

# Thurrock Borough Council

## Extra Care Service

### 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

We carried out an announced comprehensive inspection of the service on the 31 July and 1 August 2018. The service was previously inspected in November 2017 and was rated requires improvement overall. At this inspection we found improvements had been made in relation to the management of people's medication, staff receiving formal supervision

This service is a domiciliary care agency in Grays, Essex. It provides personal care to people living in their own flats within a housing complex benefitting from communal areas. It provides a service to older and younger adults. At the time of our inspection 46 people were using the service.

The service had 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. The day to day running of the service was undertaken by the service manager who reported to the registered manager daily, as the registered manager also oversaw other services under their registration.

Staff and people spoke very highly of the registered manager and service manager who they informed to be supportive and worked hard to provide an exceptional service. The service had quality monitoring processes in place, however these needed to be embedded to monitor the progress of the service and ensure continued good care delivery.

The service's recruitment process ensured that appropriate checks were carried out before staff commenced employment. There were sufficient staff on duty to meet the needs of people and keep them safe from potential harm or abuse. People's health and wellbeing needs were assessed and reviewed to minimise risk to health. People's medication was managed well and although there was some recording these had not impacted on people negatively and the provider were working to address these.

People were cared for and supported by staff who had received training to support people and to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

Records we viewed showed people and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis and when there was a change in care needs. People were

supported to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

## 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.

Although minor improvements were required to recording of medication on the correct documents, people were receiving good support with their medications.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely, and people were supported by sufficient staff to meet their needs and ensure their safety and wellbeing.

Risk to people living in the service was well managed and people free from risk and harm.

### Is the service effective?

Good ●

The service was effective.

Management and staff had a good knowledge of the Mental Capacity Act 2005, which helped to ensure people's rights were protected.

Staff received a suitable induction. People were cared for by staff that were appropriately trained to meet their needs. Staff felt supported in their role.

### Is the service caring?

Good ●

This service was caring.

Staff were kind and treated people with dignity and respect.

Staff made efforts to seek people's views about their care and took these into account when planning their care and support.

Staff communicated well with people in a variety of ways.

### Is the service responsive?

Good ●

The service was responsive.

Care was person centred and met people's individual needs.  
Care plans were individualised to meet people's needs.

There were varied activities to support people's social care needs. Complaints and concerns were responded to in a timely manner.

### Is the service well-led?

Good ●

This service was well-led.

The service had quality monitoring processes in place, however this needed to be embedded to monitor the progress of the service.

The service had an open culture where staff and people living in the service were included and encouraged to participate in aspects of running of the service.

The registered manager had developed good links with the local community and local services.

The registered manager provided staff with appropriate leadership and support.

# Extra Care Service

## **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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 31 July and 1 August 2018 and was unannounced. The inspection team consisted of one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with four people using the service. We also spoke with the registered manager, service manager, deputy manager and one support worker. We reviewed four people's care files. We also looked at quality monitoring, audit information and policies held at the service and the service's staff support records for three members of staff.

# Is the service safe?

## Our findings

At the previous inspection in November 2017 the service was rated requires improvement in this domain as they had failed to demonstrate by means of recording that people's medication was being administered as prescribed. In response, the provider sent us an Action plan describing action they would take to make and monitor improvements. At this inspection, we found the service had learnt from its experiences and a monthly audit system had been implemented however improvements were still required.

We looked at seven people's medication records for the month of June 2018 and found that some improvements had been made however work was still required to ensure that records were being completed accurately. Despite people's daily records of care indicating that medication had been administered this was not always reflected in people's medication administration charts, which showed omissions. Our findings were also like those of the local authority's quality team when they undertook their visit in February 2018. This is a recording issue which had not impacted on people's safety. The registered manager informed that further work was being done and the in-house medication officer would continue to support and audit the service's medication records as to improve the recording process. We found staff knowledgeable about people's medicines and the effect they may have on the person. All staff working in the service had received training in medication administration and management and dispensed medicines to people.

