Emerald Care Services (UK) Limited

Emerald Care Services (UK) Limited

Inspection report

46 - 47 Newbury House
Overton Road
London
SW9 7HJ

Tel: 02073261253
Website: www.emeraldcareservicesuk.co.uk

Date of inspection visit:
01 September 2023
05 September 2023

Date of publication:
30 October 2023

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

About the service
Emerald Care Services (UK) Limited is a domiciliary care agency providing personal care to people in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection the service was supporting 104 people. 90 people received the regulated activity personal care.

People's experience of using this service and what we found
People were protected against the risk of foreseeable harm because their needs were assessed, and measures were in place to mitigate them. Staff received training to safeguard people from abuse. People received their medicines safely and there were enough staff available to provide care and support as planned. Staff followed good hygiene practices to protect people from the risk and spread of infection.

People's needs were assessed and reviewed. Staff received training to meet people's needs and they were supervised by managers. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff worked collaboratively with healthcare professionals to meet people's health needs.

People told us that staff were caring and treated them and their homes with respect. People's cultural and spiritual needs were identified during assessment and supported by staff. People made decisions about how they received their care and support. Staff protected people's dignity when providing personal care.

People's care was planned around their assessed needs and personal preferences. Where it was stated in their care plans staff supported people's social needs and provided assistance with shopping. People's communication needs were supported and the provider managed complaints in line with their procedure.

The registered manager and office based staff carried out a range of audits to confirm the quality of the care people received. The registered manager, office staff and care staff understood their own and each other's roles. The registered manager gathered feedback from people, their relatives and staff and used this to drive improvements. The provider worked with others to ensure people's needs were met.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 9 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Emerald Care Services (UK) Limited

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by one inspector and one Expert by Experience who phoned people and their relatives.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 1 September 2023 and ended on 7 September 2023.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 9 people, 3 relatives, 5 staff, a field supervisor and the registered manager. We reviewed 8 people's care records and 6 staff files which included their recruitment information, training details and supervision records. We checked medicines administration records and observed the real-time monitoring and coordination of care calls using the provider's software. We also checked the service's quality assurance process and a number of policies.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe, One person said, "[Staff] can't do enough to help me. I feel secure…very safe." A relative told us, "I think [family member] is safe. They don't feel unsafe with staff."
- The provider had an up-to-date safeguarding procedure in place which required the local authority safeguarding team and CQC to be informed of any concerns around people's safety.
- Staff we spoke with understood their role in protecting people from abuse. One member of staff said, "I have had safeguarding training. I would report to my manager straight away if I was worried about abuse."

Assessing risk, safety monitoring and management

- Care records contained a risk matrix which looked at the likelihood and impact of potential risks and the actions staff should take to prevent their occurrence.
- The service made referrals to healthcare professionals where required. For example, if staff were concerned about risks to people's skin integrity, they contacted office staff who in turn made referrals to healthcare professionals. This meant people's changing needs were identified and supported.
- Where people required the support of staff to reposition regularly staff completed turning records. These showed the positions to which people were supported to move to prevent the risk of pressure sores. These records were reviewed by healthcare professionals such as district and tissue viability nurses.
- Pictures in care records illustrated the correct techniques necessary to support peoples ' mobility in line with the guidance written by healthcare professionals. This meant people were supported to move safely.
- The provider had 'no response protocols' in place. No response protocols are the actions the provider takes in the event that people do not answer the door as expected when staff arrive as planned to deliver care. Actions ranged from speaking with neighbours, contacting relatives, social services, local hospitals and finally the police who will affect entry to people's homes to confirm their safety.
- The provider used electronic call monitoring. The system enabled office staff to see the location of staff and alerted them if care staff had not arrived on time to provide care. This reduced the risk of people experiencing late or missed care calls.
- Where people were supported by staff to engage in activities in their community this was risk assessed and staff had guidance to keep people safe.

Staffing and recruitment

- There were enough staff available to support people as planned. One person told us, "They are very punctual and consistent. They are very helpful carers." A member of staff told us, "If I'm running late I let the office know. They phone ahead so people don't worry."
- The provider recruited staff from overseas through the Government's visa application scheme. Where staff

had conditions related to their right to work in the UK due to their visa status, this was stated in their files and reviewed. Visa expiry dates were listed in staff records.
● The provider undertook checks before employing staff. As part of confirming the suitability of staff the provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. For staff recruited from overseas the provider undertook remote interviews via the internet, carried out police checks and assessed the written and spoken English of prospective staff.
● Staff undertook health screening process before joining the service. This included specific checks such as TB tests for staff migrating to the UK. This meant people were supported by staff physically able to safely support them.

