

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Essex Cares South East

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Essex Cares Limited
Registered Manager	Mrs. Christine Bright
Overview of the service	<p>Essex Care South East provides a number of different services. This includes a rapid response team who provide care and support for up to two weeks to help reduce hospital admissions, support for a period of up to six weeks for people who are discharged from hospital and a private service for those people who wish to receive continuing support. The focus of their support is to rehabilitate people back to independence.</p>
Type of service	Domiciliary care service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We reviewed all the information we have gathered about Essex Cares South East, looked at the personal care or treatment records of people who use the service, carried out a visit on 30 October 2012 and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

People who received a service were positive about the care and service. They all confirmed that they had been involved in decisions on how they wanted their care provided and they had regular contact with the manager and care worker to ensure that if their care needs changed they received appropriate support. They had been fully involved in setting up their programme of care. People spoken with understood the care and treatment choices available to them and told us they were involved in making decisions about their care.

People had been given appropriate information and support regarding their care and had been fully involved in the assessment of their needs and the programme of care arranged.

People were complimentary about the care they received and stated they felt their privacy and dignity had been respected. Comments included, "They are ever so kind," "It is a wonderful service" and "I am going to write a letter of thanks."

People told us that care workers had the knowledge and skills to meet their needs.

Comments received from the provider's quality assurance included "They are a caring and efficient team," "It is a very good service – we are well pleased," "The carers are first class – we cannot fault them" and "I cannot praise them enough."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

The present registered manager for Essex Care South East is in the process of retiring on the 1 November 2012, but the new manager was present during the inspection. Information and evidence was provided by both.

The managers confirmed that there are sufficient care workers to cover the care needs of the people who receive a service. They presently employ approximately 60 care workers.

The service user guide had essential information on the service provided and the care people could expect. The managers advised that a copy of the service user guide would be provided as part of the assessment process, to help ensure people have the information they need. People spoken with stated that they had been provided with information.

We spoke with the managers who told us that privacy, dignity and independence would be covered as part of the care worker's induction programme and it was also part of the Skills for Care training provided to all care workers within their first 12 weeks of employment. Three care workers spoken with confirmed they had received an induction and were able to give some good examples of how they promoted people's privacy and dignity. Care workers had a good knowledge of people's care needs.

Feedback from people confirmed that the care workers were polite and respected their privacy and dignity.

People said they had been part of the assessment and care plan process and their choices had been taken into consideration. Care workers confirmed that they received enough information to enable them to provide appropriate care

Essex Care's core values included independence, choice, privacy, dignity, fulfilment and self determination. Care workers told us that they had received equality and diversity training, and they assessed how to address people's individual needs during their weekly team meetings and also part of the initial assessment. Essex Care South East had also recently introduced a mandatory course on equality and diversity, and sixteen staff had now completed this.

Training is also provided to care workers during their induction on the Mental Capacity Act 2005 and deprivation of liberty.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

We viewed three people's care files and these contained an initial assessment which had been completed by the care workers and clearly identified each person's care needs. The files seen also contained evidence that either the person receiving the care or their representative had been involved in the assessment and care planning process. Each file contained a consent form to show that the individual agreed with the care to be provided. People confirmed they had been able to make decisions about their care and how they wanted this to be provided. Each assessment viewed was sufficiently detailed to enable the care workers to deliver care appropriately.

As part of the assessment process individual goals had been set and each person would then try and achieve these over a six week period of service. Some documentation showed that people had been visited to review their care, but it was not always clear whether the service had been updated or the person had met any of their set goals. This was discussed with the managers, who advised that this information would not be placed on the person's file until the service had finished. It was agreed that people's reviews needed to be clearer and developed further. Regular weekly meetings with care workers also take place to ensure those providing the care are kept up to date on people's needs and what assistance is to be provided.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse and the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

There were systems and procedures in place to help staff identify concerns and respond appropriately to the signs and allegations of abuse. Care workers spoken with confirmed they had received guidance on abuse and written information had also been provided. Other guidance available to care workers included the grievance, disciplinary and whistle blowing procedures.

Both managers were aware of the correct procedure for referring safeguarding concerns to the local authority. The training plan seen showed that care workers had received safeguarding training and updates. Safeguarding is also covered as part of the staff induction programme. Care workers confirmed they had received training in safeguarding, and that they had an understanding of safeguarding and whistle blowing and what signs of abuse to be aware of. They added that they found management approachable and could take any concerns/issues to discuss with them.

All people spoken with said they knew who to raise any complaints with and that they had been provided with written guidance and telephone numbers if they had any concerns.

There were systems in place and written guidance on how care workers should deal with people's finances to keep both them and the people safe.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by care workers who were supported to deliver care and treatment safely and trained to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development.

The provider ensured that care workers had received an induction prior to providing care and support. They also completed a 12 week course in line with the Skill for Care training. Training records were held on computer and copies of training certificates could be found on staff files. Training that had been completed included health & safety, medication, moving & handling, the Mental Capacity Act 2005, food hygiene, safeguarding and infection control.

Additional training had been provided to ensure that care workers had the required skills to safely assist with any individual care needs. This included training with an occupational therapist so they are aware of the correct equipment to use to help them in their role and keep them safe.

Care workers had the skills and knowledge to provide the care required and care workers spoken with confirmed that regular training and updates were provided. A list of training that was to take place during 2012 and 2013 was also available.

At least 50% of their staff had achieved a National Vocational Qualification.

The provider had a policy and procedure for the supervision of care workers, but the document seen did not specify the frequency or format of staff supervision. When looking at care worker's files the written evidence of supervision varied and some staff had not been seen for quite a few months. Regular meetings had been provided, but the minutes had been archived so could not be produced. The manager advised that this was an area that they were in the process of developing as it had been highlighted during a recent review of the service that they were not fully meeting their own procedures. A deputy manager would be in post from 1 November 2012 and one of her responsibilities was to meet and supervise staff. Since the inspection visit the manager has confirmed that there would now be fortnight meetings (group supervision), yearly 1:1 appraisal, At least 1 assessment practice standard with feedback and 2 1:1 supervisions per year. They are also to introduce a personal log sheet for each care worker, where they will record any discussions or concerns when they come into the office. Evidence that this has been fully implemented will be sought on future visits.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Essex Care South East have effective systems in place to help monitor the quality of the service delivery and ensure that people receive safe and appropriate care and treatment.

The managers told us that over the six week service regular visits are made to people using the service to discuss and monitor the care and support being provided.

Essex Care South East has achieved their ISO 14001 accreditation and BS OHSAS18001 which is a set of quality standards that have to be achieved and are regularly reviewed for management and the environment. They had recently had a health and safety audit completed and no concerns had been raised.

There were clear lines of accountability and some staff had worked for the company for a number of years and those spoken with added that they often visited the same people and there was good continuity of care.

Essex Care South East had a number of systems in place to help monitor the quality of their service delivery and ensure people who receive a service are able to give feedback. The company had internal audits in place to assess the quality of services they provided. Some regular audits were in place to help ensure correct company procedures were being adhered to, but these were to be developed.

Quality questionnaires had been sent out to people who received a service and positive feedback had been gained and a report had been written to record the findings. Only one concern had been raised and this was around a late visit. People spoken with only had compliments about the service and did not raise any concerns about the quality. They added that staff were courteous, friendly and helpful.

This showed us that the provider monitored the quality of their service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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