

Essence (Telford) Ltd

Essence Telford Ltd

Inspection report

26 Church Street
Wellington
Telford
Shropshire
TF1 1DS

Tel: 01952248529

Date of inspection visit:
26 April 2017
02 May 2017

Date of publication:
26 July 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At the last inspection in November 2016, we found the provider was not meeting fundamental standards and we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked them to make improvements regarding management of risks, protecting people from abuse, staffing levels, staff skills and knowledge, maintaining people's privacy and dignity, person centred care, managing complaints, quality assurance, staff recruitment and the reporting of incidents to CQC. Following the last inspection the service was rated as inadequate and placed in to special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

We undertook this unannounced comprehensive inspection on 26 April and 2 May 2017 to check that the required improvements had been made. At this inspection, we found some of the required improvements had been made and the provider was no longer in breach of the regulations. However, some improvements to risk management and governance were still required.

Essence Telford Ltd provides personal care to older people, people living with dementia, people with physical disabilities, and people with sensory impairments, living in their own homes. At the time of our inspection the service was providing personal care to eight people. There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements had been made to the management of risks to people; however further improvements were required to ensure staff had the information and guidance they required to support people safely. The provider had established safe recruitment practices to ensure staff were safe to work with vulnerable people. People received support from staff at the time and for the duration arranged and felt safe when receiving support. People received their medicines as prescribed.

People felt staff had the skills and knowledge to support them. The provider had recruited a member of staff who took the lead on delivering practical training in moving and handling, which ensured staff knowledge was up to date and people were supported safely. Staff were aware of people's capacity to make their own decisions and supported them to do this. People received support with food and drink where required and this enabled them to maintain their health. Staff were aware of people's healthcare needs and worked alongside other agencies to ensure these needs were met.

People told us they felt staff were kind and caring. Staff spoke about people with kindness and compassion.

People were encouraged and supported to make their own decisions about the day to day care they received and staff were aware of their responsibilities to maintain people's dignity and privacy.

Information available to staff did not always reflect people's current needs. People told us they were involved in the assessment and planning of their care; however this information was not always recorded clearly in people's care records, meaning they may be placed at risk of not receiving care in the way they preferred . The provider had made improvements to the system used for identifying and managing complaints and people knew how to raised concerns if they were unhappy about the service they received.

The provider had introduced some systems for monitoring the quality of care provided. However, these needed to be further developed to ensure consistent, responsive, governance of the service. People and their relatives expressed confidence in the management of the service and staff felt supported by a strong management team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Information about how to manage people's risks were now available for staff, however further improvements were required to ensure these were based on people's individual needs.

People were supported by staff who knew how to report concerns for people's safety.

The provider had established safe recruitment practices to ensure staff were safe to work with people.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were confident staff had the skills and knowledge to support them.

Staff understood the principles of the Mental Capacity Act and supported people to make their own decisions.

People were happy with the food and drink provided by staff which met their dietary needs.

Information about people's healthcare needs was known by staff who contacted relevant healthcare professionals when appropriate.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who they described as kind and caring.

People were supported to make their own decision about their care and support.

People received support that was dignified, respected their dignity and promoted their independence.

Is the service responsive?

Good ●

The service was responsive.

People and relatives were involved in the assessment and planning of their care.

Staff were aware of people's individual needs, although these were not always consistently recorded.

Improvements had been made to the system used to identify and manage complaints and people knew who to contact if they were dissatisfied with the care and support they received.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems developed to monitor the quality of care provided needed further improvements to ensure any trends of incidents or concerns were identified.

People expressed confidence in the management of the service and had been asked for their views on the care they had received.

Staff felt supported by the registered manager and provider and recognised the improvements that had been made.

