

Essex Care Consortium Limited

# Essex Care Consortium - Marks Tey

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Essex Care Consortium – Marks Tey is a residential care home providing the regulated activity, accommodation for people who require personal and nursing care to up to a maximum of 13 people. The service provides support to people with a learning disability and autistic people. At the time of our inspection there were 13 people using the service.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Essex Care Consortium – Marks Tey had been developed and designed in line with the principles and values that underpin the Right support, right care, right culture guidance. The service is in a rural position and fits in the local residential area. There was nothing outside to show it was a care home. The building was a similar size to other properties with a large garden, which people had access to. Internally the premises were well designed for the people living there.

Staff showed a genuine interest in people's well-being and quality of life. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. People were provided with as many opportunities as possible to gain new skills and become more independent.

Staff were kind, caring and nurturing and as a result we saw people were at ease, happy, engaged and stimulated. They worked well with other professionals to ensure people received the right level of support to manage signs of distress and or frustration. Staff were aware of subtle changes in people's behaviours and took action to diffuse incidents quickly.

### Right Care

Systems to manage risks to people's safety, the living environment and equipment needed to improve. People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff had received training on how to recognise and report abuse. However, the provider did not have robust systems in place to ensure all safeguarding incidents were robustly investigated and learnt from.

The service had enough staff to meet people's needs, including additional 1-1 hours to manage anxieties and access the community. However, improvements were needed to ensure the service had staff, with the

right mix of skills, competence, and experience to support people to stay safe. Staff had received a wide range of relevant training. However, systems to assess staff's understanding of training, including those whose first language was not English, needed to improve to ensure they had understood the training, and were competent to carry out their roles. Record keeping needed to improve to ensure staff recruitment documentation was complete and held centrally in one place and accessible.

We have made a recommendation about safe recruitment and induction training for new staff.

People's care plans were personalised, covering all aspects of their needs, including their physical and mental health needs. Staff delivered care in line with information in people's care plans and recognised models of care for people with a learning disability or autistic people. This ensured people were receiving care tailored to them which promoted a good quality of life. Staff understood people's individual communication styles and we saw they had developed a good rapport with them.

The service had effective infection, prevention and control measures to keep people safe, including good arrangements for keeping the premises clean and hygienic.

#### Right Culture

Staff understood their role in making sure that people were always put first. They provided person centred care and sought to protect and promote people's rights.

The service does not currently have a registered manager in post. The service has had 3 managers in the last 19 months. The frequent changes in management had impacted on staff morale and the quality of the service provided. Governance arrangements in place needed to improve to ensure effective oversight of the quality and safety of the service and used to identify and drive improvement.

People and their relatives were provided with the opportunity to be involved in decisions about their home and the support they received. Regular residents' meetings took place for people to have their say about how the service was run.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 08 August 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about the recruitment of staff and the management of medicines. A decision was made for us to inspect and examine those risks.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Essex Care Consortium – Marks Tey on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and recommendations

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

## Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Essex Care Consortium - Marks Tey

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team.

The inspection team consisted of 2 inspectors.

#### Service and service type

Essex Care Consortium – Marks Tey is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Essex Care Consortium – Marks Tey is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

The inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 1 person using the service about their care and observed the experiences of people who were unable or did not want to talk with us. We spoke with 5 members of staff including the general manager responsible for supervising the management of the service on behalf of the provider, the acting manager, senior carers and care staff. We reviewed a range of records, including 4 people's care records, 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of 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 our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse and avoidable harm; Learning lessons when things go wrong

- Systems to manage risks to people's safety, the living environment and equipment needed to improve. Routine fire safety tests were not carried out consistently, and fire drill records had not been completed.
- Personal emergency evacuation plans (PEEP's) did not include information relating to the effects on people from prescribed medicines which may cause drowsiness. Neither had consideration been given to how people may react when distressed or anxious and how this may impact on an emergency evacuation.
- The risk assessment completed following an incident where a person was able to leave the premises via the fence around the property had not identified the further risk of a similar incident reoccurring. Part of the fencing had been replaced, with stronger wooden panels, however there had been no assessment of the condition of the remaining fence.
- Staff had received training on how to recognise and report abuse and knew how to report concerns. However, the provider did not have robust systems in place to learn lessons when things had gone wrong.
- Safeguarding incidents were not always given sufficient priority to ensure concerns about people's safety were investigated and learnt from. For example, there had been 2 incidents involving a person, regarding a medication error and a choking incident. Although the person had not come to harm, the incidents had not been fully investigated to establish why they had happened.
- Incidents, accidents, and safeguarding concerns were not being logged or analysed to identify themes or trends, root cause or actions for improved practice to prevent any reoccurrence. Therefore, lessons were not always learnt or shared with staff.

