Care-Away Limited

Care Support Essex Branch

Inspection report

Paines Brook Court
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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: Care Support Essex Branch is an extra care service that provides personal care to 122 people across four sites.

People's experience of using this service:

People spoke highly of the service. One person said, "The care is brilliant."

Staff at the service knew what to do if they suspected abuse. There were systems in place to safeguard people from abuse. People were risk assessed to keep them safe from harm. There were sufficient staff at the service. Suitable staff were recruited to work with people. Staff knew how to administer medicines. Staff wore gloves and aprons to control and prevent infection. The service learned lessons when things went wrong.

People were assessed before the service worked with them. Staff were trained on how to do their jobs and were supervised in their roles. Staff supported people with their food. The service was linked with other agencies and communicated well with them. People were supported to access health care professionals, such as GPs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they were well treated by staff, who were kind to them. People and their relatives were involved with their care and signed their consent to treatment. People's privacy was respected and they were treated with dignity.

People's care plans recorded their needs so staff knew them. People told us they knew how to make complaints and the service responded to them. The service recorded people's end of life wishes.

People thought highly of the staff and the management of the service. The registered manager felt supported in their role. The service had good links with other agencies to the benefit of people using the service. The provider used audits, spot checks and surveys to drive improvement in the service. There were meetings where people could discuss their housing and care. Relatives could attend a quarterly forum. Staff had meetings where they could be involved in the service.

Rating at last inspection: This service had not previously been inspected as it was a new service.

Why we inspected: This was a planned inspection because the service was registered in February 2018 and we inspect services within 12 months of their registration.

Follow up: ongoing monitoring of 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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

Care Support Essex Branch

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
There were two inspectors and one 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.

Service and service type: This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

People using the service lived in 122 flats across four residential sites in Havering and Grays.

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:
We gave the service 24 hours' notice of the inspection visit because the service is provided over multiple sites and the manager is often out of the office supporting staff. We needed to be sure that they would be available.

Inspection site visit activity started on 05 February 2019 and ended on the same day. We visited the office location to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we looked at:
● The Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
● Notifications we received from the service
● Feedback we gathered from local authorities the service was working with.

During the inspection:

● We spoke with nine people who used the service
● We spoke with five relatives of people who used the service
● We looked at eleven people's care records
● We looked at records of safeguarding, accidents, incidents and complaints
● Audits and quality assurance reports
● We spoke with seven members of staff; three carers, one administrator, one senior carer, one team leader, one registered manager

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe and free from harm. One person said, "They sort all my problems out, that makes me feel safe." A relative told us, "I think my relative feels safe because they interact with her so much." There was a safeguarding policy and procedure in place that the service followed. Safeguarding concerns were recorded appropriately and the local authority were alerted when there was suspicion of abuse. Staff members received training and knew what to do if they suspected abuse. One staff member said, "Report to safeguarding (local authority). Go to line manager and tell them signs (of abuse) and what was seen and they would decide what further actions to take." This meant that people were kept safe as possible from risk of abuse.

Assessing risk, safety monitoring and management

● People told us they liked the services monitoring systems. A person said, "I like the idea of having a personal alarm call." The service used a personal alarm call system that care staff responded to. Some people who were at risk of falling were provided with personal alarms so they could contact the service should they fall. We saw that these calls were audited and were always responded to.

● The service completed assessments with people to monitor risk of harm to them. Risk assessments we saw included dementia, moving and handling, medication, nutrition, weight and also environmental risks about people's homes. These risk assessments were personalised to individuals and aimed to provide support to people in ways they felt comfortable with. For example, the medication risk assessments listed the side effects of specific drugs and what this might mean for people. This meant that people were kept safe through the service monitoring various aspects of their life and care.

Staffing and recruitment

● People told us they were happy with the staffing arrangements. One person said, "It's comforting seeing a familiar face." Another person said, "You feel safe seeing them in their uniforms, you know who they are then." We saw that the service had a four-week rota and used the same staff in the same locations for the most part. This meant that people knew the staff they worked with and the staff had the opportunity to get to know them.

● People also told us they received very few late calls and no missed calls. One person said, "They're never late." People told us if staff were going to be late the service always phoned them to let them know. They also said that staff stayed their allotted time and never appeared rushed in their duties. This reinforced what people and documentation told us, that there were sufficient staff working at the service.

● The service had robust recruitment practices. All staff completed application forms and were interviewed for their roles. They provided references from previous employers and identification to demonstrate they were who they said they were. The provider completed Disclosure Barring Service (DBS) checks on staff to ensure they were suitable to work with vulnerable people. This meant people were kept safe as the provider

employed suitable staff.

Using medicines safely

● People told us their medicines were managed safely. One person said, "They sort my medication out for me, so I don't get it wrong." Another person said, "They give me my tablet every day at 7am. Always on time." A relative told us, "They always make sure they give [person] their medicines on time."

