

The Essex Care Group Ltd

# The Essex Care Group

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Essex Care Group is a family run domiciliary care agency registered to provide personal care to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of inspection, the service was providing personal care and support to 15 people.

### People's experience of using this service and what we found

People felt safe and spoke positively about care workers because they had confidence in their knowledge and skills. Staff had been recruited safely following completion of relevant checks. We have made a recommendation about best practice recording of recruitment documentation.

Prescribed medicine was administered by trained staff. We have made a recommendation about the management of some medicines. Staff were provided appropriate personal protective equipment (PPE) which they used effectively to prevent spread of infection.

Staff had received safeguarding training and knew how to act on any concerns. All staff completed a comprehensive induction. Competency was monitored through spot checks and supervisions. The registered manager valued continuous learning and supported staff to complete additional qualifications in health and social care.

Care planning documentation detailed specific guidance to ensure individualised care could be provided safely. Risks had been identified and were managed by appropriate assessments. People's nutritional needs were supported effectively, where required. People were also supported to access healthcare.

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; the policies and systems in the service supported this practice.

Staff were respectful to people, relatives and their homes. People and their relatives consistently told us staff were kind and they were given the time they needed to be cared for safely, with respect. People and relatives were contacted regularly, formally and informally to ensure people were actively involved in their care provision. We have made a recommendation about best practice documenting of end of life care records.

Staff promoted independence by taking time to understand what people needed support with, which enabled people to feel in control and remain as independent as possible. The service was keen to make improvements to ensure everyone can receive information in a way they can understand. Information about how to complain was provided to people. Staff and people's feedback was gathered and analysed with the intent to improve care quality.

Although there were systems in place to monitor the safety and quality of the service provided, these systems and processes were still being modified and developed by the registered manager and support team. It needs to be demonstrated going forward that developments made are embedded and sustained.

For more details, please see the full report which is on the CQC website at  
Rating at last inspection

This service was registered with us on 24/09/2020 and this is the first inspection.

Why we inspected

This was a planned inspection because the service had not been inspected or rated.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# The Essex Care Group

## 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 Care Act 2014.

#### Inspection team

The service was inspected by 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually, to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 25 November 2021 and ended on 6 December 2021. We visited the office location on 25 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it registered with CQC. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person and seven relatives of people who use the service about their experiences of the care provided. We spoke with 4 members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The registered manager told us how he understood the importance of recruiting staff with the appropriate skills and competencies to meet people needs.
- Recruitment processes ensured relevant safety measures including references and disclosure and barring service (DBS) checks were in place before staff could provide care to people. The DBS helps employers make safer recruitment decisions so that only suitable people are employed to work with those who are vulnerable.
- Identification documents were not always signed and dated to evidence when they were received.

We recommend the provider considers best practice guidance for the recording of recruitment documentation.

### Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding enabling them to identify and report concerns when required.
- One member of staff told us about all the different types of abuse that could harm people and what they would do if they identified abuse.
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.
- People and relatives felt safe with staff in their own homes and out in the community. One relative told us, "The carers take [person] to the cinema and swimming, they [care staff] make sure [person] gets to the day centre safely."

### Assessing risk, safety monitoring and management

- An assessment of people's care needs and home environment was completed by the registered manager prior to the start of care. Any potential risks to providing their care and support were identified.
- The provider had implemented an electronic system to monitor the duration of calls and identify missed or late calls. This data was reviewed daily to ensure people were provided safe, consistent care.

### Using medicines safely

- Staff received medicine training and care workers told us their competency was assessed through regular observation and spot checks.
- Staff administered medicines for some people and others had their own arrangements to manage their medicines.

- The electronic care records did not allow care staff to 'log out' of a call until they had signed to confirm they had given people their medicines.
- When people were supported to take their medicine, recording was not always consistent with regard to dosages and/or amount.

We recommend the provider consider current guidance of managing medicines and take action to update their practice accordingly.

#### Preventing and controlling infection

- Staff were trained in safe infection prevention and control.
- Care workers told us they were provided with personal protective equipment (PPE) which was replenished whenever required.
- One relative told us, "Masks are worn all the time and staff take a test [COVID-19] every week."

