

Essex Community Care Services Ltd

Courthouse

Inspection report

The Old Courthouse
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Essex
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Website: www.ecomcare.co.uk

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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

About the service

The service provides care and support to people living in a supported living setting so that they can live as independently as possible. The service predominantly supports people with a learning disability or autistic people; they are also registered to support people with mental health needs. At the time of our inspection there was 1 person was using the service.

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

The registered manager's governance arrangements did not always provide assurance the service was well led. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection. Limited information was available or recorded to demonstrate the registered manager had recognised where improvements were needed, and lessons learned to improve quality of care to people. We have made a recommendation about their process of recording incidents.

No concerns had been raised by people using the service or their relatives. No safeguarding concerns had been raised since the service became operational in September 2021. The registered manager demonstrated an awareness and understanding of their responsibilities to ensure infection, prevention and control practices were operated in line with government guidance. Staff supported the person as needed to ensure their nutritional, hydration and healthcare needs were met.

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 assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

Right Support

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 focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests.

Staff enabled people to access specialist health and social care support in the community.

Right Care

Staff spoke respectfully about people and treated them with compassion. Staff respected people's privacy and dignity. They understood and responded to people's individual's needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 September 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care and right culture.

You can see what action we have asked the provider to take at the end of the report.

Enforcement and recommendations

We have identified breaches in relation to medicines management and quality assurance.

Please see the action we have told the provider to take at the end of the report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Courthouse

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 was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 a registered manager in post.

Notice of inspection

This inspection was announced. We gave notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 25 January 2023 and ended on 31 January 2023. We visited the office location

on 26 January 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

This information helps support our inspection. We used all this information to plan our inspection.

During the inspection

Due to the specific needs of the person, we were unable to visit them in their home.

As people were unable to talk to us, we had phone contact with 1 relative for feedback about the service about the care their family member received. During the office visit we met with the registered manager and the deputy manager. We also spoke to 2 members of staff.

We reviewed a range of records. This included care records and plans. We looked at 3 staff file's 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.

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

Using medicines safely

- The person's medicines were not always managed safely. The registered manager told us they recorded when medicines were given on a medicines administration record (MAR). However, the MAR chart was incomplete. It did not include the name of the medication, the timings, the dose or the strength.
- There was a gap identified on the MAR chart. The registered manager was unable to clarify why there had been a gap. There were also multiple staff signatures recorded for when medication had been administered on each entry. The registered manager told us all staff present had been signing each time medication was administered. Only the person who had administered the medication should sign the MAR chart.
- Medication competency assessments had not been completed. The registered manager told us, "I observe staff when they administer medication to ensure they are competent but do not formally record this information."
- Medication was not being administered from the original pack [boxes and bottles] dispensed by the pharmacy but from a Dosette box. When medication is not being directly administered from the container they are supplied in, it is classed as 'Secondary Dispensing'. This is not good practice as the member of staff administering the medication cannot be assured the person using the service is receiving the right medicine or right dose at the right time in line with the prescriber's instructions.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.

- The registered manager told us they would amend the current MAR chart and implement a medication audit to ensure there is a robust system in place to identify any shortfalls.
- Staff administering medication had received medication training.

Learning lessons when things go wrong

- The registered manager had systems for recording of incidents. However, there was no formal process for how the registered manager learnt from lessons following incidents to improve quality of care to people.
- There had been no accidents in the service. However, the registered manager told us any accidents would get investigated and lessons learned shared with staff to reduce the risk of them happening again.

We recommend the registered manager reviews their system for recording incidents to ensure a formal process is put in place to learn lessons from incidents and share learning from these with staff.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any form of abuse and I would take immediate action."
- 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.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep the person safe and minimise risks.
- These were regularly reviewed to ensure they remained up to date.
- Care records ensured staff understood what care the person needed. Staff kept accurate, complete, legible and up to date records and stored them securely.

Staffing and recruitment

- There were enough staff to support the person's needs. A relative told us, "There are always enough staff to support [relative]. There has never been an issue with staffing levels."
- People were protected from the risk of receiving care from unsuitable staff. We reviewed staff files to check the registered provider had followed safe and effective recruitment procedures. We found relevant checks had been completed before staff worked at the service. Staff files included application forms, copies of passport or driving licence, references, health checks and criminal record checks, proof of addresses and right to work in the United Kingdom.
- The registered manager had processes in place to ensure all staff received an induction and staff we spoke to told us they had an extensive induction. However, there was no evidence of staff induction kept on files.

Prevention and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available and what they were required to wear.
- Risk assessments were in place for the person to mitigate risks from infections.

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

- Staff completed functional assessments for the person and took the time to understand the support the person needed when they were feeling distressed. Potential support suggested was described in the plan with guidance for staff on how to manage and record them.
- The person had a care and support plan that was personalised and reflected a good understanding of their needs. Likes, dislikes and interests were listed and there was detailed guidance for staff on how to manage anxiety and health conditions. Detailed instructions on how to provide support with different aspects of daily living such as personal care and eating was also included.
- People, those important to them and staff reviewed plans regularly together. A relative told us, "I speak to the manager regularly to discuss any changes."
- Care plans and risk assessments were reviewed regularly.