● There was a medicines policy in place. The service completed medication risk assessments with people. These identified the medicines people use, any side effects from the medicines, allergies people may have, whether they wanted to self-administer their medicines and how they wanted to be supported with their medicines.

● We saw people's medicines were recorded on Medicine Administration Record (MAR) charts and the service then audited these to ensure that errors were picked up. Staff received training on how to administer medicines and were then competency checked to ensure they knew how to do it. Their practice was also reviewed in spot checks that were completed by the management team. This meant that people were kept safe through good medicine management practice.

Preventing and controlling infection

● People told us that staff wore plastic aprons and gloves when providing personal or hygiene care to prevent cross contamination. One person said, "[Staff] always wears gloves when doing my personal care." Staff confirmed what people told us. One staff member said, "I use my aprons and use my gloves, I wash my hands." There was an infection control policy in place and staff received training on infection prevention and control. This meant that people were kept safe from infection.

Learning lessons when things go wrong

● Staff told us they completed forms when there were incidents and accidents. One staff member told us, "You've got accident and incident report forms and you log it." Incident and accident forms were easy to read and complete. They contained a section for a manager to complete follow up actions, including investigation as to why an incident or accident might happen. These forms were signed off by the registered manager when completed. We saw that incidents and accidents were discussed in handover meetings and staff meetings so that staff were aware what had happened and where possible how to avoid incidents repeating. This meant that people were kept safe as the service learned lessons when things went wrong.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service. The service worked closely with the local authority and used their documentation to assess people needs before they began working with them. Assessments we saw were comprehensive and covered different areas of people life where they may need support. Assessments covered people's health issues, their social and support networks, who was involved in their lives, managing their personal care needs and their mobility.
- The service would also discuss these assessments with a joint panel convened by the local authority to review people referred to the service to ensure they were able to meet people's needs. This meant that people knew the service could meet their needs if it worked with them.

Staff support: induction, training, skills and experience

- People and their relatives told us staff knew how to do their jobs. One relative said, "They definitely have the right skills and experience for my loved one's needs." Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people.
- All staff completed the Care Certificate, a recognised qualification that provides a foundation level of training for beginning work in health and social care. Staff also completed mandatory training as set by the provider that assisted them to support the people they worked with. This meant staff were trained how to meet people's needs.
- All staff received supervision and appraisals, were competency checked in their roles and had ongoing spot checks completed with them to see how they did their jobs. This oversight of staff meant they were supported by the service to work with people.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported with food by staff. One person said, "They always give me a choice of what I would like to eat." A relative told us, "They prepare [person] a sandwich or a microwave meal every day." People also told us staff "left them with a hot or cold drink" to prevent dehydration. People's care plan recorded their dietary needs so that carers knew what people could and couldn't eat. This meant people were supported to eat and drink healthily.

Staff working with other agencies to provide consistent, effective, timely care

- The service was an extra care service. It worked intrinsically with other services to provide care and support people. These relationships included the property managers, who lived within the same building as people in the service , the people who ran the other support services within these properties, social workers and health care professionals. We saw daily notes and communication logs that demonstrated the services work with other agencies. This meant that people were supported through the good joint working of the

service.

Supporting people to live healthier lives, access healthcare services and support

● People were supported with their health care needs. We met visiting health care professionals on inspection who told us that service staff were "professional" and "caring." Care plans recorded people's health care needs and we saw records of when people had been supported with accessing healthcare professionals including GPs, nurses and occupational therapists. This meant people were supported to live healthier lives.

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

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

● We checked whether the service was working within the principles of the MCA and found that they were. One staff member told us about their work with someone, "[Person] can have a really good day but you have to allow them space when they are having a bad day - if given space they will apologise if they've presented with challenging behaviour. Dementia is a lonely situation." They continued, "You are always talking to the person and gaining their consent."

●Staff were trained in mental capacity and sought people's consent to care. People's capacity was assessed by the local authority social workers and recorded in their care plans. If there were concerns about capacity, staff would refer to senior staff, social workers or healthcare professionals. This meant that people with capacity issues were supported to live their lives as independently as possible.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

● People told us they were well treated and happy with the care they received. One person said, "They have made my life so easy." A relative told us, "The care for my relative is progressive with her more demanding needs." We observed staff working with people and noted their friendly and relaxed manner and that people were smiling.

● The service sought to work and treat all people equally. Staff told us, "All treated the same and all with respect." People's care plans asked people how they wanted to be treated and sought to identify whether they had cultural needs and how best to meet them. Policies we saw highlighted people's human rights around faith, sexuality, diversity and choice. This meant that people's rights were protected.

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

● People told us staff listened to them. One person said, ""They are helpful, they listen and they are always there to talk to." A relative told us, "I am 100% involved in the care plan." Another relative told us, "If there are changes to be made they always let the family know."

