Essex Cares Limited

Essex Cares West

Inspection report

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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?	**Good**

Summary of findings

Overall summary

The inspection took place on 26 September 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary service in people's own homes and we needed to be sure that someone would be present at the service's office.

Essex Cares provides personal care to people in their own homes. At the time of inspection up to 20 people were using the service at Essex Cares West.

Essex Cares West was inspected in March 2016 and was rated inadequate. We took enforcement action and required the provider to make significant improvements in a number of areas. The provider sent us regular information and records about actions taken to make improvements following our inspection and the enforcement action.

At this inspection, we found significant improvements had been made in relation to people's safe care and treatment, staffing, training, people's records and arrangements to monitor the quality of the service. However, there were still areas which required addressing.

Medicines management had improved but there were still some areas which needed to be addressed. We found gaps and omissions on medication administration charts that had not been thoroughly investigated.

People had risk assessments in place but some risk assessments lacked detail and did not always provide staff with sufficient guidance on how to minimise risk.

The provider undertook an assessment of people's needs to ensure these could be met. Some information such as desired outcomes for people's care and support were generic rather than specific to the person.

The service had significantly reduced the amount of care they provided, but continued to provide personal care to people.

At the time of inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Staff had access to relevant training and regular supervision to equip them with the knowledge and skills to care and support people effectively.

The legal requirements of the Mental Capacity Act 2005 (MCA) were followed when people were unable to make specific decisions about their care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

People were supported to have enough to eat and drink which met their personal preferences and any health needs. The service worked with health and social care professionals when staff had concerns about people's health and wellbeing.

Staff were kind and caring and treated people with dignity and respect.

There were systems in place to support people if they wished to complain or raise concerns about the service.

The provider had systems in place to monitor the quality and safety of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines management had improved by there were still areas which required addressing.

Some risk assessments lacked detail and did not always provide staff with guidance on how to minimise risk.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place and appropriate checks were undertaken before staff started work.

Is the service effective?

Good

The service was effective.

People received care from staff who had received training to meet their needs.

People's consent was sought in line with legislative frameworks to ensure their rights were protected.

People were supported to access health and social care services to ensure their on-going health and wellbeing was maintained.

Is the service caring?

Good

The service was caring.

People had developed positive caring relationships with staff.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans included personalised information. Some care plans were brief and lacked detail.

The registered manager responded to all complaints received.

People shared positive experiences of the care they received.

Is the service well-led?

Good

The service was well led.

The registered manager demonstrated good management and leadership of the service and there was senior management oversight.

There were systems in place to seek feedback from people and staff about the service this was used to make changes and drive improvements

Essex Cares West

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit to the office took place on 26 September and between the 26 September and the 28 September 2016, people and staff were contacted to obtain feedback about their experience of receiving care or working for Essex Cares West. The inspection team consisted of one inspector and one expert by experience, who carried out phone calls after the visit to the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

One inspector visited the office and spoke with people using the service and staff. The visit was announced. We gave the provider 48 hours' notice of our intended inspection to ensure appropriate senior staff would be there to support us with the inspection.

Prior to our inspection we reviewed information we held about the service. This included a Provider Information Return (PIR) completed by the provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

As part of the inspection we spoke with nine people who used the service, four members of staff, the registered manager and the head of quality and corporate governance. We looked at four peoples care records and four staff records. We examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and complaints

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in March 2016 we found that the provider was in a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not protected from the risks of unsafe care, because the missed and late calls resulted in people not receiving safe care which included not receiving their medication as prescribed.

At this inspection we found that people's medicines were not always managed safely. Records were not always completed correctly, and did not show what medicines people had given. For example, we reviewed five medication administration records (MAR's) and found that staff had not consistently signed to record when they had supported people to take their medicines, despite finding within some notes that staff had recorded this had been given.

When we discussed this with the registered manager, we were told that a medication audit process was in place but when we viewed this audit, it did not contain any detail or action taken when gaps or omissions were identified. Following this inspection the registered manager and provider amended their medication audit document and carried out a full audit of all MAR charts and sent us their findings. These audits now included investigation, outcome and action taken and we were satisfied with the providers response.

People told us that staff supported them with their medication safely. One relative told us, "'They are very caring; they ensure he takes his medication from the dossette box. I always check the medication log to confirm.'' A person told us, "They always do my cream, they never forget." Another person told us, "I depend on them for a lot. I have a little chat with them here and there. They give me my medication at the right time."

Risks to people's safety had been identified. These included risks in relation to supporting people to move, taking medicines, falls and personal hygiene. Care staff we spoke with knew how to reduce the risk of people experiencing harm, even though the information within some of the risk assessments did not provide clear guidance on how to do this effectively. For example, guidance for manual handling stated 'support required' but did not detail what that support should be. Another care plan identified a pressure sore in the daily records but the care plan or risk assessments had not been updated to reflect this information.

The service had introduced risk assessments for people specific to their need, for example risk assessments were now in place for epilepsy, the use of warfarin, diabetes and chronic obstructive pulmonary disease.

