Essex Care Consortium Limited

Essex Care Consortium - Colchester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Essex Care Consortium provides accommodation and personal care for up to 20 people who have a learning disability and may also have autistic spectrum disorder. On the day of our inspection there were 16 people living in the service which is divided into 2 separate houses accommodating between 6 to 10 people in each home supported by their own staff team.

When we last inspected the service in April 2016, we had concerns and found the service to be in breach of several regulations these are referred to throughout the report. We had therefore asked the provider to send us an action plan detailing how they were going to ensure they were meeting the outlined regulations.

The provider had sent us a detailed action plan. Therefore part of this inspection was to ensure that they had carried out the necessary actions detailed in the plan. We were happy that they had made improvements and were now meeting these regulations.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 associate Regulations about how the service is run.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed, and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles

and responsibilities in providing safe and good quality care to the people who used the service.

The management team 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?

Good

The service was safe.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about safe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Is the service responsive?

Good

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints, and the outcomes were used to improve the service.

Is the service well-led?

Good

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Staff were clear about their roles and responsibilities, and were encouraged and supported by the manager and their deputy.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

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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 7 March 2017 and was unannounced, and was completed by two inspectors 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. We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with three people who used the service, we were unable to speak with the other people because they had complex needs and were not able verbally to talk with us we therefore, used observation as our main tool to gather evidence of people's experiences of the service. We spoke with eight staff in total including four care staff, human resources manager, quality manager, administration assistant and the training co-ordinator. We also spoke with the registered manager, assistant general manager and the assistant manager.

Following the inspection we made telephone calls to relatives and professionals for feedback about the service. We reviewed six people's care records, six medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

We also looked at the service's arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Good

Is the service safe?

Our findings

At the last inspection we had some concerns which resulted in the service being in breach of three regulations under safe. The cleanliness and safety of the environment, the safe administration of medicines and the failure by the provider to notify us of incidents as required. During this visit we found the registered manager had made improvements and addressed our concerns thoroughly.

The environment had been fully refurbished with new floor coverings, paint and furniture it was clean and bright with no odours present. Staff showed us how they had worked with people to support them to choose the colour scheme for their bedrooms and some of the communal areas. This involved showing them brochures and paint cards. Since our last inspection the service had employed an additional full time cleaner. All areas of both houses were clean and free from odours.

The service had a full time maintenance member of staff who was responsible for ensuring the premises were kept maintained and safe. A meeting is held every Monday with management and two formal minuted meetings per month with the maintenance team. All tasks are allocated and planned in according to risk, when the tasks are completed they are signed off by the registered manager. The registered manager told us if something urgent comes up for example a broken window or door handle this is dealt with immediately by the maintenance team. However, if this is not possible then external contractors will be called upon for anything urgent that is reported to the arrangement team who will then make the appropriate arrangements according to risk.

Some people had been prescribed medicines to be administered on an 'as required' basis, for example medicines to reduce anxiety. These are referred to as PRN medicines. During our last inspection we had some concerns around the way PRN medicines were being recorded. During this inspection we were saw that improvements had been made to the way these were documented. The service had formalised its recording process when PRN medication is given, to include form that staff are required to complete prior to requesting permission from a manager to offer PRN where appropriate. The form also asks staff to give details of any alternative intervention they have tried with the person for example, distraction, de-escalating techniques, and activities. The manager needs to see evidence of this before authorising any PRN medicines to be given. Once authorised the manager is then required to check back with staff and record any impact or affect the PRN medicines may be having and then record this appropriately.

Medication records and storage arrangements we reviewed showed that people received their medicines as prescribed, and were securely kept and at the right temperatures. Medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. Shift leaders of each of the services carried out medicine audits on a weekly basis to ensure accurate records were being kept.

Where medications were prescribed on an as required basis, such as medications for epilepsy that were given when someone had a seizure, there were clear instructions about when the medication was needed. Staff were trained by an external agency and then they had to complete a competency assessment to

evidence they had the skills to administer medication safely.

On our last inspection we noted that we had not been informed of any safeguarding incidents. Since our last inspection we have received the necessary notifications. All incidents had been investigated and reviewed as appropriate and all outcomes were shared with the appropriate people. The manager had maintained clear records of any safeguarding matters raised in the service.

The provider's safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. They had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority.

