

Emerald Home Care Limited

# Emerald Home Care Ltd

## Inspection report

Unit 4,  
33 Nobel Square,  
Burnt Mills Industrial Estate,  
Basildon,  
Essex  
SS13 1LT  
Tel: 07947378584  
Website: [www.emeraldhomecare.net](http://www.emeraldhomecare.net)

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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 

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The last inspection took place on 20 December 2013, during which, we found there were no breaches in the

regulations. This inspection was announced. We contacted the provider two days before our inspection to ensure that someone would be available to meet with us at the registered office.

There was a registered manager in post at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider

# Summary of findings

Emerald Home Care Limited provides personal care to older people in their own home. At the time of the inspection four people were using the service.

People and their relatives told us they were very happy with the care provided by the service. People told us that the support they received was flexible to meet their needs and was provided at a time of their choosing.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. We found that people who used the service had their capacity to make day-to-day decisions about their care formally assessed. Staff understood the principles of MCA and how this was relevant to the people they supported.

Appropriate systems were in place to ensure that there were enough numbers of suitable staff employed at the service to meet people's needs. The provider's arrangements ensured that newly employed staff received an induction and received opportunities for training. Records also showed that staff received regular supervision. Staff were supported to perform their role and responsibilities to support people safely and to an appropriate standard.

People's personal care needs were assessed and recorded. People's care plans showed how risks to their health and wellbeing were being minimised to ensure their safety. We found that people's healthcare needs were considered and people were supported to access relevant healthcare professionals where required.

People receiving care, their relatives and staff confirmed that people's privacy and dignity were respected and upheld at all times.

There were appropriate systems in place to deal with comments and complaints. The service had a complaints policy and procedure in place and this included a system for recording and responding to any complaints received. People told us that they felt confident and able to raise issues or concerns.

There were systems in place to check the quality of care and service that people received. People told us the service was well led.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People told us that they felt safe and that they had no concerns about the support they received from the service.

Staff were able to demonstrate a good understanding and awareness about how to recognise and respond to abuse or any potential abuse correctly.

The directors and staff had a good understanding of the Mental Capacity Act (MCA) 2005. This meant that the service ensured that people's rights were protected.

There were sufficient numbers of staff to keep people safe and recruitment and selection procedures were appropriate.

Good



### Is the service effective?

The service was effective. There were suitable support arrangements in place for staff to enable them to deliver safe care to people. Staff received appropriate opportunities for training. All newly employed staff received a suitable induction. In addition, staff received regular supervision.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Good



### Is the service caring?

The service was caring. People who used the service and those acting on their behalf were positive about the care and support provided at the service by staff. The provider and staff spoken with demonstrated a good knowledge and understanding of the people they cared for and supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Good



### Is the service responsive?

The service was responsive. The support needs of people who used the service were assessed and planned so as to ensure that the delivery of care met the needs of the people they supported.

The service had appropriate arrangements in place to deal with comments and complaints. People told us that they had had no cause to make a complaint however, they would not hesitate to discuss or raise any concerns with the provider or staff if the need arose.

Good



### Is the service well-led?

The service was well-led. The provider was clear about their roles, responsibility and lines of accountability. People knew who the directors were and found them to be approachable. People who used the service and those acting on their behalf told us that the service was well-run.

Systems were in place to monitor the quality of the service but they needed further development.

Good



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## Detailed findings

### Background to this inspection

One inspector carried out this inspection to the registered office. This was completed on 5 August 2014. We also visited one person receiving personal care in their own home on 11 August 2014.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We also reviewed the information we held about the service, such as, notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We spoke with one person receiving personal care, one relative, one member of care staff, the registered manager and one director. Following the inspection we received comments about the quality of the service provided via email from three relatives of people who were receiving existing care.

We looked at four people's support plans. We looked at the service's staff training plan, staff recruitment records, staff induction, staff supervision and appraisal records. We also looked at the service's arrangements for the management of complaints and compliments and quality monitoring information.

