

Essex and Suffolk Quality Care Ltd

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Inspection report

Crosslands Farm
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30 December 2019
12 February 2020

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Essex and Suffolk Quality Care Limited is registered to provide personal care to older people in their own homes. At the time of our inspection, Essex and Suffolk Quality Care Limited was supporting 71 people with personal care.

Not everyone who used the service received personal care. 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.

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

People were cared for by staff who knew how to keep them safe, however risk assessments did not always provide information on how to reduce the risk of harm. Staff recruitment systems required improvement to ensure staff had the suitable skills and experience to support people effectively. People's medicines were not always managed safely, and further guidance was needed regarding the administration of 'as and when required' medicines. There were enough staff to meet people's individual needs and care visits were carried out as required.

Staff had received training to support people effectively. Where required, people's nutritional needs were met, and referrals made to health professionals to ensure people remained well. 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 knew people well, were kind and respected people's privacy and dignity. Positive relationships had been formed between staff and people using the service and people were encouraged to maintain their independence.

Care plans lacked detail about how to care for people according to their needs and preferences. End of life care planning required further development to include people's preferences, cultural requirements and their wishes. A complaints process was in place and people and their relatives knew how to raise any concerns.

People, relatives and staff were mostly positive about how the service was managed. The oversight and governance of the service required review to ensure that any issues were identified and rectified to ensure the service continuously improved.

We have made a recommendation about risk assessments, training and the AIS (Accessible Information Standard).

Rating at last inspection

The last rating for this service was Good (published 1 April 2017).

Why we inspected

This was a planned inspection.

Enforcement

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

Follow up

We will meet with the provider and request an action plan to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Essex and Suffolk Quality

Care Ltd

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 inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency which provides personal care to people living in their own homes.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 30 December 2019 and ended on 12 February 2020.

What we did before the inspection

We reviewed information we had received about the service. The provider completed 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. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and one relative about their experience of the care provided. We spoke with three members of staff, and the management team including the registered manager and the director. We visited two people to talk with them and observe the care they received. We reviewed a range of records which included six people's care records and three medication records. We looked at three 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.

After the inspection

We received feedback from one healthcare professional.

Is the service safe?

Our findings

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

At the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although there was no impact on people using the service, some risk assessments lacked key information to provide guidance for staff. For example, medicines risk assessments did not cover the potential risks to people such as if they refused to take their medicine or if they received too much medicine or what staff should do in these situations. Pressure care risk assessments did not cover all the potential risks and how to reduce these such as ensuring regular fluids.
- A business continuity plan had been completed but this did not provide information on how the service should respond to reduce the risk to people in the event of incidents such as bad weather, flooding or staff sickness.
- Where incidents or accidents had occurred, these had been recorded and measures put in place to prevent re-occurrence.

We recommend the registered manager seeks further guidance on the risk assessment process.

Using medicines safely

- Some people received medicines 'as and when required'. There was no information in place for staff to follow about the reason it was required, when it could be given or the potential side effects they should be aware of. There was a policy in place stating the use of 'as and when required' medicine should be presented clearly. This was addressed by the registered manager and information was made available for staff.
- Suitable arrangements were not in place to ensure the proper and safe use of medicines. The record of medicines stock was not recorded within people's homes, so it was not possible to check if people received all their medicines as prescribed.
- Medicines administration records were checked although reasons for any errors and the action taken to rectify these was not always recorded. Where some concerns had been identified, these had been addressed through re-training of the staff member.
- Despite our findings, people were positive about the support they received with their medicines. One person said, "Staff check my medicines and get them ready for me to take. They get me a glass of water to take them." Another person said, "Staff check I have taken them [medicines] when they call. It is good that they do that."
- Staff members were provided with medicines training and competency observations to ensure they were able to support people with their medicines safely.

