

Essex and Suffolk Quality Care Ltd

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Inspection report

Crosslands Farm
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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place between 26 October 2016 and 2 November 2016 and was announced.

Essex and Suffolk Quality Care provides care and support to people living in the Tendring area of Essex, covering Clacton-on-Sea, Brightlingsea, St Osyth and Jaywick. At the time of our inspection the agency provided a service for approximately 40 people.

At the time of our inspection there was no registered manager in post. The day-to-day running of the agency was carried out by a management team consisting of an acting manager and the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because staff understood their responsibilities to recognise abuse and keep people safe. People received safe care that met their assessed needs and staff knew how to manage risk.

There were sufficient staff who had been recruited safely and who had the correct skills to provide care and support in ways that people preferred.

The provider had improved systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People were supported effectively with their health needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and we found that the provider was following the MCA code of practice.

The management team supported staff to provide care that took people's wishes into account and staff understood their responsibility to treat people as individuals.

People were treated with kindness and respect by staff who knew them well. Staff respected people's choices and took their preferences into account when providing support.

Staff were supported by the management team to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people into account to make improvements to the service. There were systems in place for people to raise concerns and there were opportunities available for people to give their feedback about the service.

Staff were positive about teamwork.

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

Staff knew how to recognise and safeguard people from abuse or poor practice. There were processes to address people's concerns

There were sufficient staff with the skills to provide safe care and who had been recruited appropriately.

Systems were in place for managing risk and for supporting people safely with their medicines.

Is the service effective?

Good ●

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

The provider understood what to do where a person lacked the capacity to make decisions.

People's health and nutritional needs were met by staff who understood their individual needs and preferences.

Is the service caring?

Good ●

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support. Staff treated people with respect.

Staff understood how to relieve distress in a caring manner.

People were encouraged to express their views and these were respected by staff.

Is the service responsive?

Good ●

The service was responsive

People's choices were respected and their preferences were taken into account when staff provided care and support.

There were processes in place to deal with concerns or complaints and to use the information to improve the service. People were confident their concerns would be listened to.

Is the service well-led?

The service required improvement in this key area as they did not have a manager registered with CQC.

Staff received support through the provider's supervision processes to provide people with good care and support. Staff worked well together as a team.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

Requires Improvement 

Essex and Suffolk Quality Care 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 October 2016 and telephone interviews with people using the service and their relatives took place on 2 November 2016. The inspection was announced. The registered provider was given 48 hours' notice because they provided a domiciliary care service and we needed to be sure that someone would be at the office to provide support with the inspection.

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 service. The Expert by Experience supported the inspection by carrying out the telephone interviews following the inspector's visit to the office.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the visit to the agency's office we spoke with the provider and the acting manager. After the inspection visit we spoke on the telephone to six people who used the service and two relatives about their views of the care provided. We also spoke with three members of staff.

We examined four sets of care records, four staff files and records related to the management of the service including rotas, training records, quality monitoring audits and information about complaints.□

Is the service safe?

Our findings

We received feedback from relatives who confirmed that their family members felt safe with the care and support they received. They told us that their family members were happy because they had regular care workers. They said, "There have been no problems, it's usually regular people" and "Yes, [my family member] does feel safe. They've got regular carers." A person using the service and their relative both confirmed they felt safe with staff, "They are really good, we feel safe with them all." One person told us that they "mostly" felt safe but continued, "Unless someone doesn't turn up when I am expecting them to and I need to ring them." They confirmed this did not happen often. People told us that other members of staff stepped in if their regular care worker was off work and it was usually someone else that they knew. The agency's records confirmed that they had sufficient staff to cover the care hours agency.

Where people had been assessed as requiring support with their mobility needs, there were risk assessments in place relating to moving and handling, including whether any equipment was needed to support the person. We noted that the care records for one person identified that specific equipment was needed to support the person. They told us that they felt safe with the support they received with their mobility needs and staff knew what they were doing. Staff also demonstrated an understanding of good practices around moving and handling and said they had had updated training within the last year.

A member of staff explained that they knew what they should be looking for if they suspected abuse. They had not been in that situation but the first thing they would do was notify the office or report to the social worker. They gave an example when they had identified that someone could possibly have been at risk financially. They knew the procedures to follow and the agency alerted the local authority safeguarding team.

Staff files examined contained all the information required by regulation including application forms that recorded the applicant's employment history and proof of the person's identity. Written references had been sought and Disclosure and Barring Service (DBS) checks were carried out before a newly recruited member of staff commenced work. DBS checks are carried out to confirm that people are not prohibited to work with vulnerable people who require care and support.

Three people told us that staff helped them with their medicines, things worked well and they had no concerns. A relative said, "The medication is in blister packs. Staff take it out for [my family member]," Another relative said that they supported their family member with their medicines but staff applied moisturisers to their skin and staff recorded this on the records.