#### Learning lessons when things go wrong

- When issues arose the registered manager and support team responded to concerns immediately. One relative said, "Essex Care Group are really quick to respond."
- The registered manager and support team were aware of the need to analyse any data trends to improve care provided to people.
- During inspection the registered manager actively made immediate changes to systems and processes where they felt efficiency could be improved.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The registered manager visited people to assess their needs and choices before they began using the service. The registered manager told us, "When we are contacted, we look at the rotas to make sure we can facilitate their initial request and then we book an assessment with the person and their family within 24 hours."
- One person told us, "Prior to starting the care, management spoke to my son because I was in hospital. We definitely receive a good service."
- People were contacted regularly to ensure they received good outcomes from their care. One relative told us, "I can't fault Essex Care Group - they even ask if I need anything."
- Continuity of care staff was held as a priority by the service. The registered manager told us, "During the initial assessment process we look for suitable staff and try our upmost to ensure continuity, as soon as the first call is complete, we make contact so we can make any changes if needed."
- Relatives told us, "We have regular carers, new carers come to shadow an experienced carer so everyone knows what they're doing and understands [person's] likes and dislikes." And "It's usually the same staff member who sees to [person] for an hour which is honestly enough time to support us."

Staff support: induction, training, skills and experience

- Staff completed a robust induction when they joined the workforce. A senior staff member told us, "New staff shadow me, first they watch how people need to be supported for a couple of days and then we work together for a week or until they are signed off with a successful competency check by [registered manager]."
- People and relatives felt staff had the skills they needed to effectively support people. One person said, "Staff help with washing, hoisting me in and out of bed and into my wheelchair. I have 2 carers, three times a day, they know what they're doing off by heart."
- During the inspection the registered manager confirmed specialist training with a District Nurse had been arranged so all staff would be qualified and competent in catheter care.

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

- Staff supported people to eat and drink to maintain their health and wellbeing, where required.
- Relatives told us, "Staff cook meals and take [person] food shopping so they can get what they like." And, "Food and drink are encouraged by staff, they make sure [person] eats and drinks enough because they tend not to."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked well together to ensure people received consistent, timely care. Information was recorded on an electronic system so all staff were aware of people's current and changing needs.
- We saw that staff acted appropriately and in people's best interests when they needed urgent medical assistance. 999 was called and the head office was notified so relatives were informed in a timely and professional manner.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The registered manager understood their responsibilities under the Act. They told us no one using the service at the time of our inspection lacked capacity to make their own decisions about how they lived their daily lives.
- People and their representatives agreed with their care plans and signed to confirm they were happy to receive care and treatment.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives consistently reported they were supported by staff who showed respect in their homes. One relative told us, "It's the same carer who visits us and she's very good and kind." Members of staff told us, "Give people the best care you can – people must feel comfortable in their own home." And, "It's important to make time to understand people and their individual needs, so you can make the time you spend with each person enjoyable."
- Staff knew how to support people well. One relative said, "[Person] likes going on outings with carers. Since Covid [person] is reluctant to go out and try new things. So, it's been important that they [carer workers] support and encourage [person] to get out and about."
- Staff spoke compassionately about people and took pride in their work. One care worker said, "Unless you can involve the person you're supporting in conversation, I don't have conversations with colleagues whilst in someone's house. I think it's rude and disrespectful."

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

- Management contacted people and their relatives by telephone or through visits to gain their views on the care being provided. One relative told us, "[Registered manager] is approachable and very understanding, if [person's] not quite right, they will personally come and see if [person's] okay and we've never had that before, we couldn't wish for more." One person told us, "I can contact the company easily in case I need to make any changes, [registered manager] is ever so helpful, I can't ask for more really."
- Staff were allowed enough time to ensure people's needs were listened to and met. People and relatives told us, "[Person] suffers with depression at times, they [care workers] will sit down for the last 15 minutes and chat to [person] because it really helps their mood." And, "When I ask carers to do something different, they listen and want to do a good job – and change their ways if needed."