Essence Telford Ltd

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 26 April and 02 May 2017 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services; we needed to be sure that someone would be available to talk with us.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we spoke to three people and three relatives by telephone. We also spoke with four staff members, the registered manager and the provider. We looked at six records about people's care and support, four staff files and records relating to the management of the service including systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

At the last inspection we found the provider was not managing risks in order to keep people safe from harm. We also found not all staff who provided care were aware of how to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made to the way risks were assessed and managed and staff had received training in identifying and reporting possible abuse. However further improvements to the way people's risks were assessed and managed were still required.

The registered manager and provider had reviewed all risk assessments and guidance documents for staff following the last inspection. These now contained basic information on risks to people, including those relating to moving and handling support and to people's nutrition and hydration. However, although we found more information was now available to staff, these assessments did not go far enough to address each person's individual needs. We reviewed risk assessments for six people and found a number of them were generic and similar in content. This meant that people may not receive care based on their individual needs. By not assessing people's individual risks the provider had failed to provide staff with relevant information required to support people safely. On the second day of the inspection the provider had taken action to improve the level of detail contained in people's risk assessments and this offered clearer guidance for staff on managing risk safely. Staff we spoke with were aware of risks to people but had not always considered the impact of these risks may have on people, for example, how someone who did not like to use a hoist may be at risk from sore skin.

We spoke with four staff members about their understanding of keeping people safe and found they were aware of how to report concerns for people's safety. One staff member told us, "We have been trained and I know we must not keep any concerns to ourselves. These should be reported to the manager or to CQC." Another staff member said, "If I had any concerns I'd contact the manager. I'm aware I could also contact the police, local authority or CQC."

At the last inspection we found the provider had not ensured there were sufficient numbers of suitable qualified, competent skilled and experienced staff to meet people's needs. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this most recent inspection we found improvements had been made and people were no longer at risk from insufficient staffing.

People told us staff arrived on time and contacted them ahead of the call time if they had been delayed, for example, by public transport. One person told, "The times [the staff] come suit me...they are usually on time." Another person said, "Staff arrive on time and the times they visit are fine." A third person told us, "There is the odd time when they are running late, but they always let us know." Staff we spoke with were confident in the staffing levels agreed by the provider and felt there were suitable numbers of staff to meet people's care and support needs. One staff member said, "I support one person who requires support from two staff. There are always two of us and this makes sure the person is safe." We discussed staffing allocations with the provider who told us decisions were made about staffing numbers based on the

information contained in the referral information and during their initial assessment of people's needs. The provider and registered manager were regularly involved in the delivery of people's care and so had a good idea of the needs of each person, this enabled them to respond to any changes in the numbers of staff required to support each person.

At the last inspection we found the provider had not ensured that recruitment procedures had been established and operated effectively to ensure that person's employed met the required conditions, in order to keep people safe. This was a breach of Regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Fit and proper persons employed. At this inspection we found improvements had been made to systems used for the safe recruitment of staff.

We looked at three staff files and saw the provider had carried out pre-employment checks to ensure staff were safe to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. We saw appropriate checks had been carried out. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

People told us they felt safe when receiving care and support. One person said, "I feel very safe with [staff member's name]. I could not manage without them." Another person told us, "I feel safe, staff are friendly." Relatives were also confident their family members were safe when being supported by staff. One relative said, "I think [relative's name] is very safe, staff are very attentive."

Some of the people we spoke were supported by staff to take their medicines. One person told us, "I take my own [medicines] but staff do check I have taken them." A relative also confirmed their family member received their medicines as prescribed, "Staff make sure [person's name] has taken them because they keep forgetting." Another relative shared with us how staff applied prescribed creams to help maintain their family member's skin integrity. We reviewed medication administration records (MAR) which showed evidence of staff signing to confirm people had received their medicines. Notes were also made in people's daily care records which the provider reviewed to ensure there were no concerns relating to the person's medicines. Staff told us they had received training to ensure they were safe to support people with their medicines. One staff member said, "I support one person who takes medicines in both the morning and evening. Sometime they need encouragement, but if I have any concerns I can contact the manager." Since the last inspection the provider had increased the frequency of spots checks carried out to ensure staff were competent to support people. These checks also included observations of staff supporting people with their medicines to ensure they were safe.