All of the above demonstrated a failure to assess risks to the health and safety of people using the service and do all that is reasonably practicable to mitigate any such risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people behaved in ways challenging to themselves and others, staff had managed these situations in a positive way, which protected people's dignity and rights.
- Staff told us they had received training in physical intervention, which had provided them with the skills to deflect physical confrontations or aggressive situations safely and effectively. Staff were clear restraint only used as last resort and when it is safe and necessary to do so.
- Managers had completed training to become mental health counsellors and a mental health first aider. Records showed following a recent incident involving the police and the need to use restraint for the persons and staff's safety, a debrief session had been held. This gave staff the opportunity to talk about what went well, what didn't go well and what they can improve on next time.



## Staffing and recruitment

- The service had enough staff on duty to meet people's needs. This included additional 1-1 hours to support people to manage anxieties and have a good day, including accessing the community. A staff member told us, "Staffing has been difficult, but they (provider) have recruited, and we have built a good team."
- However, improvements were needed to ensure the service always had the right skill mix of staff to support people to stay safe.
- New staff had been provided with induction training when commencing employment. However, where they had been recruited from overseas processes to assess their understanding of the training provided, needed to improve.
- Records showed a member of staff had been involved in 2 incidents, relating to an overdose of medicines and a person choking. Both incidents occurred where the member of staff, whose first language was not English, had lacked understanding of the training provided. There had been no follow up assessment to ensure they had understood the content of the training and was competent to carry out their role.
- The recruitment process for new staff, including those recruited on a sponsorship from overseas, needed to improve. Whilst the provider was able to demonstrate the required documents had been obtained, including the right to work and certificate of sponsorship, records were not held in 1 central file. This made it difficult to assess the provider had followed proper recruitment processes, and ensured themselves staff were fit to work with people using the service.
- References obtained to ensure the prospective employee was of good character, were not always robust. These had missing information, as to the role of the person providing the reference, how they knew the member of staff, and dates of employment.

We recommend the provider consider current guidance on the safe recruitment and induction of staff.

## Using medicines safely

- Overall people's medicines were being managed safely; however, staff were not always following the providers policy and procedure in relation to the safe storage and use of creams and ointments. These were not being signed and dated on opening to ensure they were used within the prescribed time frame, and expiry dates. For example, a person's eye gel dated 25 April 2023 was still in use, despite being opened. The instruction leaflet stated gel to be disposed of after expiry date or 30 days after opening.
- Where people were prescribed medicines on an as needed (PRN) basis to help manage feelings of anxiety and distress, protocols did not always give sufficient detail of the support and deflective techniques to use, prior to administer PRN medicine.

Immediately after the inspection the acting manager told us they had taken steps to revise the PRN protocols and remind staff of the process in line with policy when booking in, administering, and disposing of medicines.

- People were supported to take their medicines safely and in private. They had their own secure lockable cabinets in their rooms. Review of people's medicines found people were receiving their correct medicines at the right time.
- Following several medicines errors, the service had reintroduced monitored dosage boxes, where people's medicines were pre dispensed into days and nights by the pharmacist. Weekly medicines audits showed there had been a reduction in the number of medicines errors.
- Managers were aware of the principles of Stopping over-medication of people with a learning disability, autism, or both (STOMP). People's GPs were actively involved in reviewing people's medicines to monitor the effects on their health and wellbeing and reducing medicines, as and when appropriate.

## Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Both houses were clean, modern, and homely. People's rooms were personalised to them. En-suite, and shared toilets, showers, and bathrooms were clean and hygienic.
- The service employed a cleaner 5 days a week to clean people's bedrooms, toilets and washing facilities. Additionally, staff followed a daily cleaning rota to ensure communal areas were clean and tidy.

## Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Is consent to care and treatment always sought in line with legislation 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 MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Managers demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Staff knew about people's capacity to make decisions, including those assessed as lacking mental capacity for certain decisions and this was well documented.
- People, including those unable to make decisions for themselves, had as much freedom, choice, and control over their lives as possible because staff managed risks to minimise restrictions.
- People were empowered to make their own decisions about their care and support. For example, a person with capacity, who had epilepsy and was at risk of seizures at night, had made the decision not to have regular night checks.

# 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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There has been a high turnover of key staff, in the last 12 months, including managers, the administrator, maintenance and finance managers. This has impacted on how the service has been managed.
- Systems and processes to assess, monitor and improve the quality and safety of the service were not used consistently to identify and drive improvement.
- A range of audits were being completed; however, these had not picked up on issues we found on inspection in relation to medicines, fire safety and poor record keeping. For example, medicine audits had not identified crossings out on medicine stock checks. Numbers had been altered, with no signature or explanation. There was no information on the audit to reflect the stock had been checked, as accurate.
- Although the general manager visited the service monthly, there was no formal record of their visit to demonstrate how they were monitoring the quality and safety of the service.
- The provider did not have an overarching service improvement plan in place to review the longer-term oversight of safety and quality of the service to ensure improvements were identified, carried out and sustained.
- Records relating to people using the service and staff were not always complete, or up to date. For example, recruitment records were not easily located, or always completed in full. Incident forms were not completed as part of full 'incident pack'. Only, parts of the pack had been completed, these were not in date order and in isolation did not always give an overview of the incident, actions taken and measures in place to avoid a reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service has been without a registered manager since the previous registered manager resigned from the company in March 2022. This is a breach of the providers conditions of registration.
- The general manager told us a manager had been appointed and had begun the process of applying to become the registered manager but was currently absent from the service.
- Cover for the absent manager had not been consistent. There had been 3 managers, since the registered manager resigned, including the existing acting manager. Although staff provided positive feedback about the acting manager, they told us the frequent changes in management had impacted on staff morale and the quality of the service provided.

- Staff told us there was a lack of consistent leadership, and they did not always feel appreciated or supported. One member of staff commented, "Errors are 'jumped' on straight away, in the form of non-compliances but there is no appreciation from the company for what we do and the support we have provided to new staff."
- The service did not have recognition schemes, such as employee of the month in place to support staff wellbeing, show staff they are valued and improve morale.
- Staff supervisions needed to improve. Supervision records lacked detail of discussions to explore staff's understanding of training provided, and test their skills, competence and knowledge which was integral to their roles.
- Where supervisions had been carried out by different managers, objectives for future development had not been carried forward to next supervision to ensure these were completed.

All of the above demonstrated failure to have effective processes and systems in place to enable the provider to identify, assess and act on the risks to the health, safety and welfare of people using the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were provided with the opportunity to be involved in decisions about their home and the support they received. Regular residents' meetings took place for people to have their say about what they ate, activities they had enjoyed, future activities, holidays, and the décor of their rooms, the houses and the garden.
- The provider sought feedback from people and those important to them. Questionnaires had been sent to people and their representatives to obtain their views on the quality of care. Feedback from these surveys was positive. Comments included, "The staff are to me the best I could wish for. The staff see my [family member's] every need, even though they have difficult moments with their mood swings, staff go above and beyond duty and I'm so happy they are living there," and "We are very happy our [family member] is receiving the care and support they need with Essex Care Consortium."
- The service was transparent, collaborative, and open with all relevant external stakeholders and agencies.
- Staff worked in partnership with key organisations to support care provision, and joined-up care, such as health professionals, and the hospice.
- Staff had sought advice and worked well with other professionals to support people to manage behaviours, associated with anxiety and distress.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Failure to have systems in place to assess risks to the health and safety of people using the service and do all that is reasonably practicable to mitigate any such risks, placed people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to identify, assess and act on the risks to the health, safety and welfare of people using the service.