Using medicines safely
● People were supported to receive their medicines safely.
● Staff received training in the administration of medicines. Staff told us the training they received gave them skills and confidence to manage people's medicines safely.
● The provider's field supervisor observed staff supporting people with medicines to ensure they did so in line with guidance and their training. This meant people received medicines from competent staff.
●People's medicines administration records (MARs) listed the name, dose, and timings for their medicines. Staff completed MARs after administering medicines. MAR charts confirmed that people had received their medicines as prescribed. Where medicines were not taken, the appropriate code was written on people's MARs and the reason was detailed overleaf. Care staff delivered people's completed MAR charts to the provider's office each month. These were checked by office staff to confirm that people had received their medicines in line with the prescribers instructions and their care plans.

Preventing and controlling infection
● People were protected from the risk and spread of infection because staff followed guidance to keep them safe.
● Staff wore personal protective equipment appropriately. One person told us "They wear gloves and aprons." One relative told us that staff also, "Wear shoe covers."
● Staff received infection prevention and control training as well as training in the safe handling of food.

Learning lessons when things go wrong
● The registered manager reviewed events and sought to ensure collective learning when things had not gone to plan. For example, the provider learned from experience that if people refuse to receive personal care, local authority healthcare professionals should be informed. This meant people's risks were monitored and healthcare professionals had up to date information.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and their care records provided staff with guidance on meeting their needs.
- People, their relatives and health care professionals were involved in assessments, and these were regularly reviewed. Assessments reflected people's preferences for how they wanted to receive their care and support.
- Where the provider received short notice care packages for people discharged from hospital which were based upon assessments carried out by healthcare professionals, the provider carried out reassessments within 48 hours. This meant the care provided was designed to meet people's current needs.

Staff support: induction, training, skills and experience

- People received their care and support from trained and supervised staff.
- New staff received an induction before supporting people. Staff induction included training in key areas and shadowing experienced colleagues as they supported people. This meant staff had the skills and confidence they required to support people effectively.
- People received their care and support from staff who were supervised and appraised. One member of staff said supervision was, "A key opportunity to interact with the management and appraisal lets you know how you are faring and if you need to raise yourself up." Another member of staff told us, "It's good to be acknowledged or told what to do better."
- Staff received the training they required to meet people's needs effectively. One person told us, "I believe the main carer has the training to meet my needs." Another person said, "You can see they have had a certain amount of moving and handling training." Staff received training in a range of areas such as health and safety, safeguarding, dementia awareness, end of life care, and fire safety.
- Staff were invited to complete reflective accounts after their training sessions when they considered how their new learning would improve their performance. These reflective records were reviewed with staff during supervision sessions. This meant the provider encouraged the mindful development of staff skills and knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- People received the support they required to eat and drink enough throughout the day.
- Where it was stated within their care records, staff supported people with shopping for food items.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● Staff worked with people and their healthcare professionals to ensure their needs were identified, assessed and met.
● People told us staff supported their contacts with healthcare services and professionals. One person recounted an incident when they were feeling unwell and told us their care staff, "Called the GP and waited. Very supportive"
● Care records detailed the names, roles and contact details for the health and social care professionals involved in their care. This meant people and staff were aware of the healthcare support being provided.

Ensuring consent to care and treatment in line with law and guidance
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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.
● Where required people were supported with mental capacity assessments.
● People told us staff asked for their consent before providing people care and support.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with said staff were kind and caring. One person told us, "My carer is very attentive to me and she treats me kindly. I treat her with respect and she treats me the same." Another person said, "[Staff] are very good, very professional." One relative said of their family member's care staff, "They are lovely."
- The provider tried to ensure people had consistent support from the same staff. This helped to build trust and confidence and was welcomed by people. One person said, "I've built up a rapport with my carer. I'm so happy to see her, some days I don't see anyone. It's having connection with the outside world". Another person told us, "I get the same chap all the week. I've been getting the same people all the time."
- The staff we spoke with were enthusiastic about providing care. One member of staff told us, "I derive pleasure from helping people have a better life." Another said," My goal is to leave a person each day in a better way then I met them earlier. Cleaner, fuller, happier safer in every way. So it's rewarding for me and them."
- Care records stated people's religions and how they wanted their needs met. One member of staff told us, "Some people have food that they don't eat for religious reasons, so we respect that." Care records showed some people for cultural and spiritual needs required same gender staff. The provider met this need.

Supporting people to express their views and be involved in making decisions about their care

- People decided how they received their care and support. One person told us that staff were, "Always asking if there is anything else they can do I must let them know."
- People were offered choices when changes occurred. For example, if staff were running late for a care call, people were informed by office staff and offered the option of an alternative carer, if one was closer by. However, most people we spoke with said they preferred the staff they were familiar with to come later in these circumstances.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. One person told us that staff, "Respect my privacy."
- People received personal care in a way that was dignified. One person told us, "In and out of the bathroom, they cover up my decency" A relative said staff use, "Curtains for privacy".
- People told us staff met their personal care needs in a caring way that people liked. One person told us, "This morning I had my shower and staff painted my toe nails for me. That was a treat for me, she is very supportive." Another person explained that staff understood their personal care preferences saying, "[Staff] know what I like and what I don't like." A member of staff told us, "I give personal care in a good way that makes them feel clean and dignified."
- Where people used key safes, the codes were kept safely and could only be shared with people's consent.