We spoke to the registered manager about our concerns they told us that they were in the process of changing the care records.

Following our last inspection we had asked the provider to send us monthly information about all missed or late calls, this information included the reason and impact of any missed or late calls and action taken. We also identified at the last inspection that the registered manager did not have oversight or control of some of the functions of the service for example, the business support centre carried out rota planning. These

functions have now been transferred back to the service.

Since our last inspection the provider had reviewed the way they used their electronic monitoring service and now had a robust system in place which monitored any missed or late visits. They did this by checking the system at five key points throughout the day. Any issues with the rota system was alerted to the registered manager or on call manager in a timely manner and responded to quickly.

A clear definition of what constituted a missed or late visit had been introduced which included what action should be taken if this occurred. This included sending a letter of apology signed by the chief executive and a small gift such as a plant or flowers. If the person was unfortunate enough to have a second missed visit the person would receive a visit from the registered home manager.

People told us they felt safe. One person told us about their experience of the service, they said, "Yes we are okay with them. I can trust they will not hurt anyone but sometimes they come late. They are wonderful, they come to help me three times a week, morning and evening. They also help with other house work such as cleaning; I take my medication by myself." Another person told us, "They always arrive and do everything I need."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. We discussed staffing arrangements with the registered manager who explained that when care cover was needed, there was a contingency plan in place for when staff were on leave or off sick. The registered manager explained that initially support staff within the person's care team would be asked to provide cover. If this is not possible, they then attempt to source bank staff. The senior team including the registered home manager also carried out calls if this was required.

Staff told us they had sufficient time and support to complete their calls safely, one staff member told us, "I have enough time with clients and we can call the office for help when we need it. If we are short someone always comes from the office." Another member of staff told us, "We get whatever time we need to support people, if we go over our time for whatever reason, the company is supportive and try to help. There is no pressure; they let you do what you need to do."

The service had a business continuity plan that detailed any event that could negatively affect operations such as staff shortage, fire, shortage of fuel or flooding and recorded how the service would respond.

There was a safeguarding policy in place and staff had received training in how to protect adults from abuse. . They were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. One staff member told us, "If I have any concerns, I would go to the office. Then if not satisfied, I would use our safeguarding number or go to social services."

The service had introduced a recruitment and retention lead who worked alongside the management team to look at ways to move forward in this area.

At our last inspection we found staff files were poorly organised and we were unable to find information related to safe recruitment practices. Since this inspection we found staff files had been organised so that information could be found easily. The service followed safe recruitment practices and personnel files included application forms, interview records and appropriate references. Checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults and children.

Good

Is the service effective?

Our findings

Most people and their relatives told us they felt that the staff that provided them with care and support had the skills and knowledge that met their needs. One person told us, "The staff are very well trained." Another person told us, "They come in four times a day. They do whatever I ask them to do. They hang up washing, they clear the rubbish, and they make me a cup of tea. I have already made meals. They help me with all the housework.'' A relative told us, "They are very helpful. They always ask [Named relative] if there is any other thing they can do for her. They administer her eye drop effectively.''

Staff told us they received training to enable them to deliver safe and effective care. A staff member told us, "Training included safeguarding, mental capacity, health and safety, moving and handling, infection control, basic life support, medication, information governance and medication.

Another member of staff told us about their experience of the induction process by saying, "I did a week's training then I shadowed for 4 weeks before going out on my own." The registered manager told us that new staff undertook the 'Care Certificate' to increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training new staff working in health and social care.

The registered manager told us they had introduced training specific to people's needs. For example training had been provided for senior staff in stoma care and there were then tasked with cascading the training to all the staff that worked with the person. We found detailed guidance within the person's care plan for staff, which stated that only staff trained in this area could provide support to the person. The service is now looking to expand staff knowledge by introducing more specialised training.

Staff were supported by regular, face-to-face supervision, competency checks and an annual appraisal. Staff told us supervision was a two way process, used to support, motivate and develop them. Open discussions provided staff the opportunity to highlight areas of good practice, identify where support was needed and raise ideas on how the service could improve. The service had recently updated their supervision policy, which had increased the number of supervision to four per year. The supervision process now includes customer satisfaction calls to ask for feedback related to the staff member's performance.

People's consent was sought before any care, was provided, and the staff acted on peoples wishes. People signed their care plans to consent to care and to agree they had been involved in drawing up the plans. 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.

Staff understood their responsibilities under the Mental Capacity Act and what this meant when they cared for people. They were able to recognise if a person's capacity had deteriorated and told us they would

discuss this with their manager. A staff member explained, "MCA is about people being able to make decisions for themselves, some cannot and they are helped by others."

We observed one person being supported with breakfast, the person told us that they had chosen their own breakfast, although care plans described if people required help or support with eating and drinking and staff we spoke to had knowledge of people's likes and dislikes. The service had recently carried out an audit and identified that care plan's required more person centred detail about people's preferences.

People's care records showed their daily health needs were being met and they had access to healthcare professionals according to their individual needs. Referrals had been made when required. For example, a referral had been made to the physiotherapist to support a person with their mobility.

