

**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:

|  |   |                   |
|--|---|-------------------|
| <b>Care and welfare of people who use services</b> | ✓ | Met this standard |
| <b>Cleanliness and infection control</b>           | ✓ | Met this standard |
| <b>Management of medicines</b>                     | ✓ | Met this standard |
| <b>Safety and suitability of premises</b>          | ✓ | Met this standard |
| <b>Requirements relating to workers</b>            | ✓ | Met this standard |
| <b>Staffing</b>                                    | ✓ | Met this standard |
| <b>Complaints</b>                                  | ✓ | Met this standard |

## Details about this location

|                         |   |
|-------------------------|---|
| Registered Provider     | Essex Cares Limited   |
| Registered Manager      | Mrs. Michelle Gilbert   |
| Overview of the service | Essex Care South East provides a number of different services. This includes providing care and support for 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. |
| Type of service         | Domiciliary care service  |
| Regulated activity      | Personal care   |

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 3 September 2013, talked with people who use the service and talked with staff. We reviewed information given to us by the provider.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

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### What people told us and what we found

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People receiving care were complimentary about the care staff and expressed that they were happy with their care and support. They did not raise any concerns about the care they received and their comments included, "Well they are all very nice and caring and nothing is too much trouble," "They are very very kind and very helpful," "They are very good, I cannot fault them. They are reliable and on time" and "They are usually different ladies but they are all ok - including ones I've not met before. I cannot fault them." They confirmed they had been involved in decisions on how they wanted their care provided and fully involved in setting up their programme of care.

An expert by experience completed telephone interviews with a number of people who received a service from Essex Cares South East to gain their views. An expert by experience is a person who has had experience in using this form of service and assists the compliance inspector in their visit and gaining information. Comments from the visits and interviews have been added to this report where possible.

The expert by experience reported that during their interviews, those people who had some problems still mainly praised the care and the service and would recommend it. People reported that the care staff were unhurried, helpful and also very sensitive. They added the care staff were very respectful of their home life and choices and the agency listened to them from the start and respected their choice.

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

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Care and welfare of people who use services

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

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

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### Reasons for our judgement

We looked at the arrangements for ensuring that people received safe and appropriate care and support that met their needs.

We viewed three people's care files and these contained an initial assessment which 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 arranged. 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 staff 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. Files viewed had copies of moving and handling and environmental risk assessments. These clearly identified where risks had been found and what action would need to be taken, so as to ensure the person's safety and wellbeing.

People we spoke with confirmed that they were receiving the care they needed and got on very well with the care workers. They said that the care workers had a good understanding of their needs and provided the care required. Care and treatment was planned and delivered in a way that ensured people's safety and welfare.

The expert by experience reported, "There was substantial evidence that care was carried out safely and effectively with the emphasis on respect and dignity." People said that the care staff were polite and respectful and showed respect for them and for their household. In addition there were several interviews where the call recipient described how their wish to be as independent as possible was respected and assisted by the agency staff.

The expert by experience found during the interviews that people had found that the care

staff were generally on time. They were satisfied with the service offered and would recommend it. The service had given people enough care to gradually enable them to do more for themselves.

One area that was raised was with regard to gender of carers. Two people interviewed were surprised that staff were not the same gender as themselves. This aspect of choice/consent could be improved where possible, or people are more clearly asked about such preferences.

**People should be cared for in a clean environment and protected from the risk of infection**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and there were effective systems in place to reduce the risk and spread of infection.

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**Reasons for our judgement**

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We looked at the systems and procedures in place to help protect people from infections and prevent cross contamination.

Essex Cares South East had systems in place to help monitor and manage the prevention of infections. It was noted that the information in the infection control policy and procedure was out of date and did not include the Code of Practice on the prevention and control of infections and related guidance. The manager agreed to ensure that the policy was updated to reflect the new guidance and was advised that we would check this had been actioned on future visits.

Staff received training on infection control during their induction programme and it is part of the 12 week common induction standards. The training record seen showed that a number of staff required an update, but this was in the process of being organised.

Staff spoken with confirmed that they received a good supply of disposable gloves and aprons. Other stated they also had soap and alcohol hand gel provided. Staff are required to sign a statement to say they have received personal protective equipment and evidence of these could be seen on care worker's files.

The manager confirmed that they had appointed an infection control lead for the team. Their role included liaising with all staff to ensure that their infection control training had been completed. The infection control audit on the service had not been completed since our last visit. We have since received confirmation that this has been completed and a copy submitted for our records.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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We looked at the systems in place for the handling, recording and administration of medicines, to ensure people were kept safe.

Medicines were handled appropriately and arrangements were in place in relation to the recording of medicines. This included a medication policy and procedure which had been last reviewed in March 2012. The service employed a registered nurse and it was their role to visit people who needed assistance with medication and complete medication charts and to regularly review these.

It was confirmed by the manager that staff would be provided with medication training during their induction programme and then regular updates would be provided. Refresher training for medication had been organised during 2013 and evidence of this could be found on staff files. Care staff were also required to complete a medication task workbook and this was then checked and scored to ensure safe practice.

Care staff spoken with confirmed that they felt the medication system was a safe system and they had no concerns.

## Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

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### Our judgement

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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### Reasons for our judgement

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We looked at the environment to ensure it was safe and suitable for running a homecare service.

Essex Care South East is based in a community building, which has other health care professionals and services available. There is a lift available to help gain access to the first floor, where the office is situated. The manager advised that people do not usually visit the office and they arranged for home visits, so they were able to see people in their own environment. The building had ample space and there was space for people to be seen in private if needed. Staff visited the office during our visit to pick up personal protective equipment and gain advice and support from management.

The building was fairly well maintained and had fire plans and evacuation procedures in place to help keep people safe.

The office was well equipped and had sufficient equipment to help manage and run the service. This included computers, fax machines and telephones to assist with communication. All computers were pass word protected. The office had lockable filing cabinets to help keep information safe. There was also a separate room that could be used if someone wished to speak to the manager confidentially or for interviews.

Employer's liability insurance was viewed and this expired 30 June 2014.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We looked at the systems in place to ensure care staff were appropriately recruited and the required checks had taken place.

The service had a recruitment policy and procedure in place to help ensure the correct checks had been completed for all new employees. The files of three people who had recently been employed were viewed and these contained an application form and documentation to show that relevant checks had been completed. References had also been sought and a criminal record check had been completed. The provider may like to note that not all applicants had given a full employment history on their application forms.

Medical clearance had been received for two of the applicants, but the third was missing. The manager had evidence that one had been requested, but was advised by head office that the system had now changed and they would no longer be requesting medical clearance. Another system had not yet been implemented. The manager was advised that under the Health and Social Care Act regulations the employer must gain satisfactory information about the physical and mental health of a person to ensure they are able to fulfil their role as a care worker.

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

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## **Our judgement**

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The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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## **Reasons for our judgement**

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We looked at the systems in place to ensure people were cared for by care workers who were supported to deliver care and treatment safely and trained to an appropriate standard.

The manager advised that they had sufficient care workers to meet their present care needs, but were looking to change the way they worked as they had found that the rehabilitation work and general home support did not always work together. They were looking to recruit more staff to help with this change. A staff member gave an example of where she had two people to visit the next morning for reablement, but also had a home support person and they all needed the same time. On bringing this to the manager's attention it was changed to enable the care worker to be on time for all calls.

Comments gained about the care through the interviews with the expert by experience included, "It's quite satisfactory. I like the staff and I've found them no problem whatsoever," "I think it's excellent. It's the staff because these people have been so helpful. I felt like I was up a gum tree!! It's really good to know you have people like these to call on" and "Yes they are very good and friendly. Staff were very good at their job. I would have preferred more men, less embarrassing at first, but staff very respectful. No complaints."

The manager stated that they ensured that all care workers received an induction prior to providing care and support and that this was in line with the Skills for Care requirements. The care staff files viewed contained documentation to show that they had received an induction when they first joined the agency. Those care staff spoken with confirmed that the induction was in-depth and they felt confident to go out on their own when they had finished shadowing an experienced care worker.

There were a number of courses that the provider considered mandatory and these included health and safety, food hygiene, moving and handling, safeguarding, medication, infection control, lone working and the Mental Capacity Act 2005. Other courses that care staff had attended included first aid, diabetes, catheter and stoma care, equality and diversity, dementia awareness, reablement & support and arthritis. Training had been provided to ensure staff were effective in their role and were able to respond to people's needs.

The manager had completed a number of courses to ensure her own knowledge and skills were kept up to date. This included a complaints management workshop and they had also applied for a course on measuring quality outcomes. They had achieved their National Vocational Qualification level four in health and social care and also management.

The provider had systems to record what training care staff had completed and when it was due. On viewing this it was apparent that some staff required updates in training, but this had already been recognised and training sessions had been booked. They had also recently changed the format of some of the training. When care staff were identified as needing a refresher course, they would be sent out a work book and once completed this would be marked by an independent training company. They were in the process of trying to arrange further courses to help catch up on the areas that care workers need updates. Those care staff spoken with confirmed that they had received training and that this was kept up to date.

**People should have their complaints listened to and acted on properly**

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**Our judgement**

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The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

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**Reasons for our judgement**

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We looked at the systems in place to ensure people were made aware of the complaints system and that this was provided in a format that met their needs.

Essex Cares South East had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. Guidance on how to make a complaint was found in an information pamphlet that was given to people when they first started using the service. This included details of the process, timespans and also timescales.

There was a set form to record details of any complaints received, action taken and the outcome. The information had been well recorded and it was easy to establish details of the complaint, how it had been investigated and a copy of a letter sent to the complainant with the outcome. It was clear from the records seen that people's concerns were listened to and appropriate action taken.

The Care Quality Commission had received one complaint about the service over the past 12 months and this had been investigated effectively and the manager had responded well.

The provider also had a compliment folder and this was viewed. Comments included, "Thank you for all your help and encouragement during the last six weeks," "They did everything just right, respect, kindness and dignity. (Person's name) gained so much confidence with their help" and "It was reassuring knowing that someone was checking on my safety whilst alone. The ring on the bell and smile that followed worked wonders for my progress."

The expert by experience reported "All call recipients confirmed that they felt at ease and relaxed with the care staff, but that they were not afraid to complain if they thought they needed to."

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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