# Is the service safe?

## Our findings

One person receiving care told us that they “always” felt safe and secure. They raised no concerns about how the support staff from the service treated them. We spoke with one relative and contacted three relatives by email. One relative told us, “I am 100% confident that the service provided ensures my family member’s safety.” Another relative wrote to us and their comments included, “I feel that safety is a primary concern of Emerald Home Care Limited. I have never had any concerns about my relative’s safety while they are in their (Emerald Home Care Limited) care.”

The risks of abuse to people who used the service were minimised because staff had a good understanding of issues of abuse and how to report it. We The provider told us that apart from themselves there was one member of staff employed at the service. The staff training records showed that both directors and the member of staff had received safeguarding of vulnerable adults training. The service had policies and procedures in place and this provided guidance to staff on their responsibilities to ensure that people were protected from abuse. The directors and the member of staff were able to demonstrate a good understanding and awareness of safeguarding.

Appropriate arrangements were in place to manage risks to people’s safety. Risk assessments were completed and these included the risks or potential risks associated with the delivery of the service to be provided. This referred specifically to risk assessments relating to health and safety, medication, manual handling and environment. Staff were aware of how to support people to maintain their safety and wellbeing.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure that people who did not

have the mental capacity to make decisions for themselves had their legal rights protected. We spoke with both directors and the member of staff and they were able to demonstrate a good awareness and understanding of MCA and how these would apply to people who used the service.

The directors told us that each person who used the service was considered to have capacity to make day-to-day decisions. People who used the service or those acting on their behalf had signed a consent form to confirm that they were happy with the information recorded within their care file and were comfortable for their personal information to be shared with professionals and other third parties. This was confirmed by one person who used the service.

We looked at the staff recruitment record for one member of staff appointed within the preceding 12 months and this showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This meant that suitable arrangements were in place to ensure that the right staff were employed at the service. The member of staff told us that the interview process had been thorough.

People receiving care and their relatives told us that people’s care and support needs were met in a timely manner and there were always sufficient staff available to provide the care and support they required. One person we spoke with confirmed that in the preceding 18 months of receiving a service from Emerald Home Care Limited, they had never experienced a ‘missed’ or ‘late’ visit. Comments from one relative included, “The staff are consistent and reliable.” and, “If staff are running late it is never more than 10 or 15 minutes. They always phone to let us know.” Another relative stated, “They [staff] have never missed a visit or made any kind of scheduling error. The service is 100% reliable and the directors are always contactable.” and, “They [staff] always arrive on time.”

# Is the service effective?

## Our findings

People told us that their healthcare needs were well managed. People's healthcare needs were clearly recorded in their care plans and showed that each person had access to local healthcare services and healthcare professionals where required for their health and wellbeing. Information clearly recorded the care interventions provided by staff. Relatives we spoke with told us that they were kept informed of changes to the person's healthcare needs. One relative said, "They keep me and my family appropriately informed and involved."

There were formal support arrangements in place for staff. We looked at the induction record for the newly employed staff member. This showed that they had received a comprehensive induction in line with Skills for Care Common Induction Standards. These are the standards people working in adult social care need to meet before they can safely work unsupervised and are designed to enable staff to demonstrate their understanding of how to provide high quality care and support. The member of staff told us that their induction had been very informative and included the opportunity to 'shadow' and work alongside both directors and to read information held about each

person who used the service. The member of staff told us that their induction had been thorough and they had not been allowed to provide personal care to people until they had been assessed as competent and felt confident to do so. The member of staff told us that they felt supported by the provider and had received formal supervision since the start of their employment in May 2014.

There was an on-going training programme in place to make sure all staff had the skills and knowledge to effectively support people. Staff received training appropriate to people's needs. Training records showed that both of the directors and the staff member had up to date training. The member of staff told us that their training had been comprehensive and had provided them with the skills and knowledge to undertake their role and responsibilities.

Staff told us that where required they assisted people with their nutritional needs. Staff had a understanding of people's individual nutritional needs, such as, poor appetite or swallowing difficulties. Records showed that appropriate interventions had been provided and healthcare advice and support sought. This ensured that people's nutritional needs were met.