Is the service effective?

Our findings

At the last inspection rated the provider as 'requires improvement' for the key question of 'is the service effective?' We identified improvements were required in staff knowledge and skills and staff were not always aware of their responsibilities in relation to the Mental Capacity Act (MCA). At this inspection we found improvements had been made and people received support from staff who had undertaken training to equip them with the skills required to meet people's needs.

People told us they were confident in the skills and knowledge of the staff who supported them. One person told us, "The staff definitely have the right skills, they are excellent." Another person said, "The staff are very good...I am very happy with them." Relatives also expressed their confidence in the staff with one relative commenting, "The staff are excellent...very observant and professional."

Following the last inspection the provider had made changes to the training staff received and had employed the skills of a 'train the trainer', who had delivered practical and theoretical training to staff in the area of moving and handling. The provider told us, "We have a new member of staff who is responsible for training in moving and handling, staff are now more confident." Staff confirmed they had received this training and those we spoke with told us their care practices had improved as a result. One staff member said, "I learned from the practical training about how to support the client safely, as well as how to keep myself safe from injury." Another staff member told us, "The moving and handling training was really helpful. I learned about the different types of slings that can be used when hoisting people and it taught me how best to support people." The staff member who delivered the training told us they had listened to staff feedback about how best to deliver training so it benefited people. They said, "I spent time with the team and also let staff ask lots of questions. I think the knowledge has now given staff more confidence."

We spoke with staff about the support they received from the registered manager and provider. Staff told us they received feedback about how they were performing in their role and that the registered manager had carried out unannounced checks and observations of their practice. One staff member told us, "[Provider's name] works alongside us and gives us feedback. It is caring and supportive." Other staff members told us they could contact the provider at any time for advice or support.

People expressed mixed views about whether staff asked for their consent before providing care and support. One person told us, "They don't ask me, no, but they do chat all the time." Relatives were not clear about whether staff sought consent from their family members. One relative said, "I've never heard staff ask [for consent] but they are very amenable." Despite this feedback people and relatives told us they were happy with the care they received and felt they were fully involved in their support. People told us staff have them options to ensure they were happy with the care provided. Staff we spoke with understood the importance of gaining people's consent and shared examples of how they ensured people consented to their care. One staff member told us, "The person I support can make all their decisions for themselves. I try to offer options and ask 'Would you like to get out of bed?' We have to consider what the person wants first."

The Mental Capacity Act (2005) 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager told us people who used the service had capacity to make their own decisions and records we viewed reflected this. Staff we spoke with told us they had received training in the MCA and understood the principles of the Act and how this related to the care and support they provided. One staff member told us, "The person I support has capacity and is able to say what they would like. I am sometimes concerned that they just agree to everything so I say to them, 'You must be yourself, if you are not happy you need to say no'." The provider, registered manager and the staff member responsible for training had recently attended training to improve their knowledge on human rights. This knowledge was then shared with the staff team through training sessions to ensure the care staff provided was done so lawfully.

Three of the people we spoke with received support from staff with their food and drink. They told us they were always offered a choice of food and drink and were happy with the meals provided by staff. One person told us, "I have a choice; staff get my lunch ready for me." Staff we spoke with demonstrated a good understanding of people's dietary needs and shared examples of how they encouraged people who were at risk of malnutrition to eat. One staff member said, "[Person's name] is not a good eater, so I try and encourage them. They love certain types of fruit, so I will offer those and they usually accept." Although staff were not responsible for purchasing food or planning meals they told us they regularly shopped for small items for some people, to make sure the person was not left without basic essentials.

People we spoke with did not receive support from staff to manage their healthcare needs. However, we reviewed care records and found they contained information about people's healthcare support needs, as well as details of who provided the person with this support. Staff were aware of who received visits from healthcare professionals, for example the district nursing team. Where information about the person's needs had changed, we saw staff had contacted the relevant agencies to advise them of this, to ensure people received care that met their current needs.