Staff had the information they needed to ensure people's safety. Each person had support plans and risk assessments that were regularly reviewed to document current knowledge of each person's, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for one person who liked to access the car park at the back of the house. Staff informed that they gave the person access to the car park and would observe them from a distance to ensure they were safe. It was documented how each person would be supported without affecting people's freedom. In addition, each person using the service had an allocated keyworker who was responsible for ensuring that each person's risk assessments were kept up to date and any changes to the level of risk was communicated to all the staff working in the service. A keyworker is a named member of staff who has a central role in respect of a person. This will include the overseeing of the updating care plans.

We looked at the safeguarding folder, which contained all the policies and procedures that inform staff on the different types of abuse, which would constitute raising a safeguarding concern or alert with the local authority and what actions staff should take. One staff member we spoke to informed us, "If I became aware that abuse had taken place I would report this to my manager and the deputy manager." Before the inspection we (CQC) had received an anonymous concern informing people may be at risk of abuse. We followed this up during the inspection and found the service had taken the appropriate action with regards to staff involved whilst a full investigation was being carried out. This showed us that the management team was being proactive in ensuring people were kept safe whilst using the service.

People we spoke to informed us that staff always attended their calls in a timely manner and if there was ever a problem with staff turning up, people had daily access to the management team who were in the

same building. There were sufficient numbers of staff on duty to meet people's assessed needs and when people accessed the community, additional staff were deployed. The registered manager adjusted staffing numbers as required to support people needs. A sample of staffing rotas that we looked at reflected sufficient staffing levels. Staff we spoke to informed that these shift patterns worked well for them and if there was a change there could get someone to support or cover.

The service continued to have robust recruitment processes in place, which showed that staff employed had the appropriate checks to ensure that they were suitable to work with vulnerable people. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

The service had an infection control policy in place to protect people from the prevention and control of infection. Staff understood their role and responsibilities in relation to infection control and told us they had adequate supplies of PPE (personal protection equipment). The service manager informed us that every member of staff was encouraged to support people to keep their flats clean and where possible staff would support people to clean working areas such as the kitchen and bathroom.

The service manager informed us the following regarding working with external and internal agencies to continuously improve the service and people's quality of life.



# Is the service effective?

## Our findings

At our last inspection we found the service did not have suitable arrangements to ensure that staff received regular formal supervision and an annual appraisal of their overall performance. Improvements were required to ensure that where subjects and topics were raised by staff, this was followed up and there was a clear audit trail to demonstrate actions taken.

At this inspection staff told us that they received regular one-to-one supervision from the service manager, deputy manager and/or the care co-ordinator. The service manager told us they received supervision from the registered manager to monitor the progress of the service. Supervisions are used as an opportunity to discuss the staff members training and development and ascertain if staff were meeting the aims that had been set out from the previous supervision. In addition to supervision we also noted in staff's records that the service regular undertook spot checks to monitor staff's performance and progress. Staff added that they had regular team meetings, and added the meetings were open and gave staff the opportunity to raise any issues they may have. Staff also received yearly appraisals. Records we reviewed confirmed this.

The person using the service received effective care from staff who were supported to obtain the knowledge and skills they needed to provide continuous good care. Staff received on-going training in the essential elements of delivering care. The staff training files showed us that staff received reminders from the head office of training that was required or due. All the staff working in the service had attended training provided by the Local Authority and other Healthcare training agencies.

Staff received an induction into the service before starting work and documentation on staff files confirmed this. The induction allowed new staff to get to know their role and the people they were supporting. Upon completion of their training staff they then worked 'shadowing' the registered manager or another member of staff. 'Shadowing' is a form of training which involves a member of staff observing a more experienced member of staff over a period.

People had access to healthcare professionals as required and we saw this recorded in people's care records. We noted people were supported to attend any hospital appointments as scheduled. When required people were supported with access to their GP, healthcare professionals. When appropriate this was discussed the with person and their relatives, to ensure everyone was involved and kept up to date with any changes.

We checked whether the service was working within the principles of the MCA. Staff could demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting the person about how they wanted their support to be delivered and if the person was unable to make an informed decision staff would then decide within the person's best interests. Whilst reviewing people's folder we found that people's ability to make an informed decision was not always recorded in their support plans. After the inspection we received an email from the deputy manager to inform that this had now been rectified and evidence to support this was provided.