Good

Is the service caring?

Our findings

People told us the service was caring. Comments included; "Brilliant people"; "Staff are really nice"; " They are very good. They make me eat. I like them to bits. I enjoy having chats with them." and "They go out of their way to help". Staff also felt the service was caring. One staff member told us, "The care is great, I love it and I wish I had gone into care years ago."

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out. However, we did observe the staff interacting with people and it was clear that staff had good relationships with people and knew them well.

Staff we spoke to told us that they usually provided care for people in the same area on a permanent basis. People and relatives told us that they were happy with their core group of carers. One person told us, "I know most of the staff." Another person named their favourite staff but said, "Most are nice."

People are given a customer satisfaction questionnaire at the end of their short-term support package for feedback. The service kept a record of all the compliments they received. We looked at compliments that had been sent to the service. One comment stated, "We will be eternally grateful." And, "Excellent care."

Staff told us they understood the importance of promoting people's dignity and privacy. One said, "I close doors and cover people." People told us staff were respectful, one person told us. "They do everything I need and are very respectful in my house."

People told us they were supported to maintain their independence and the support they received was flexible to their needs. A relative told us, "They make [Named] a cup of tea, support her with exercise and support her to walk around with her dog."

The registered manager told us about one person they had been supported that now volunteered at the service they explained that the person comes in three times a week as a handyman doing jobs like painting and decorating. In return they pick them up and provide them with lunch.

Requires Improvement

Is the service responsive?

Our findings

All referrals to the service were reviewed to make sure they could provide appropriate care and support to people. The care plan and assessments were completed with the person receiving care and any other involved parties to ensure the service could meet their needs, taking into account their specific requirements. People's needs were monitored on every visit to ensure their needs were still being met and that there were no changes required. If staff identified any changes, the assessment and review co-ordinator visited the person to review and update the care plan.

People using the service and relatives confirmed they had been involved in the assessment process and had regular discussions with staff about their needs. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see.

Although staff were able to tell us about how they provided care in ways which people preferred, much of this information was not documented in people's care plans.

We looked at four care plans to see what support people needed and how this was recorded. We saw that a mixture of older re-ablement plans and a new updated version were in place. The care plans did not contain much personalised information. For example, they lacked detail about people's background histories, their likes and dislikes. It did not record their preferred wishes or specify what hobbies or interests the person enjoyed. The registered manager explained that until recently the service mainly provided care for up to six weeks, but did agree some people were now using the service for longer and more information was required.

A recent quality audit had identified that care plans required more work to capture this important information to make sure staff had the correct information they needed to deliver a person centred service. This audit had only recently been undertaken and the resulting action plan will include improvements to information in the care plan.

The provider had policies and procedures in place to ensure complaints and concerns were recorded and thoroughly investigated. We looked at records of complaints received and saw evidence of investigation and outcome, which demonstrated the processes were thorough and transparent. For example, we saw a complaint a person had made about a member of staff, this included the outcome for the person making the complaint and how the service dealt with the staff member. One relative told us, "When we started some of the carers were coming late, as late as 11 30 am for an 8.00 am call. This was earlier in the year.. I complained to the office and they rang back and were very apologetic. They sorted it out and I would now recommend them to another person."

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

People and their relatives told us they were happy with the support provided by the service. A relative commented, "The care workers are brilliant. They bend backwards sometimes to do your wishes. They are very nice company" A person that used the company commented, "They are a good service." Staff told us they were happy working with the organisation. A staff member told us, "This is the only care job I have had where if you have a problem they help." Another staff member told us, "I am quite happy here."

Team meetings were held on the last Thursday of every month and held at a time all staff would be able to attend, the purpose of the meetings were to disseminate information to the staff team, share best practice and ideas and discuss common concerns staff might be facing. Agenda items included good practice and praise, medication, communication, health and safety and a mental capacity quiz.

The service had a stable management team who were enthusiastic and committed to driving improvements and providing a quality service. Staff told us they found the management team approachable and felt listened to. One staff member told us, "Yes the company do listen, I asked for some specific training and this was provided." Another staff member told us," The meetings are helpful and we can get to know one another, I do feel supported." A third member of staff said, "The manager is very supportive and guided me through all the paperwork, we have a good team."

We saw that the service also had a 'star of the month award' in recognition of staff for the work they did. This ensured that staff commitment was recognised which encouraged staff retention so that people would be supported by a stable and consistent workforce.

Quality assurance systems were in place to monitor the safety and effectiveness of the service being delivered. This included the recent introduction of Quality Assurance audit assessments that covered a range of 16 standards in key areas of care such as observation, recording and service management. Audits undertaken looked at record keeping, document control, policies and procedures, compliance, customer experience and involvement, staff training, supervision and appraisal, safeguarding, medication administration, staff induction and dignity and respect. When trends or concerns were identified operational services took action to address any shortfalls. A recent audit had identified that improvements to records was needed.

Following this inspection the registered manager took immediate action to improve the medication audit; the management team immediately audited all MAR charts and sent us the findings.