Staffing

- Some recruitment checks had been completed on new staff before they joined the service to assess their suitability to work with vulnerable people including references from previous employers and a criminal record check. However, a written record of the discussion at interview was not completed to enable the director to make an assessment as to the applicant's skills, competence and experience for the role and ensure they were suitable.
- There was enough staff to meet people's needs. We didn't receive any feedback that staff had missed calls or visits to people in the community were very late. One person said, "Staff are always very good on time. No missed calls ever." One relative said, "Only improvement I would say is to let us know if a staff member is going to be held up, as I have to phone them."

Systems and processes to safeguard people from the risk of abuse

- People felt safe and had no concerns about their safety or wellbeing when staff visited them. One person said, "Staff help me safely get washed and dressed as I am unsteady on my legs and they support me doing this, so I can't fall over." One relative said, "[Person] is very safe in their [staff] hands."
- Staff had received training in safeguarding and understood their responsibility to safeguard people from abuse. They were aware they could report any concerns to the registered manager or to external agencies such as the local safeguarding team.

Preventing and controlling infection

- People were protected by the prevention and control of infection as staff had access to gloves and aprons. Staff received training in infection control.

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.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained 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

- Assessments of people's needs were completed prior to them receiving a service and basic care plans developed using this information.
- Although there was no impact on people using the service, care was not always planned and delivered in line with current evidence based and best practice guidance. For example, people's oral healthcare needs were not assessed or recorded in line with recent NICE guidelines. Despite this, people were supported with their oral healthcare.

Staff support: induction, training, skills and experience

- People said staff had the skills to meet their needs. One person said, "The training staff receive is very good in my opinion and know what I need to have done. Staff operate my inflatable bath cushion superbly." Another person said, "All the staff are well trained and have good knowledge of care."
- Staff received training through online and face to face training sessions which included first aid, health and safety and dementia. Training was not provided in people's specific needs such as diabetes and pressure care management.

We recommend the registered manager review the training provided to ensure it covers people's specific needs.

- Staff felt supported by the registered manager although they did not always receive regular formal supervision. One staff member said, "There could be a bit more contact from [registered manager]. We do have some supervisions and [registered manager] is on the other end of the phone."
- Team meetings were not an opportunity for staff to jointly discuss any concerns and support / learn from each other. One staff member said, "[Director] will say we can come into the office between certain times to raise any concerns and that is classed as a team meeting." This was discussed with the registered manager who agreed opportunities for the staff team to get together would be beneficial.
- Staff completed an induction on joining the service included shadowing a more experienced member of staff to gain experience and knowledge of the people they would be supporting. One staff member said, "I had an induction when I started. I shadowed someone to go around and meet the people. I introduce new staff to people now."
- Staff who had no previous experience of care were completing the Care Certificate. The Care Certificate is a set of standards which social care workers should follow in their working life.
- Spot checks were completed on staff practice. Where issues had been identified these were discussed with the staff member to ensure improvements were made.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Staff understood the principles of the MCA. One staff member said, "It is knowing if they have the capacity to understand why we are there and know what we are doing. Some people have power of attorney to make decisions on their behalf."
- People were encouraged to make day to day decisions and staff checked for consent before providing support.

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

- Where needed, staff supported people to eat and drink enough to ensure a balanced diet. One person said, "Staff cook my breakfast. I have porridge and toast and they help prepare me veg for later on."
- Staff supported people with their specific nutritional needs. One person said, "I need help to have my meals and need to eat with a spoon in my left hand with soft food which staff all get and give to me when they come throughout the day."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access additional healthcare support where required. If staff were concerned about a person's health and wellbeing, referrals to other agencies such as GP's and district nurses were made.

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.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained 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 their relatives were complimentary about the care they received from the service. One person said, "I have always been satisfied. Very caring approach all of them." Another person said, "I am very pleased with everybody. Staff are very helpful and kind and do what they are supposed to do."
- Staff had developed positive relationships with people and knew people well.
- People's care plans included information about their cultural and religious needs.