The provider explained that they had updated their processes for supporting people with prescribed medicines. When they take on the support package for a person who requires assistance with medicines, they discuss this beforehand and ask that the person or the family arrange for prescribed medicines to be delivered from the pharmacy already dispensed into individual dose packs or blister packs. Staff administering medicines received training and they completed medicines administration record (MAR) sheets which were filed in the person's folder at home.

A member of staff told us that they supported some people with medicines on a daily basis. They explained that the different medicines were in blister packs and they had to check they were all there and sign the MAR sheets to confirm they had been administered.

Is the service effective?

Our findings

People confirmed that staff had the right skills to provide their care and support. They told us, "Yes, I think so based on what I need." and "Yes I do. There are no problems there." A relative said, "Yes, I would definitely say so. The two [care staff] are very good."

A member of staff explained that they have online training that they can do at their own pace. They said they were currently completing the medicines training which was detailed and taking quite a long time. If they did not reach the required standard in any course there was feedback about where they had gone wrong and had to repeat the training. Staff told us they also had face-to-face training which they preferred to the online courses. They had attended a course to update their manual handling skills and they said that was good.

People told us that an assessment had been carried out before the service started and a care plan was put in place. They said that they had been involved in the process.

A member of staff told us that they go to the office for face-to-face supervision. They had not had a spot check but someone from the office would come out and check that the paperwork was completed correctly. Staff also told us that their colleagues were supportive. One care worker said, "We have a good little team in [named area]. We help one another out."

People confirmed that they consented to their care and support and that staff always consulted them before they did anything. We noted from people's care records that people or relatives acting on their behalf had signed to give consent to the assessed care plan and to keep records of the care delivered.

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. The provider understood their responsibilities under the MCA.

Where people told us that they received support with food and drink they said that they were happy with the way staff supported them. A relative said, "They make [my family member] cups of tea and they always leave a jug of juice." A relative told us, "They ensure [my family member's] got access to fluids." A member of staff told us that people often had ready meals or meals prepared by family that staff would heat up for the person. Sometimes they would make a light meal such as scrambled eggs if that was what a person preferred.

When people received support with eating and drinking, there was a nutrition care plan in place to set out the person's nutritional needs and preferences.

People told us that they usually were able to manage their health needs themselves or with the assistance of

relatives. However, one person said that if they had a hospital appointment staff would take them to it. A relative told us, "They are mindful of [my family member's] health."

A member of staff said that people had regular members of staff so they got to know them well. They said this helped them pick up very quickly if there was something wrong or if the person was showing signs of being unwell. They gave us a specific example of how they had got the doctor out for a person because they picked up on something that indicated the person might be ill.

Where people had risks relating to their health needs there were risk assessments and care plans in place to guide staff to provide appropriate care and support. For example, if a person had limited or poor mobility a risk assessment was carried out using a recognised assessment tool to identify the risks to skin integrity and developing pressure ulcers.

Is the service caring?

Our findings

All the people we spoke with and their relatives commented on the caring attitude of staff. One person said, "They are always interested in what I've been doing." and a relative told us, "They are very good. They are in the right job." Relatives also confirmed that their family members were treated with respect, saying, "Yes they do, we've had no problems" and "Yes they do, very much so."

Relatives sent letters and cards complimenting the caring attitude of staff. One relative wrote, "Just to say a very big thank you for the care you offered my [family member]. Very special thanks go to [named staff members]. I was very grateful for their support."

Staff knew how to provide support if someone became distressed. A member of staff gave us an example of how a person could be anxious in certain circumstances and they were able to explain what they did in those circumstances to reassure the person. We saw from care records that people's needs relating to emotional and social well-being were recorded. This included identifying things that may trigger anxiety or behaviours that staff may have found difficult and there were clear guidelines for how staff should approach these situations.

People's privacy and dignity was respected and maintained by staff when they provided personal care and support. A relative told us, "We have no issues with that." Another relative said, "They make sure the door's closed [when providing personal care]."

Staff provided whatever level of support was needed and, where possible, people were encouraged to maintain their independence. We saw details of the level of input required in people's care plans. A person explained about their needs and what they needed assistance with. They told us that they were able to maintain their independence because of the package of support in place. Another person said, "We couldn't live independently without their help." A relative said, "Without the care [our family member] wouldn't be able to live at home."

Is the service responsive?

Our findings

People who used the service and their relatives told us they were satisfied with the care and support they received and they would recommend the service to others. One relative said, "Overall we are happy [with the service]. The carers are very good and I'm happy with how things are going at the moment." A person receiving a service from the agency told us, "I'm totally happy with the service at the moment. I would recommend them."

People said that they felt they were involved in planning their care and were asked their opinions. They said that they felt in control of the way they received care. A relative said, "Someone comes round and we have a discussion about everything. The carers ask [my family member]." Another relative said, "We have meetings and discuss options etc."

The manager explained that, before taking on a new care package, they carried out an initial assessment of the person's needs. This was completed in the person's home and included assessments of the person's needs around mental health and risks relating to falls, pressure ulcers or nutrition. They also carried out an environmental audit and risk plan to identify any areas of risk for both the person and members of staff providing support.