People views were recorded in their care plans. People's care plans contained consent forms. These consent forms sought people's agreement and involvement in the care being provided. Consent forms were signed by people or by others who had responsibility for that person's health care and treatment. People were also able to provide input into their care during the regular care plan reviews that occurred every six months. This meant people were able to be involved with decisions about their care.

Respecting and promoting people's privacy, dignity and independence

● People told us their privacy was respected. One person said that, "Staff closed bedroom doors and curtains." Staff told us they understood the need to give people privacy and treat them with dignity. One staff member told us, "When you're showering someone you cover up certain areas, doors are closed, you ring the doorbell and ensure they are ready for you."

●The service had a privacy and dignity policy. There were privacy statements in people's care plans that highlighted people's information was confidential. We saw that people's information was kept on password protected computers or in lockable filing cabinets in locked offices. This meant people were afforded privacy as a human right.

●People told staff promoted their independence. One person told us, "They give me the independence to do some things for myself." A staff member said, "you encourage them to do what they can." Care plans highlighted people's abilities and aspirations. This meant staff knew what people could and couldn't do and when to encourage them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People's care plans recorded their needs and preferences. We looked at eleven care plans and all were consistent in the information they recorded. They were personalised and contained support assessments, support plans and risk assessments. They mapped out people's health needs and preferences and held useful information such as copies of lists of people's medicines should they be admitted to hospital.

● Care plans gave carers explicit instructions as to how people liked things done. For example, one care plan stated, 'I like staff to ring the door bell, if the door is locked use the key safe to let yourself in quietly, I will normally still be asleep as I don't like getting up early.'

● Care plans were reviewed every three months or when changes occurred in people's lives. Copies were kept in people's home so were available for staff and people to look at when they needed. This meant people were supported by staff who knew their needs.

Improving care quality in response to complaints or concerns

● People told us they knew how to make complaints. One person said, "I have a contact number for the office if I have any complaints." Another person said, "I had a small complaint at first but they soon sorted it out." The service had a complaints policy and procedure. The service recorded all complaints and provided responses for people around their complaints following investigation of the complaint. All complaints were acknowledged and responded to within policy time frames.

●We noted that in some instances after complaints had been dealt with, complainants sometimes responded with compliments. For example, one stated, 'Thank you very much for looking into this and the totally professional and pleasant attitude you have shown.'

●People's care plan reviews specifically asked whether people knew how to make a complaint. This meant that people were prompted to understand the complaints process and that the service would respond to their complaints.

End of life care and support

● Peoples end of life wishes were recorded. People had advanced care plans that recorded their end of life wishes if they wanted to. There were also 'Do Not Attempt Resuscitation' (DNAR) forms in place for some people. These instructed staff and health professionals that people had chosen not to be revived in the event of a medical emergency. This meant that people were supported with their end of life wishes.

Good

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements & Working in partnership with others

- All people and relatives we spoke with thought highly of the staff and management of the service. One person said, "I can't speak highly enough of them." Another person said, "They are worth their weight in gold." A relative said, "I'm very pleased with them."
- The registered manager told us they felt supported in their role. They told us, "I have just finished my NVQ level five in Health and Social Care." They had been offered this opportunity to receive a recognised qualification for their role by the provider. They informed us they attended quarterly registered manager meetings with the provider where they discussed health and safety, safeguarding and working within regulatory framework. This meant they understood their role and responsibilities.
- The service had good links with other agencies. They held regular meetings with the property management company that maintained people's homes, the management team of the day centre's people used and also liaised regularly with local authority social workers and health care professionals. This meant that the service worked with others in the best interests of people who used their service.

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

- The provider had systems in place to ensure they provided high quality care and support and sought to continuously improve. These included, but were not limited to, audits, spot checks and surveys.
- The service completed regular audits on their work with people. These included medicine records, calls to people's homes and care files. The registered manager then compiled these audit statistics as well as the figures of incidents, complaints and falls to create a trend analysis which the service could learn from to improve the care they provide.
- Staff files and care plans contained spot checks completed by management observing staff working with people. With these management could monitor the care provided and where necessary, provide constructive criticism to improve staff practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People held housing meetings where the service, day centre management, property management team and the local authority attended. All issues pertaining to peoples housing and general issues about care provided by the service could be discussed here.
- Relatives told us they communicated regularly with the service. One relative told us, "I speak with the manager at least once a month." Relatives could also attend the quarterly family forum which the registered

manager chaired.

● Staff attended handovers and monthly team meetings. Minutes of meetings we saw showed the staff discussed people's wellbeing and plans, employment concerns and service changes. We also observed a handover and saw the focus was on sharing important information about people.

● People were offered the opportunity to fill out satisfaction surveys. One person told us, "I only just filled in a questionnaire at the end of last year." The surveys highlighted that people felt they were well cared for and listened to. The registered manager used the surveys to drive improvement at the service and created a report highlighting the findings. This meant that people at the service were cared for by provider that sought to maintain a good standard of care and improve where they could.