Respecting and promoting people's privacy, dignity and independence

- Staff strongly told us the importance of treating people with respect and dignity. One member of staff told us, "You must always gain consent, always, before you carry out a task. If they tell me 'no' they don't want me to do it, then you don't do it."
- Staff supported people and relatives to be as independent as they were able; people and relatives confirmed this. One care worker said, "We really work hard to give people their independence. If they can do it, they should do it."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- It was clear from the detail within people's care plans that they and/or relevant people had been consulted about exactly what needs, and preferences were expected to be met. In turn people felt in control which promoted independence.
- Staff told us the importance of ensuring people are given enough time for personalised care. One care worker told us, "We are given enough time with each person, but if people need more or less time I'll speak to the office and a review of care is carried out."
- Staff used electronic care records which ensured people received individualised care to meet their needs. The electronic system facilitated secure passing of information so that a care worker and management would be notified of any changes to care provision. One care worker told us, "The system helps us work well as a team."
- We received mixed feedback about the paper care plans – containing the same information as the electronic care records - in people's homes. One relative told us, "No paperwork is here, the folder is empty." Another person told us, "I don't know if they [care workers] follow instructions from paper but all of the staff know what they're doing." And another relative said, "The care plans we have here get updated if medications or routines change. Staff take time out to read [person's] care plan if it changes, but staff know [person] well and what to do without using the paperwork."

Meeting people's communication needs

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

- People's care records contained AIS care plans which detailed any communication needs and any aids they required to support communication such as hearing aids or spectacles.
- The registered manager had identified further work that could be carried out, in line with the AIS, to improve their service to people. The registered manager told us how they had plans to increase the audio content of their website, as well as provide basic deaf and blind awareness courses for staff.

Improving care quality in response to complaints or concerns

- People were informed of how to raise a concern or complaint about their care.
- The provider had a complaints policy and procedure in place. We were not able to assess the effectiveness of the policy because there hadn't been any formal complaints made to the service. One person told us, "I don't have any complaints about Essex Care Group." One relative said, "We have no complaints; staff comply

with what's required of them. We are really quite happy with them ."

- People and staff were given the opportunity to provide anonymous feedback by way of distributed surveys. Feedback was analysed and acted upon to improve care quality.

#### End of life care and support

- People's care records clearly stated whether people had a Do Not Attempt Resuscitation (DNAR) order in place to ensure people's wishes would be followed. However limited information was recorded within people's care records regarding their wishes for end of life care.

We recommend the provider consider current guidance to ensure enough information is gained and documented in people's care plans to allow care workers to support a comfortable, dignified and pain-free death at the end of life.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others

- Systems and processes were still being embedded due to the service only being registered in 2020, throughout which time there were the added pressures of the pandemic. The registered manager told us, "It was necessary for us to scale right back to ensure we could manage the provision of consistent, quality care through the pandemic, to the existing people we support."
- Management had identified a need for an improved electronic system to carry out regular audits. The system is due to be implemented in January 2022 which the provider told us will improve the efficiency of their oversight.
- The registered manager worked effectively with external health professionals to promote positive health outcomes for people. One relative said, "[Person] needed carers four times a day, [person's] been back in their own environment with carers and come on leaps and bounds after deteriorating in hospital. It's important to continue their routine and [registered manager] is so helpful, it's never any bother if I've rung up. They get back to me really quickly."
- The registered manager encouraged staff to gain qualifications in areas relevant to their role and progress within the service.

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

- The registered manager had identified a need for additional managerial support with regard to out of hours support and quality assurance systems in particular. Appointment of a compliance manager was underway to ensure the implementation and maintenance of effective governance systems.
- The provider was aware of their responsibility to inform CQC about notifiable incidents in line with the Health and Social Care Act 2008.

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

- The registered manager promoted a person-centred culture, had a clear vision for the service and told us, "We are a family run company and proud to be open and honest. The bigger you get the less control you have so we want to grow at a rate which we can maintain our personal touch."
- All staff reported being led well by the registered manager within a positive culture. Despite recent challenging circumstances caused by the pandemic, morale was good. One care worker told us, "[Registered manager] is very supportive, if I have a problem it's solved straight away." Another care worker said, "I had some trouble passing some online training. I was supported to understand what I needed to

know so I could pass."

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

- Systems were in place to investigate and feedback on incidents, accidents and complaints. These systems had not yet been tested by formal complaints or incidents.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.

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

- All staff enjoyed working at the service, were confident in their roles and responsibilities, and told us management were supportive and approachable. The registered manager told us, "I roll my sleeves up and get out there to help staff. I think it helps relations between staff and myself, it also gives staff the opportunity to speak to me often."
- We received consistently positive feedback from people and relatives about their experiences of engagement. One person said, "[Registered manager] is very helpful, transparent and they [care workers] are all really nice people to deal with." One relative told us, "[Person] likes it when [registered manager] visits to see that they're okay." Another relative told us, "Essex Care Group is a really good service, supporting all of us."