations took place in line with the providers safeguarding policy and procedure. The registered manager took appropriate action and investigated the concern keeping all parties updated.

Assessing risk, safety monitoring and management:

- Risks to people continued to be assessed and were managed safely. Staff told us how they supported people to minimise the risk for example of seizures.
- The environment and equipment were safe and well maintained. People were involved in practice fire drills to check any risk to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services on the support people required in these circumstances.

Staffing and recruitment:

- Staffing levels were appropriate to meet the needs of people using the service. All staff spoken with said they felt there were sufficient staff on duty to keep people safe.
- The registered manager told us, "We do have to use agency staff, but we try and use consistent people, to prevent too much change for our residents." The management team told us they were trying to recruit to fill vacancies and had recently put in place a wage enhancement for staff working 1:1 with people due to the demands put on them at times. They were also looking into arranging local pickups and drop offs to enable staff to get to and from work easily.
- For people with complex needs they had a consistent staff team that supported them. One relative told us, "[Name] has a core group of people, with one or two others in reserve."
- Agency staff had an induction into the service before carrying out any shifts. The registered manager told us they always had a permanent staff member on shift alongside an agency staff member to support them.
- The registered manager carried out checks to ensure staff were suitable to work with vulnerable people. These included references and checks of the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely:

- People continued to receive their medicines safely. Staff had received training on how to manage and administer medicines.
- People's medicines were kept in their rooms. This enabled them to take their medicines in the privacy of their own room if they wished to.
- The provider had systems in place to ensure that medicines were managed appropriately. Daily records were maintained by staff showing when people had received their medicines as prescribed. Systems were also in place regarding the storage and safe disposal of medicines.

Preventing and controlling infection:

- Staff completed training in infection control. The service was clean and free from any odours. Staff made sure infection control was considered when supporting people with their specific care needs and used the relevant personal protective equipment such as gloves and aprons.
- We saw staff washing their hands after providing personal care and administering medicines.

Learning lessons when things go wrong:

- The management team were keen to learn from incidents. There were systems in place to monitor and learn from accidents and incidents. These were analysed to look for any patterns or themes.
- Lessons had been learnt when there had been problems with dispensing people's medicines. The outcome was for the medicine administration record to have additional information added in the form of a running total, also packets of medicines to be colour coded for morning, lunchtime and evening.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

- Care plans contained clear information regarding people's capacity to make decisions about their care. Some of the people living at the service were not able to make complex decisions. However, staff enabled people to make day to day care decisions about their care, such as what they ate and drank. For some people, they were encouraged to make decisions by using pictorial boards. One relative told us, "[Name] doesn't speak but they have a board up in her room with lots of photographs and a set plan for the day i.e. get up, brush teeth, have a shower, go out. This works well and [name] is in a safe environment, it's a good way to interact and she can pick out Velcro pictures from the box and stick them on the wall."

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- Care plans were detailed and offered staff practical advice. Where staff needed to support people in more complex tasks, such as with specialist equipment there was detailed step by step guidance. Care plans were regularly reviewed and updated to ensure people's changing needs were met.
- Peoples care plans were clear and easy to read. They contained an 'all about me' book which gave details of how to communicate and what a good day or bad day looks like for each person.

Staff skills, knowledge and experience:

- We observed staff were skilled and feedback from external professionals confirmed they could meet people's complex needs.
- Staff told us they had regular supervision meetings with the manager to support their development. The

registered manager told us that along with structured supervision sessions, they operated an open-door policy for informal discussion and guidance when needed. Being a small service, the manager was available every day and often worked as part of the shift, this enabled them to supervise staff and keep up to date with the changing needs of the people they supported.

Supporting people to eat and drink enough with choice in a balanced diet:

- Mealtimes were flexible, reflecting people's needs and preferences. Staff encouraged people to eat independently when possible. People with more complex needs were supported by staff.
- One relative told us, "[Name] always chooses what he wants to eat, and the staff support him to cook his meals." Another relative told us, "[Name] is on a diet the staff support her to eat healthily."
- People's care plans included information about their specific nutritional need, for example if they needed their food cut up or dietary requirements due to their health.
- Staff checked people's health and wellbeing, for example some people had charts in place to document how much they ate and drank. Staff were aware how important it was to record this as this would highlight any changes or concerns.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support:

- The service had clear systems in place for referring people to external agencies. Any input from health professionals was clearly documented in people's care plans with any outcomes or actions to be taken.
- Staff worked well together to ensure transitions were effectively managed. The registered manager explained how they had worked closely with another provider to ensure the move from one service to another did not have a detrimental impact on the persons wellbeing. This included staff visiting the other service and working alongside staff to enable them to replicate the environment as much as possible to try and alleviate the person feeling too anxious.
- People had access to services such as the chiropodist, optician and dentist and regular medication reviews.

Adapting service, design, decoration to meet people's needs:

- The environment was bright and airy and easy to move around and had recently been refurbished. The single apartments had been specifically designed for the people that lived in them. They had taken part in choosing the colour schemes and what went into their apartments. Peoples rooms were personalised with pictures and personal items and the communal areas were comfortable, homely and inviting.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- We observed staff interacting with people. Staff showed kindness and empathy. One relative described the staff as, "Brilliant, 10 out of 10 to be honest, I'm really happy with care my brother receives. and he is extremely happy. Another relative told us, "No improvements are needed I would recommend to others. [Name] enjoys his time there, although he comes to me he really enjoys going back. [Name] has got friends at his place and enjoys being out in the community."
- Staff took time to interact with people and to look for facial expressions or hand gestures as a means of communicating and listening to the people they supported. People obviously felt safe and comfortable in the presence of staff.