Staff support: induction, training, skills and experience

- Staff were supported with a full induction when they first started working at the service. Staff told us, "After I completed my induction, I was introduced to the person I would be supporting and spent a lot of time shadowing so I could get to know them well." However, staff did not have evidence of their completed induction on their staff file.
- The person was supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and all restrictive interventions. A relative told us, "I think staff have all the skills and training they need".
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. A relative told us, "The staff and the manager do everything they can to calm them down."
- Staff received support in the form of continual supervision. Staff told us, "My manager is very supportive and supervises me regularly."
- Staff could describe how their training and personal development related to the person they supported. Staff told us they had recently completed training to strengthen their understanding of how to support the person safely during incidents and periods of distress.

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

- The person received support to eat and drink enough to maintain a balanced diet. They were involved in

choosing their food, shopping, and planning their meals. The person was supported to be independent with writing their shopping list, and staff provided guidance with menu planning. Staff told us, "[Person] loves helping in the kitchen and we encourage them to do so."

- A detailed nutrition and hydration care plan was seen in a their support plan.

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

- The person had a health actions plan and health passport which were used by health and social care professionals to support them in the way they needed.
- The service worked closely with health and social care professionals to help support the person to maintain their health and wellbeing. This included making referrals to healthcare professionals to ensure the person had support for their anxiety.
- Staff had practical information to support the person with their healthcare needs. The care plan contained prompts and guidance for staff on action to take, should the person become unwell.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had received MCA training and demonstrated an understanding of the legal framework.
- Staff understood the principles of the Mental Capacity Act (2005) and how to support people to make decisions for themselves when they had capacity.
- The registered manager gained consent from the person to have their care delivered and this was recorded in their care notes.
- Where the person lacked capacity, a meeting had been held to ensure decisions were made in their best interests. This included discussions around whether the person could safely leave the house on their own.

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

- Staff were able to tell us about the person's preferences and how they liked to be supported. Staff told us, "I have worked with [person] since the beginning, I've got to know them very well and I know how to support them."
- A relative told us their family member was treated in a respectful and dignified way, receiving consistent care and support from staff that were familiar and aware of their family member's care and support needs.

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

- The registered manager worked closely with the person to ensure their care was tailored to match their needs and we saw evidence of this in their care plan.
- Support plans were kept up to date and regularly reviewed to ensure staff had all the information they needed.

Respecting and promoting people's privacy, dignity and independence

- The management ensured people's confidentiality was respected.
- Timely and flexible care was provided from consistent staff who understood individual needs to encourage independence.

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; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided the person with personalised, proactive and co-ordinated support in line with their care plan. The care plan contained in depth information about the person's needs, including essential information relating to health, communication, likes and dislikes.
- The person was supported by a team who knew them well and how they liked to be supported.
- The person had the opportunity to shape the service they received. The registered manager told us they regularly amend or update the care plan as and when required.

End of life care and support

- The person's care plan did not include information about their end of life care wishes. Following our feedback, the registered manager told us they would update their documentation to ensure end of life care wishes were considered.
- The provider was not supporting anyone with end of life care at the time of the inspection.

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.

- The person's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- The person's care plan was written in practical, plain English.

Improving care quality in response to complaints or concerns

- There was a policy on how to manage and record complaints.
- The registered manager told us no formal concerns or complaints had been raised either by people using the service or those acting on their behalf, the Local Authority or others since the domiciliary care service became operational. This concurred with information held by the Care Quality Commission.
- A record of compliments was not maintained at this time to demonstrate the service's achievements.

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 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

- The provider's systems to monitor the quality and safety of the service were not robust and had not identified the gaps we found during the inspection. For example, there was no evidence of a formal induction on staff files and medication competency checks had not been completed before staff were supporting people unsupervised. We did not find any impact of this process, but improvements were needed to minimise risks as the service grew.
- Medication audits were not in place. Systems were not robust enough to demonstrate medicines were managed safely or effectively.
- Incidents were recorded however, there was no formal process for how the registered manager learnt from lessons following incidents to improve quality of care to people.

We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were not in place. This demonstrated a breach of Regulation 17 [Good governance] 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

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- Formal staff meetings were not taking place. However, staff told us they have regular contact with management.

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

- The registered manager sought regular feedback from the relative and the person they supported. This feedback was used to improve the care provided. Much of the feedback was informal through conversations with the relative.
- The service had a small staff team who worked closely together. Staff told us they felt supported in their role by management.
- The registered manager understood their responsibility to be open and honest with people if something went wrong.

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The registered manager told us they are always discussing how to move forward and improve the service.
- The registered manager worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were not in place. This demonstrated a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>