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

- People were asked for their views on the service and the results were analysed to see if there had been an improvement in the scores from the previous year's surveys. Where comments had been made, there were no records to evidence improvements had been made as a result. The registered manager was able to demonstrate action had been taken and acknowledged this could be further improved.
- People felt that they were listened to. One person said, "We talk, and staff know my likes and dislikes." Another person said, "Yes they are good and even listen to me when I am sorting out the shopping I want them to do for me."
- People and their relatives were involved in the development of care plans and reviews of the care provided were held.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "Staff always close the door and blinds when bathing me and keep me covered up as required." One relative said, "Staff are very good and respectful when taking [person] to shower and fully respect their privacy."
- Staff supported people with patience and were creative in trying different ways to encourage people to maintain their independence. For example, when cleaning their teeth.
- One staff member said, "We try and encourage people to be a bit more independent, so we don't take over their lives. It is their home and we are a guest."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This meant people's needs were met through good organisation and delivery.

At the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans lacked key detail as to the care required at each visit. For example, one care plan stated, 'personal care, strip wash, dressing'. There was no detail about how to complete this care according to the person's preferences. Another person used a rotunda. This is equipment used to enable staff to mobilise people safely. There was no care plan to guide staff on how to use this equipment safely.
- Care plans were not always updated with changes. For example, where one person had requested a change in their care time due to a medical condition, there was no reference to the medical condition in the care plan to ensure staff were aware.
- Care plans were not always in place for staff to follow. One staff member said, "I have done visits and there hasn't been a care plan and the [person] has told me what they needed."
- Care plans included a brief description of the person's history to enable staff to build positive engagement, however these could be further developed to include people's likes and dislikes as these were only recorded in the initial assessment.

We found no evidence that people had not received the correct care, however care plans did not provide key information regarding people's specific needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 registered manager had a limited understanding of the AIS or how to ensure this standard was met.
- There was limited detail in people's care plans regarding supporting people with their communication needs. For example, one care plan stated, 'Hearing – some effect and vision - major effect.' This was no information on how to ensure the person understood any information or how best the staff should communicate with the person.

We recommend that the service consults guidance to ensure people's needs are met in line with the AIS.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people and their relatives knew how to raise a concern.

- Although complaints were dealt with effectively, there was no overview to enable the registered manager to monitor complaints for themes or trends. This was acknowledged by the registered manager who agreed to improve this area.

End of life care and support

- At the time of the inspection, the service was not providing care to anyone who was at the end of their life and had not previously provided end of life care.
- End of life care planning required further development to include people's preferences, cultural requirements and their wishes after they died.

Is the service well-led?

Our findings

Our findings - Is the service well-led? = Requires Improvement

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as good. At this inspection, this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The latest CQC inspection report was available at the office location, however the registered provider's website did not display the rating or include a link to the latest inspection report. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgements. The director immediately acted to ensure this was displayed.
- The registered manager completed ongoing checks of the service such as spot checks on the quality of the care and audits on records, however these had not always been effective in identifying issues found at this inspection, such as the lack of detail in risk assessments and care plans. Despite this, we received positive feedback about the service and there was no impact on the quality of care people received.
- There was a commitment to continuously improving and developing the service. The management team immediately acted on any feedback received during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were positive about the service. One person said, "I am happy with the way it is run and the care. The best thing is knowing they [Essex and Suffolk Quality Care] are always there for me, complete peace of mind it gives. No improvements needed." Another person said, "The best thing is they [Essex and Suffolk Quality Care] will do anything I ask. Managed very well indeed."
- Staff were positive about the registered manager; however, they didn't always feel their views were listened to or considered by the management team. One staff member said, "[Registered manager] is lovely and I get on very well with them. They are very supportive." Another staff member said, "I would improve the staff to be listened to and their opinions taken into account."

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 was aware of their responsibility to be open and transparent when things went wrong.
- The registered manager understood their responsibility under duty of candour. Responses to complaints

contained an apology and a written record of the complaint and the response was available.

Working in partnership with others

- The service worked with others, for example, district nurses and GP's to support care provision.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care Care plans did not provide information on the specific care people required to meet their assessed needs and preferences.