Following the assessment a plan of care was put in place taking into account people's needs as well as their likes and dislikes. People told us they were given choices about their care and support. A person said, "Yes they do. They ask me what I want." Relatives confirmed that people were supported to make choices. A relative told us, "They ask [my family member] and give [them] choices." Another relative said, "We feel in control of what happens. They [staff] all have a chat with [our family member] and offer [them] choices."

People told us that staff knew them well; one person said, "They've got to know what I like." Relatives also confirmed that care was provided by regular care workers and this meant that they knew people well and understood their preferences, likes and dislikes. A person said, "We have two regular carers that know us and we know them." A relative said, "[Our family member] has got regular carers. If someone's standing in they'll ask [our family member] what they like."

We saw from the sample of care records examined, that each care plan started with a brief introduction for staff as to why the person required care and support. This was followed with a life story of the person with information about their interests and preferences. For example, one care plan recorded that the person attended a day centre, liked to have their hair done weekly and enjoyed spending time with their family. The visits people had were recorded in a document, 'My daily routine', which set out the time and duration of each call and the support staff had to provide. This contained sufficient detail for staff to be able to provide care the way the individual preferred. These details included where the person liked to sit when eating breakfast, where they sat to watch television and whether the person was able to communicate their wishes effectively. The care to be delivered was clearly set out for each of the different visits people had and noted their preference for either male or female care workers to support them.

Daily records of the care carried out were kept at the person's home and we saw that, at the end of the month, they were archived at the agency's office.

Relatives confirmed that reviews of their family member's care took place and they were involved in the process. Care records confirmed that people's care plans were reviewed monthly.

Although people told us they did not have any concerns, they said that they knew how to contact the office and who they should speak with concerns. One person explained about an issue that had arisen with a specific member of staff and how it was dealt with to their satisfaction by the provider.

People knew how to make a complaint or raise a concern and confirmed that they would feel comfortable if they had to do this. A person said, "Whenever I've contacted them, things have been sorted out." They also said they had never had to make a formal complaint. Someone else told us, "They are there if there are any problems. We have good communication." One person told us that they had contacted the agency in the past because they "couldn't get on with" one of the care staff. They explained that it was not a reflection on the member of staff's abilities but it just did not work so the staff member was removed from their rota immediately without question.

Is the service well-led?

Our findings

The service was run by a management team that consisted of the provider and an acting manager who worked together to manage the agency and provide support to staff. One of the conditions of the provider's registration is that, "The registered provider must ensure that the regulated activity 'personal care' is managed by an individual who is registered as a manager in respect of that activity." At the time of our inspection there was not a manager registered with CQC as required by regulation. Plans were in place for the acting manager to register but the application was withdrawn. Since the inspection the provider has confirmed that a manager has now been identified and they are in the process of collating the information for their application to register as manager.

Staff told us they would have no problems raising issues with the management team if they needed to. Members of staff told us that if they needed support they could drop into the office. Resources were made available including personal protective equipment such as aprons and gloves and staff collected these from the office when they dropped in with their completed timesheets.

People told us that they felt the service was well managed and they were able to get in touch with someone if they needed to. They told us that they had a number for the office as well as an out-of-hours contact number.

People told us they had opportunities to give feedback about the service at reviews. A relative told us that they had opportunities to provide feedback on their experience and that there had been 'spot checks' on the care workers. The processes in place to obtain feedback from people using the service and their relatives included surveys sent out by the management team. One relative confirmed that they had received a questionnaire from the manager to fill in. Other relatives told us they could not remember if they had received surveys or questionnaires but said they did feedback on the service at reviews. They also said they would contact the provider if they had anything to say about the service. Two people told us that they had received surveys to complete and also had the opportunity to feedback at care reviews.

Everyone we spoke with indicated that they were happy with the service they received from the agency. Comments included, "We are quite satisfied", "We cannot fault them" and "Yes, we are satisfied as a family. They do all the things they should and more. Things are always clean and ordered."

People were happy with the way their care visits were managed. On the whole they were satisfied that staff turned up on time. We spoke with one person who had had some issues about staff timekeeping in the past. They told us they had contacted the office and it had been resolved. Relatives and other people confirmed that they had no particular issues with timekeeping.

People told us they had regular staff that they knew. They usually knew who was coming and when they would arrive. One relative told us about some concerns they had with a new member of staff and they raised this with the management team. It was a specific issue and they said that, "We didn't want to make a fuss. Everything else, they're doing all right." The acting manager explained that they visited the person and

reassured them that the member of staff would no longer be part of the support team for the person. Concerns and complaints were recorded and we saw that actions had been taken to address the issues to the satisfaction of the person raising the concern.

Relatives were satisfied that the service was consistent. One relative said, "We've had no issues and it's usually the same regular people." Another relative told us, "The timekeeping is OK. We have had no problems. [Our family member] gets a rota and it is regular people." One person confirmed that there were no problems with the timekeeping and the provider would let them know if there was any issue or delay. They received a schedule so that they knew who was coming and said if anyone new was coming to support them they shadowed a regular carer first so that they knew what to do.