# Is the service caring?

## Our findings

At this inspection we found people were happy using the service as they had been during our previous inspection. The rating continues to be Good.

People spoke very highly of the staff and included comments such as, "My carers are very good to me and my relative", "The care staff are really good and you will have to change their name to flying angels", "Without their support I don't think I would be as independent as I am now".

Our observations during the inspection showed staff to be kind, caring and support people in a compassionate manner. People and relatives, we spoke to informed us that the care provided by the service was very good and all the staff and service manager were very caring and always looked at doing what's best for all them.

People and their relatives were actively involved in making decisions about their care and support. Relatives told us that they had been involved in their relative's care planning and would attend care plan reviews. The service manager informed us that the service regularly reviewed people's support plans with everyone, their family and healthcare professionals where possible and changes were made if required.

People and relatives told us people were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction. During the inspection, staff knocked on people's door and asked if it was all right to come in before entering their flats. People told us they could get up and go to bed as they wished and have a shower or bath when they wanted. There were areas where people could spend time, such as the kitchen, main lounge, dining room and their own flat.

People were supported and encouraged to access advocacy services. Advocates attended people's review meetings if the person wanted them to. The service manager gave us examples of when the service had involved an advocate, such as a person in the service did not have family or friends to support with annual reviews and support planning. Advocates were mostly involved in decisions in changes to care provision. People were given the opportunity to attend self-advocacy groups.

## Is the service responsive?

### Our findings

At this inspection, we found people were using the service as they had been during our previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff working in the service. This was reflected in the support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. For example, one person was supported to stay with their relative whilst alternative accommodation was being sort by the local authority.

The service manager and office staff met with other professionals to plan and discuss people's support as to ensure the service was being responsive to meeting people's needs. Information gathered by the service was appropriately used to make necessary changes to people's support plans. Staff had carried out comprehensive assessments of people's needs before any support was provided. The registered manager informed that at present the care co-ordinators were in the process of reviewing and updating every person's support plan as to ensure that information contained within the plans was live and current.

Each person had a support plan in place. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the people needed, in the way each person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs. We did however find in person's support plan information that contained another person's name, this was immediately rectified by the service manager who also gave us reassurance that this was a one off and everyone's support plans would be double checked to ensure this was not apparent in other people's support plans.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the service manager or deputy manager, to address the issue. Recorded we reviewed confirmed this.

# Is the service well-led?

## Our findings

At our last inspection in November 2017 the domain was rated requires improvement. This was due to the service not having embedded effective monitoring systems as to manage the risk and safety of people using the service. In addition, the organisation's quality assurance policy had not been updated and did not clearly set out how the risk and quality within the service would be assessed, audited and monitored.

At this inspection we found that although some further work was required to refine auditing processes and ensure that all review processes were up to date, the service had improved. The service manager informed that the service was continuously using past and present incidents as learning experiences for both staff and people using the service. For example, since the last inspection report the registered manager along with the management team directly working in the service had looked at ways in which they could improve the rating from requires improvement to good. This resulted in an action plan being drafted and service manager working through the agreed action to improve the service.

The registered manager was present during our inspection. They informed us that they had oversight over this service and other services within the locality. The registered manager was supported by a service manager who was visible within the service, had a good knowledge of all the people using the service and demonstrated their commitment and passion to ensure people received good quality care.

People benefited from a staff team that felt supported by the registered manager. Staff said this helped them to assist and help people to maintain their independence and showed that the people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use, which staff used to communicate important information about people's wellbeing during each shift. The communication book was available to all staff on duty and acted as a point of reference for staff who had been off duty. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the registered manager and her staff. They informed us the service had a family feeling and this was due to the service being a family run business. One relative informed us that their family member asks to return as soon as they have finished their respite stay because they enjoy it so much and told us, "This gives us assurances that our relative is happy in the home and they are getting all the support they need."

The service manager informed us that they met with relatives and people using the service as this gave the service an opportunity to identify spacing areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure

that information was kept safe.