Is the service caring?

Our findings

At the last inspection rated the provider as 'requires improvement' for the key question of 'is the service caring?' We identified improvements were required in the way people's privacy and dignity was supported and maintained by staff. At this inspection we found improvements had been made and people received dignified care.

People told us staff were kind and caring. One person said, "Staff are lovely, always laughing. I only have to say if I need anything." Another person told us, "Staff are very caring." Relatives expressed similar views, telling us they appreciated the caring nature of the staff. One relative told us, "The staff are so nice... lovely people. They keep me informed of everything." Another relative said, "[Staff member's name] is a lovely caring person." Staff spoke about the people they supported with kindness and compassion sharing examples with us of how they responded sensitively to people's fears and anxieties. One staff member said, "One of the people I support is scared of the hoist. Which I understand, so try to reassure them and explain clearly what we are doing." The provider also shared examples with us of how they and other staff members had visited people in hospital when they had been taken ill and maintained contact with family members who lived out of the area, to ensure the person felt supported.

People told us they made their own decisions about their day to day care and support and felt staff listened to them. One person said, "I feel fully involved in my care, staff listen to me." Relatives were also confident their family members were involved in decision about their care. One relative commented, "We are always involved in decisions." We saw from people's daily records that they were supported to make their own decisions. Staff shared examples with us of how they encouraged people to be fully involved in their care. One staff member said, "We must listen to people because it's about what they want first." Another staff member shared with us how they involved people in making daily choices and to maintain their independence. They told us, "I encourage people to make their own decisions. With one person I hold clothes up on hangers and ask them which ones they would like to wear." Another staff member told us, "I always ask people, 'what can I do for you?' this encourages them to direct me in a way they are happy with."

People told us staff respected their dignity and privacy when providing support. One person told us, "Staff help me shower and dress and I feel very comfortable with them." Another person said, "Staff are very discreet and let me know if there are any problems, for example, sore skin." A relative shared with us the way staff responded to their family member when they presented with some behaviours that may be challenging. They told us, "The staff are excellent, [person's name] can lash out sometimes, but staff remain calm and treat them so well." Staff shared examples with us of how they maintained people's dignity when providing care. For example, one staff member told us how they always knocked on people's door before entering and made sure they announced themselves when going into different rooms of the person's home. Another staff member said, "Whenever I'm supporting people with personal care I make sure doors and curtains are closed." Staff were mindful of their responsibilities to protect people's privacy and dignity and delivered care that people were comfortable with.

Is the service responsive?

Our findings

At the last inspection we found the provider did not have an accessible system for the identifying, receiving, recording, handling and responding to complaints. This was a breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and a system used to manage complaints was now in place.

People and their relatives told us they knew how to raise concerns if they were unhappy about the care and support they, or their family member received. One person said, "I would know how [to complain], I would contact the manager, but I've never had any complaints." Relatives we also clear about how they would express any worries or concerns. One relative told us, "I would phone the manager, but I've not needed to." The provider told us that since the last inspection they had taken a more proactive approach in communicating with people and had established a system for regularly contacted people to gather their views on the care they received. People told us, and records confirmed, the registered manager had written to people and telephoned them, to ask if they had any concerns about the care they received. Although the registered manager had not been notified of any concerns since our last visit they had establish a system for identifying and processing complaints.