People and their relatives told us they felt safe living in the service. Relatives comments included, "I have no concerns about [name of relative] it is like home from home", and "I don't have to worry about [relative] I know they will look after them."

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with people to manage a range of risks effectively.

We saw records which showed that equipment at this service, such as the fire system and the vehicles, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The manager told us how staffing levels were assessed and organised flexibly. This was to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. People, relatives and staff told us there was enough staff to meet people's needs and to keep people safe. Staff told us, if they needed to use agency staff it was consistent staff that new the needs of the people that lived in the service. Relatives confirmed that staffing levels were sufficient to support individually assessed needs of their relatives for example, where one to one support was required for trips out into the community. There was a 24-hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people. One staff member told us, "When I started working here I shadowed other staff and worked at building up a relationship with the residents, before I did any lone working." The shift leaders told us that this was important for people to know the new staff before they were involved in supporting them on their own.

Good

Is the service effective?

Our findings

At the last inspection we had some concerns which resulted in the service being in breach of two regulations under effective. Need for consent and fit and proper persons employed. During this visit we found the registered manager had made improvements and addressed our concerns thoroughly.

During our last inspection we found that the manager and staff at the service did not have a clear understanding of mental capacity and consent. During this inspection we found that improvements had been made. All managers had redone their training in regard to MCA assessments. As a result of this training all assessments had been rewritten ensuring the involvement of people if possible and where appropriate relatives, advocates and other relevant professionals. Mental capacity assessments are reviewed regularly and audited by the assistant general manager.

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 make 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The staff demonstrated a good understanding and awareness of their responsibilities of MCA and DoLS. Care plans showed that where people lacked capacity to make certain decisions, these had been made in their best interest by health professionals or with input from family members. Where people did have capacity we saw that staff supported them to make day to day decisions, and sought their consent before providing care.

On our last inspection we had concerns around staff receiving the necessary training in order for them to meet the needs of the people they worked with. On this inspection we found that improvements had made. Since the last inspection a training coordinator had been employed who was responsible for auditing, holding and collating a record of all staff employed in the service along with their completed training, on-going training and supervisions due. All staff had received training in communication and this was evident from our observations during the inspection.

All staff had updated their training in relation to physical intervention which focused on de-escalation and breakaway techniques with this training staff are taught to use physical intervention or any restrictive practice as a last resort.

Staff told us they received the training and support they needed to do their job well. We looked at the staff

training and monitoring records which confirmed this. Staff had received training in a range of areas which included; safeguarding, medication and communication. Training for staff was a mixture of e-learning and group based sessions, and staff told us the training was good and gave them the information they needed to meet people's needs. One member of staff told us, "We are always put forward for training and it is kept updated." Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The managers and shift leaders of each service carried out observations whilst on shift, to ensure staff were competent in putting any training they had done into practice.

People and their relatives told us the staff met their individual needs and that they were happy with the care provided. Relatives told us, "The staff know [relative] very well they know what they are doing, they are a consistent staff team and all work in a consistent way that is what [relative] needs to keep him calm and happy", and "The staff understand [relative] and provide him with the openings and opportunities for him to make decisions and choices enhancing his days."

In each of the houses we saw notice boards with pictures of the staff and their names of who would be working on that day and who they would be working with. Staff told us people liked to know who was going to be on shift throughout the day, and that the allocation of staff was flexible depending on the presenting needs of people on the day.

People were complimentary about the food. They told us they had a choice of what to eat and we were shown menu plans. The menus plans were also in pictorial format to enable everyone to have an informed choice of what they wanted to eat. People were also shown two choices of plated food to help them make an informed choice. The plans showed us that the food offered was balanced and nutritional and people were offered choice. We observed people where appropriate being supported to make their own meals and drinks with staff. One person told us, "I like it here the dinners are lovely." Drinks were available in the communal areas of both of the homes stored in fridges and tea and coffee were available and made for or with people as appropriate.

Care records showed people's day to day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatric nursing staff, occupational therapists, chiropodist, dentist and GP's. Referrals had been made when required. For example, a referral had been made to the dietician and speech and language therapist because of concerns around someone's eating disorder. One relative told us. "The staff always ring and keep us updated about any appointments." Details of appointments were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

Good

Is the service caring?

Our findings

At the last inspection we had some concerns which resulted in the service being in breach of one regulation under caring. Respect and dignity. During this inspection we found the registered manager had made improvements and addressed our concerns thoroughly.