# Is the service caring?

## Our findings

People and their relatives told us that the care and support provided by the service was to a very high standard. One person told us, “The care is very good; I am very happy with all aspects of the care and support provided. The staff are very kind to me.” Comments from two relatives included, “I am delighted with the service provided by Emerald Home Care Limited. The carers are caring, helpful and flexible. They [staff] clearly enjoy the work they do and are keen to deliver care to exceptionally high standards.” and, “Emerald Home Care have been excellent in providing quality care at home.”

The provider and staff we spoke with demonstrated a good knowledge and understanding of the people they cared for

and supported. For example, they were able to tell us about people’s preferences, healthcare needs, life histories and their specific communication needs. Suitable arrangements were in place for people who used the service and those acting on their behalf to be involved in making decisions about their individual care and support needs. One person told us, “Staff always talk to me and my family.”

People and their relatives told us that staff respected people’s privacy and dignity. One person told us, “Staff always treat me with respect.” Comments from two relatives included, “The carers are respectful and sensitive.” and, “Dignity and privacy for my family member has always been respected.”

# Is the service responsive?

## Our findings

People told us that the service was responsive and that they received a level of support that met their needs. One person told us, “The care is fine.” Relatives told us that the support was flexible to meet their relative’s support needs and they had contributed to the information recorded within their member of family’s care plan. .

People’s care plans covered all aspects of a person’s individual care needs and the support they needed. People’s care plans showed that the content of their support plans had been agreed with them or those acting on their behalf. The directors told us that individual support plans were reviewed annually. However, where there was a change to a person’s needs, their care plan

records were reviewed and updated. This meant that arrangements were in place to ensure that the planning and delivery of people’s care met their individual needs and ensured their welfare and safety.

There were appropriate systems in place to deal with comments and complaints. We saw that the provider had a complaints policy and procedure in place and this included a system for recording and responding to any complaints received. The provider told us that within the preceding 12 months no complaints had been received. One person who used the service and three relatives confirmed that they were aware of the service’s complaints procedure. They told us that they had had no cause to make a complaint however, they would not hesitate to discuss or raise any concerns with the directors or staff if the need arose. We spoke with one member of staff and they told us that if a concern was raised they would discuss it with the directors as soon as practicable.



# Is the service well-led?

## Our findings

Relatives told us that they would recommend the service to others as they felt that the service provided was of a very high standard and quality.

There was a registered manager in post, who was also a director for the service. People and their relatives knew who managed and ran the the service. The directors were able to tell us about their specific roles and responsibilities. The directors told us that this had been developed according to their strengths, area of expertise and interest. For example, one director was responsible for ensuring that there were sufficient staff cover to meet people's individual support needs. The registered manager was responsible for organising training for staff.

The provider told us that as a result of the size of the service and the fact that they were directly involved with the delivery of care on a day-to-day basis, they were able to monitor staff's working practices and the quality of care they provided. The directors told us that they were able to speak directly with the people who used the service and those acting on their behalf about the quality of the service provided. People told us that they had confidence in the way the service was managed. We found that arrangements were in place to assess and monitor the

quality of the service provided. However, the directors told us that a lot of this had yet to be implemented as they only had four people who received a service and employed one member of staff since the service was registered.

The directors told us that people's care plans were reviewed at regular intervals. Care plans that we looked at confirmed this. They also showed that people were regularly asked about the quality of the care provided. The directors told us that as the numbers of people who used the service and staff employed increased; a survey and/or questionnaire would be introduced to obtain their views and opinions of quality and safety of people's care. They also told us that this would help them to measure the effectiveness of the service provided and to look at ways to make any necessary improvements. The directors told us that spot visit checks to observe staff as they went about their duties would be conducted in the future so as to ensure that staff arrived at their calls on time and were effective in their care practices.

The directors were able to demonstrate that where appropriate they had accessed practical advice and utilised relevant resources so as to help drive improvement. For example, the directors had sourced information from the National Skills Academy, Skills for Care and from an external Human Resources Company to help with the recruitment of staff. This showed that the provider followed recognised guidance, practice and research to provide a good quality service.