This included, when required, visiting healthcare professionals.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs and risks were reviewed and reassessed to ensure they remained accurate, up to date and reflected people's preferences.
- People chose the times at which they received their care and support. Where people required the support of two staff at a time to meet their needs this was assessed, agreed, stated in care records and provided.
- Where relatives met aspects of people's care and support this was stated in care records also. This meant people, relatives and staff were clear about roles and expectations.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider produced information for people in pictorial format. For example, one newsletter for people included pictures and an easy to read description of effective handwashing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Where it was stated in their care plan, staff supported people around their social needs and using their community. One person told us, "If I need the shop, they go with me to make sure I'm safe." A relative told us, "They take [family member] out for a little walk at [family member's] pace, looking at things and taking photos. They are very patient, it's lovely. Very protecting."
- People's cultural needs were supported. Where it is in their care plan, staff supported people to buy culturally specific food items and assisted people to prepare them.
- Care records stated where people preferred vegetarian food.

Improving care quality in response to complaints or concerns

- The registered manager and office-based staff addressed complaints and concerns from people and their relatives in line with the provider's complaints policy.
- People were given a copy of the provider's complaints policy when they began receiving a service. This meant people and their relatives knew how to raise concerns.
- We reviewed the provider's complaints records. These showed the registered manager wrote to people acknowledging their complaint, carried out an investigation and relayed the outcome to the complainant.

● The service remained responsive to people's needs outside of usual working hours. Staff provided late night and early morning care visits to meet people's needs. Managers staffed the provider's out of hours mobile phone to which calls were diverted after 5pm.This meant people, relatives and staff had continuous access to managers to raise concerns.

End of life care and support

● Where people were identified as requiring end of life care, referrals were made to healthcare specialists and the provider worked in partnership with them.

● People receiving end of life care had assessments of their changing needs and updated care plans. These reflected people's needs and preferences and provided guidance to staff.

● Staff received training in end of life care to ensure people were supported well and in line with their wishes.

● Staff told us they felt supported by the registered manager and office staff after people they supported through end of life care had passed away. One member of staff said, "When people pass away it is so sad sitting with crying family members. Sometimes you cry yourself because it's sad and we are human." Another member of staff said, "I have been so down after some losses, but the manager and office staff supported me and emphasised the positive."

● The provider ensured that staff had access to bereavement support services should they require them.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted an open culture for people and relatives. One relative told us the management and office is team was, "Very organised". Another relative said, "I think they are quite good. They do action things. They are not left on the back burner. They are pleasant to talk to."
- Staff felt valued in their roles and supported by the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to keep people informed when things had not gone well at the service. The service also kept the local authority and CQC informed about important events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager undertook a range of quality assurance activities. For example, they carried out spot checks. These were visits to people's homes to observe care and support and to gather feedback from people. One person told us, "I have had a couple of spot checks where a manager and supervisor come to check and see how I was getting on." A relative told us, "We have had a couple of visits from the boss. She arrives unannounced and asks questions." One member of staff told us, "Spot checks are ok. They made me nervous at first. They check my uniform and badge, watch me with people and ask them how good I am at my job. But I am good, and they say so, so now I don't mind spot checks."
- The registered manager coordinated and reviewed the provider's quality monitoring. This included audits of care records, staff files, and training. Where shortfalls were identified actions were taken to resolve them.
- Quality monitoring calls were carried out throughout the month. Monitoring calls were made by the provider's compliance officer and a record was made of people's feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager ensured people's cultural and religious needs were reviewed during their initial assessment and reflected in their care plans. This meant people's equality characteristics were supported.
- The provider undertook twice yearly surveys of people. These interviews were used to gather people's views about their individual care and support and to identify trends and themes. The provider used this information to improve the service being delivered to people. For example, in response to feedback the

provider increased the frequency of spot checks because people liked to have direct in-person contact with office-based staff. Office staff also realised that people provided more detailed feedback to office managers in person rather than via telephone calls.

● Because the role of staff meant they were in people's homes providing care or travelling between people's homes, team meetings were arranged for the least disruptive times. For example, the registered manager arranged team meetings around training days when the staff would be in the office. Team meetings were used to discuss a range of issues including people's safety, particular policies and new developments.

● Staff completed surveys about their roles providing care and the support they received from the management . The provider reviewed the responses and developed an action plan in response.

Continuous learning and improving care

● The registered manager, office staff and care staff all undertook training to improve their skills and knowledge and shared their learning with each other. The provider also used a mobile phone app to share with staff good practice information, organisational updates and lessons learned.

● The provider operated a 'carer of the month' award programme to role model and celebrate good practice.

Working in partnership with others

● The provider worked in partnership with others to ensure positive outcomes for people. For example, where people have packages of one-to-one support but required two staff due to changing needs, the provider worked with people, their relatives, healthcare professionals and funders to ensure people received safe care.

● The registered manager regularly attended forums with other registered managers to share experiences, learn lessons when things had not gone well and to discuss best practice.