All staff had received training in dignity and respect. Staff had also received communication training and we observed staff interacting with people during the day of inspection. All interactions were warm, friendly and appropriate. Staff were competent in using Makaton and used this to interact with people. Makaton is a sign language used by people with learning disabilities. Staff ensured they spoke to people at a level and pace they could understand. Where people were unable to verbally communicate, staff also used pictorial communication aids and looked for a response from the person by body language such as a smile or hand gesture. People were relaxed with the support they were given from staff.

We observed people having their privacy respected. For example, staff would knock on the door of a bedroom or bathroom wait for a response before entering. We heard people being reminded in a discreet manner about using the bathroom.

People and their relatives told us staff were caring towards them and always treated them with dignity and respect. One person said, "They are lovely, I like living here." Staff had developed positive caring relationships with the people they supported. This was evident from the interactions we observed there was lots of smiles and laughter.

Wherever possible, people were involved in making decisions about their care, and if this was not possible their families were involved with their consent. We saw that people had access to advocates where necessary. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

People's choice as to how they lived their daily lives had been assessed and positive risk taking had been explored. People told us how they had been supported to go on holiday to places of their choosing. They also expressed how staff supported them to do the things they wanted to do and when they wanted to them therefore, respecting their individual choices.

Relatives told us that staff treated people with respect, dignity and kindness and as individuals. One relative told us, "[name of relative] is happy there. I would know if they weren't" and, "They are always happy to come back after we have been out for lunch."

Family members could visit whenever they wanted to and this was confirmed by the relatives we spoke with one relative told us, "We visit once a week and are always made to feel welcome by the staff "and, "I visit every four weeks and take my [name of relative] out for lunch."

Staff told us that each person's keyworker supported them maintain contact with their family and friends

and this included supporting them to buy presents and cards for special occasions as well as keeping their care plan updated.

Good

Is the service responsive?

Our findings

At the last inspection we had some concerns which resulted in the service being found in breach of one regulation under responsive. Person centred care. During this inspection we found the registered manager had made some improvements and addressed our concerns thoroughly.

Each person's care plan had been rewritten including wherever possible the person concerned and where appropriate their relatives or advocate. Each person had a care plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Care plans were regularly reviewed and updated to reflect people's changing needs. However, we saw some blank forms in people's care plans which were not necessary and some information was repetitive. We understood from the management that the assistant manager and assistant general manager were in discussion about beginning the process of streamlining people's care plans.

People's relatives told us they were invited to meetings and reviews on a regular basis and kept informed of any changes that were being made. The service also sent out six monthly or sooner if required a copy of any relevant forms to involve them in the process of care planning, including risk assessments and mental capacity assessment forms asking for their comments.

The service was responsive to people's changing needs and people's preferences were taken into account so that they received personalised care. We saw that people had a 'pen portrait' in their support plan which clearly described the person's needs likes and dislikes. People had a designated member of staff known as a keyworker, who was responsible for supporting that person to understand their care plan and the keyworker supported other staff to build up relationships with this person.

Some of the staff had worked at the service for a long time and had built up positive relationships with people they supported. Because of the nature of the people they supported it was very important for all staff to work consistently in order to alleviate any anxiety people may feel which would then be expressed by people displaying behaviours that may challenge. New staff we spoke confirmed that they had been told this and supported to work in a consistent way with people.

Staff spoke to were able to outline what people they liked to do and what areas they needed assistance with. They spoke about each person's preferred method of communicating and this was documented in each person's care plan. For example, when a person did not verbally communicate they made their needs known by different noises or hand gestures and facial expressions.

Professionals we spoke to who are involved with the service told us, "I haven't had any problems I come to the service regularly" and "They have made a real effort with [name of person] now items are left off of the shopping delivery [name of person] is then encouraged to go out to the shops to buy the missing items."

Handovers took place at the beginning of each shift we observed two handovers taking place. Staff discussed people's health and wellbeing. Any forthcoming appointments and activities that were taking

place for each person for the remainder of the day.

Records confirmed that everyone had access to and took part in a variety of community activities according to their personal preferences. For example, trips to the shops, lunch out and college courses. One relative told us, "They took [name of relative] to watch a football match they love football." The grounds of the service were extensive and included a large woodland people could access they also had an allotment area which we observed people working on with support from staff. The grounds also housed a swimming pool for use in the summer months and a hot tub which was available for people to use all year round.