People told us they had been involved in the assessment and planning of their care. One person told us, "My plan is kept in a folder [in my home]; the carers look at it and sign it." We saw from records that the provider had involved people and where appropriate their relatives, in planning people's care and support. However, some information in people's care records was generic, and contained little information that was specifically relevant to that person. In some cases templates had been used and completed for several different people. For example, some assessments had been completed and applied to everyone using the service, rather than giving consideration to people's individual needs. One person's assessment highlighted their care needs in relation to washing and dressing, but there was no information about how these needs should specifically be met. In other cases care plans did not reflect the information gathered on assessment, for example, details of how staff should support a person with confusion or a history of falls. We found that while the provider had a good knowledge of people's needs this knowledge had not been consistently recorded for staff to use. Although we found no evidence of where this had negatively impacted people, this placed people at risk of receiving inconsistent care, as staff did not always have the information they needed to meet people's needs. We spoke with the registered manager and provider about our concerns and they advised people's care records would be reviewed and updated to ensure they contained clear guidance for staff.

We found that where people's needs had changed staff had made a recording of this in the person's daily notes, and also reported the changes verbally to the registered manager or provider. For example, where people required additional support with mobility, or on visual presentation staff had considered they required a visit from a healthcare professional, action had been taken to ensure the person received the right support.

Is the service well-led?

Our findings

At the last inspection in November 2016 we rated the provider as 'inadequate' for the key question of 'is the service well-led?' We found the provider did not have systems or processes in place to enable the registered person to assess, monitor and improve the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the provider was no longer in breach of the regulation. However we did identify areas in which improvements were still required.

The provider had introduced some systems and procedures for monitoring the quality of the service provided. For example, regular contact was made with people using the service and their relatives to gather feedback and identify any areas of concern. Responses from people had been recorded which evidenced people were happy with their current support. We also saw evidence of spot checks that had been carried out to ensure staff were working to the required standards. People had been asked specifically about the standard of care they received and we saw positive responses had been given to this question. One comment read, "[The standard of care] is excellent. Always on time and I like that it's the same carer coming daily." Another comment read, "I am always contacted if staff are running late."

We reviewed people's care records and found gaps in some information and a lack of personalisation in some records so that staff did not have the information they needed to meet people's needs in the way they preferred, for example, in medication administration records. Evidence from people's daily notes indicated that they had received their medicines, so people had not been placed at risk. However, there were no established systems or audits in place to check the records of medicines administration. This meant that where potential errors may have taken place, or staff had recorded information of concern, the registered manager and provider may not be aware. Information about people's needs, particularly in relation to risk had not always been recorded, which meant people may not receive consistent care and information contained in people's care records was at time generic and did not specifically address the individual needs of the person. We spoke with the provider about this and they told us that given the small number of people they were currently supporting they received and shared information from staff verbally. However they did recognise the need to improve their auditing systems as well as develop care plans and risk assessments to ensure people received consistent care.

At the last inspection visit we identified the provider had failed to submit statutory notifications relating to significant incidents that had occurred. A statutory notification is a notice informing CQC of significant events and is required by law. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents. At this inspection we reviewed the provider's records of significant events and found although none had taken place, the registered manager had established a systems for managing and reporting these. Therefore the provider was no longer in breach of the regulation.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Four out of the six people and relatives we spoke with knew

either the registered manager or the provider. One relative told us, "The provider is so helpful. She rings me with any concerns and sometimes emails. I would always choose Essence for carers." Another relative said, "I do know the manager, she is very hands on." People told us they felt the agency was now well-managed and described the management team as "helpful". People and relatives told us they had been asked for their views on the service and had completed surveys or answered questions about the care they or their family members had received. People felt able to express their views and felt the provider would listen to any concerns.

Staff we spoke with recognised the improvements that had been made since the last inspection and told us they also felt the service was well-managed. One staff member said, "There have been a number of improvements. Time keeping is much better, we are now on time. We have also received some good training recently, in moving and handling. I feel we are supporting people safely now." All of the staff members we spoke with told us they could contact the provider or registered manager at any time. One staff member said, "I think we offer more than just care, we can relate to people and the provider is supportive." Some staff we spoke we felt they would benefit from more opportunities to meet together as a team, and the provider told us this was a consideration for the future. The provider told us, "We feel that we have made improvements and increasing our contact with clients has helped this. I am now confident people and staff will get in touch if they have any concerns."