Supporting people to express their views and be involved in making decisions about their care:

- We found staff responded to people's individual communication needs and adhered to the Accessible Information Standard (a requirement to ensure anyone with a communication need is assessed so they receive all the information they need). People's communication needs were clearly documented in their care plans. Staff were patient allowing people the time they needed to talk about topics of interest and communicate their views.
- Some people used tablets and had their own mobile phones and staff offered support to use these if required. Relatives told us that staff supported their family members to skype them on a regular basis.
- People were given choices throughout the day of what they would like to eat or drink or if they would like to take part in an activity. Staff knew how to support people to enable them to make an independent decision. For example, staff showed people the options using objects of reference such as two different foods or drinks.
- The registered manager told us that some people took part in the interview process of new staff and asked them questions. The management team felt this was an opportunity to see how prospective staff engaged with the people they would be supporting.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful when they spoke about people. When supporting people with their food staff were respectful and retained people's dignity.
- People were supported and encouraged to maintain relationships with their friends and family. Staff told us that people regularly received visits from their family members and went out with them and at times stayed at their homes. One relative told us, "I can turn up unannounced never a problem, always made to feel welcome. And, "[Name] comes home on a regular basis."

- Staff knew people well including their preferences for care and their personal histories. Staff told us that they worked as keyworkers to people to ensure they had everything they needed and supported them with their day to day activities as well as making any health appointments. Staff treated people with dignity and respect and supported them in spending their time in the way they chose. People were supported as individuals to enhance their quality of life, this included respecting their age, sexual orientation, cultural and religious needs.
- We observed staff knocking on doors and closing doors behind them when they entered a person's room.
- People's records were kept securely, and computers were password protected. Staff knew how to keep people's information confidential.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same this means that services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives had been involved with planning, and reviewing the care being delivered. One relative told us, "They always keep me updated. Yes, I attend regular reviews just had one last week." Care plans were detailed and contained clear information about people's specific needs, their personal preferences and how they wished to be supported. Each care plan was regularly reviewed and updated to reflect any changes.

- People were enabled to follow a variety of interests and activities. One person enjoyed go-karting his relatives told us the staff took him on a regular basis. Another relative told us, "If [name] wants to go swimming, staff take her on a regular basis, and she does her own shopping on a two to one in the community basis. We would recommend as Essex Care Consortium is a nice friendly environment. Always welcoming, staff answer our questions and if they can't, they always come back with a response. It's a fantastic facility and perfect for [name] and that's why we are proud to send her there.

- Some people had timelines in picture format of what was happening through the day. Staff told us this prevented people becoming anxious about what was going to be happening next.

People were supported to access the community to attend educational and leisure activities. One relative told us, "The staff take [name] on holidays and nights away."

- People's needs were constantly reviewed, and support was adapted as required. At handover meetings, staff described people's mood and any health issues as well as if they had eaten and drank sufficient amounts of fluids.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability impairment or sensory loss and in some circumstances to their carers.

- People had access to information in alternative formats, such as easy read or large print.

- Care plans identified people's individual communication needs and looked at ways the could be met. One member of staff told us, " Although [name] does not verbalise they are able to let us know what they want they use pictures or points to things or take our hands and lead us."

Improving care quality in response to complaints or concerns

- Staff involved relatives as appropriate in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns. One relative told us, "I have had reason to complain in the past, but it has been resolved. I will speak my mind, but I feel the management team are

approachable and responsive that's all I want."

End of life care and support:

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. The service was exploring ways of getting people's end of life wishes documented in their care plans.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. They assured person-centred high-quality care and a fair and open culture.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was aware of when to contact the care quality commission.
- The registered manager was supported by a strong network of senior managers. Regular management meetings took place to share good practice and to update any policies and procedures. The registered manager told us they felt fully supported and that they felt they were listened to and respected.
- A quality assurance system was in place to enable the registered manager to monitor and identify any shortfalls in the quality of the service people received. An action plan was completed to identify any improvements required as a result of the service audits and quality checks by the provider. This showed action was taken in response to the findings and monitored for completion.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The provider was working in accordance with this regulation within their practice.

- The registered manager was committed to ensuring all staff promoted a person-centred high quality of care. The management team all wanted to achieve the highest possible outcomes for people.
- Staff told us they felt fully supported by the management team who were approachable. One staff member told us, "I feel we work as a team, the manager is flexible with our rotas if needed it's a lovely place to work." Another staff member told us, "I have made some suggestions in the past I do feel listened to."

Engaging and involving people using the service, the public and staff:

- Staff meetings and residents meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Satisfaction surveys were undertaken annually for people who used the service and their relatives feedback was positive.

Continuous learning and improving care: Working in partnership with others:

- The provider told us they kept up to date with current legislation by attending care conferences and using the local authority. They also attended provider meetings along with the registered manager these meetings were to discuss any issues and to share good practice ideas.

- The service worked in partnership with other organisations to ensure staff followed current best practice. These included healthcare professionals such as dieticians, speech and language therapists, GP's. This ensured a multi-disciplinary approach to ensure people received the appropriate level of care and support. One healthcare professional told us, "The home is welcoming and want the best for the people they are supporting."