One the day of inspection we observed one person taking part in doing their ironing and cleaning their room. They were very proud when talking to us, telling us how they were able to do these things for themselves. A member of staff supported them by giving verbal encouragement and praise the person was obviously enjoying their independence.

The assistant manager told us how one person had taken part in interviewing them for their job with staff support. This told us that people were empowered and encouraged to be independent. We observed throughout the day staff interactions with people giving verbal prompts and praise when someone achieved one of their goals.

The service had a robust and clear complaints procedure, which was displayed in the home in a format that people could read and understand. People told us they had no complaints but would feel able to raise any concerns with the manager or staff. The manager confirmed that the service was not dealing with any complaints at the time of our inspection. They advised us that they dealt with any issues as and when they arose. People and relatives confirmed this and told us that they had a good relationship with the manager and staff and could speak to them about any concerns and things were dealt with immediately. One relative told us, "I have had some issues in the past they have always been looked into immediately and I have been kept informed along the way."

Good

Is the service well-led?

Our findings

At the last inspection we had some concerns which resulted in the service being found in breach of one regulation under well- led. Good governance. During this inspection we found the registered manager had made some improvements and addressed our concerns thoroughly.

The registered manager informed us that since the last inspection they had reviewed their handover documentation to include a section on the premises and equipment. The shift leader responsible for the shift had to do a walk around with the shift leader coming onto the next shift this included a visual check of the premises to ensure the equipment was clean and safe and secure.

The registered manager was supported by an assistant general manager who managed a home nearby and visited on a regular basis to carry out audits which included observations of staff practice and to audit accidents and incidents. The registered manager told us the incident form had been amended to include a 'manager's review' section. This ensures that each incident is reviewed by the registered manager and can be used by them to assist in identifying problems and patterns and trends. The review of the incident included the registered manager speaking to the person involved in the incident, providing debriefing feedback to all staff involved and where appropriate informing relatives of any incidents and the outcomes. Any outcomes were recorded and used to improve practice. For example, identify training gaps or modifying the environment.

Since the last inspection the service had recruited a new assistant manager they told us they were undergoing their induction into the company and that they had found the management and staff to be welcoming and supportive. We observed the registered manager talking to the people in the home in a warm and friendly manner, they were knowledgeable about all of the people and staff that lived and worked in the service.

Staff told us the service was well organised and they enjoyed working there they said the manager had a visible presence within the home and in the daily running of the home. They knew the people they supported and regularly worked alongside staff. They also told us that they were treated fairly, listened to and that they could approach them at any time if they had a problem.

They said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs. Some of the staff had worked for the service for many years and therefore had extensive knowledge and experience with the people they supported this enabled consistent care from staff who knew them and with whom they had built up meaningful relationships with. Although the service on occasions did use agency staff the registered manager told us they had a bank of consistent agency staff that knew the people well and therefore provided consistent care to alleviate any anxiety that may occur due to people not knowing the staff. We had a discussion with an agency member of staff who confirmed they knew people's needs well and had built up positive relationships.

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. A quality assurance frame work was in place which had been developed to reflect the CQC five domains of good care; safe, effective, responsive, caring and well led. The provider conducted regular audits in line with these domains. The service was well led and had a framework that assured the quality of the service.

The service had its own maintenance staff and they were responsible for carrying out health and safety checks and checking water temperatures and for ensuring the buildings were safe. This person was on call and if a problem arose they could be contacted to repair or to make an area safe. We saw that regular safety checks had taken place which included fire checks, portable appliance testing (PAT) testing and servicing of equipment to ensure it was safe.

The provider used a range of ways to seek the views of people who used the service this included monitoring mood and observations of interactions between people and staff who did not have the capacity to answer a questionnaire. The service had the support from a speech and language coordinator to help people work through the questionnaire to ensure they understood what was being asked of them. They sent surveys to relatives and professionals to seek their views and opinions. Feedback was positive with people being happy with the care and support they were being given. Relatives told us they were part of the six month review of their son or daughters care plan and were then also able to give feedback about the service.

Care files and other confidential information about people were kept in the main office in each of the services. This ensured that people such as visitors and other people who used the service could not gain access to people's private information.