

EMH Care and Support Limited

Wright's Court

Inspection report

26 Carey Street
Kettering
NN16 0JL

Tel: 01536645072
Website: www.emhcareandsupport.org.uk

Date of inspection visit:
01 February 2021
12 March 2021

Date of publication:
28 April 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wright's Court is a registered domiciliary care agency. It provides personal care to people living in their own homes within a complex of forty-five apartments. At the time of the inspection, five people were receiving personal care from the service.

Not everyone who used the service received personal care. 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.

People's experience of using this service and what we found

At the last inspection on 6 August 2020, we found breaches of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we identified that improvements had been made to the benefit of people using the service and the service was no longer in breach.

People who used the service had been treated with dignity and respect. They told us they felt safe when attended to by care staff. People had been protected from abuse. Care staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to, or at risk of abuse.

People were protected from potential risks. Risks to people's health and wellbeing had been assessed. Risk assessments contained guidance for staff on minimising risks to people, however improvements were required as reviews of people's needs were not always being documented by staff.

People received their medicines as prescribed, however mistakes had been made with the recording of the medication. At the time of this inspection a medication action plan was in the process of being implemented.

People had experienced changes in staffing from the service. Care staff were safely recruited, and essential pre-employment checks had been carried out. However not all staff had received an induction when they started working at Wrights Court. There were sufficient staff to enable the service to provide quality care to people.

People received person-centred care and care staff carried out their duties in accordance with agreed care plans. People had been consulted regarding the care provided.

The service had arrangements for responding to complaints. People were aware of the complaints' procedure. The records indicated that complaints had been promptly responded to.

The service had not always been well managed. The provider had not always monitored the quality of the services provided by staff. However, the new manager had implemented checks and audits, which were comprehensive, and deficiencies were still in the process of being rectified. The service worked closely with health and social care professionals to meet the needs of people. There was a written action plan for improving the service.

People received person centred care. Individual decisions made about how they wished to be cared for were reflected in their care plans. Staff promoted people's independence and respected their rights, privacy and dignity. Staff knew people well and respected their lifestyle and diverse culture.

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 in the service supported this practice, however people's mental capacity and ability to consent to care was not always evidenced in their care plans.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture. The manager and the majority of care staff promoted a positive culture and provided the right support tailored to each person. People had experienced significant change to their usual routines during the pandemic and could not pursue many of the activities they usually enjoyed. Care staff were responsive and considered people's social wellbeing during the national COVID-19 restrictions. People and their relatives were being involved in the development of their care plans and the care staff to support them, promoting their choices, rights and independence even during this pandemic when normal routines were disrupted.

The service did not have a manager registered with Care Quality Commission (CQC) although the manager had begun the process.

Everyone we spoke with told us the manager was approachable and they were confident concerns would be addressed. The provider had systems in place to monitor and improve the quality and safety of the service provided.

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 inspected but not rated (published 15 September 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for this service is Requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wrights Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Wright's Court

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own flats, within a purpose-built building.

The service did not have a manager registered with the Care Quality Commission. This means the provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 72 hours' notice of the inspection and provided an explanation as to the inspection process, and to assure ourselves effective implementation of COVID-19 guidance when visiting the office.

Inspection activity started on 28 January 2021 and ended on 12 March 2021. We visited the office location on 1 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local Healthwatch service. Healthwatch is an

independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with two members of staff including the manager and a support worker

We reviewed a range of records. This included three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found and requested further information to review. We looked at training data and quality assurance records. We spoke with one professional who had visited the service.

Is the service safe?

Our findings

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

This is the first comprehensive inspection for this registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse. Assessing risk, safety monitoring and management. Using medicines safely. Learning lessons when things go wrong

At our last inspection the provider's systems were not in place to ensure the safety and welfare of the people in the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection the provider had systems in place to ensure people were not at risk of harm. The manager monitored incidents and accidents so action could be taken to promote people's safety. The manager understood how to use the information as a learning opportunity to try and prevent reoccurrences and had worked hard to ensure staff compliance.
- Risks associated with people's care needs had been assessed. Examples seen by inspectors were in relation to mobility and nutrition needs, however reviews of people's needs had not been consistently documented by staff. The manager acknowledged this and gave assurances this would be rectified.
- Two out of three people's care folders seen by inspectors had handwritten updates about people's health needs, but information was crossed off making it difficult to understand necessarily what was the most up to date information for the staff member to follow when considering the person they were delivering care to. Care plans also had gaps in information and some parts were blank. The manager had identified the areas when they started with the service and was in the process of updating them.
- The manager had improved systems to monitor and review how people received their medicines, however despite staff having received training, medication errors were still being made. The manager acknowledged this and gave assurances this would be rectified. The manager had created a medication action plan and staff were working through this. Inspectors could see from the providers records, that errors had already reduced.
- A staff member told us they are now required to complete an incident report if a medication error has been discovered. Another staff member confirmed that team leaders completed weekly and monthly audits which need to be signed off by the manager to ensure staff were following the medication policy.
- There were systems in place to protect people from abuse. Staff had access to safeguarding and whistle blower policies in the staff room and offices. Discussions with staff demonstrated they had completed training in safeguarding and were knowledgeable at recognising when people were at risk of harm or felt unsafe and when to raise whistleblowing concerns to their organisation.
- People told us they felt safe when staff provided them with care and support.

Staffing and recruitment

- At the last inspection people did not receive care at the planned times and staff were not following a rota of planned care calls. At this inspection people were receiving the care and support according to their care plans.
- A person told us they received the support they needed from staff and another person told us they knew most of the staff who visited them in their home.
- The manager confirmed agency staff had been regularly relied upon during COVID-19 and recruitment was taking place for a number of key roles within the service. Where there were gaps in the staffing rotas the manager used regular agency staff to make sure people had the support they needed.
- Staff records contained evidence of a Disclosure and Barring Service (DBS) check and references were obtained before staff were appointed. These checks help employers to make safer recruitment decisions.

Preventing and controlling infection

- During the inspection we saw that arrangements had been made within the scheme's building, to be in line with COVID-19 guidance. We saw notices communicating the risks to people entering and visiting the buildings on the doors, lift, reception areas. Antibacterial hand gel/wipes on surfaces and within the communal toilet. Staff members were observed wearing face masks in the communal areas.
- People told us staff followed appropriate infection control measures when they were being supported. PPE (Personal Protective Equipment), such as disposable face masks, gloves and aprons had been made available for staff to use.
- Staff confirmed they had a good supply of PPE and had access to regular COVID-19 testing. A staff member told us, "[The staff] are wearing the masks all the time now. At the beginning [of COVID-19] it was obviously hard, but now, we do all the time. Wearing aprons and gloves - face shields when needed. Continuingly washing hands and [social distancing]".
- Staff received infection control training; however, the infection prevention and control policy had not been updated to take into account the COVID-19 pandemic. The provider had produced a COVID-19 staff guide for PPE, to help staff understand the requirements in different circumstances.

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.

This is the first comprehensive inspection for this registered service. This key question has been rated Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider did not have a consistent approach to supporting staff at the service, as staff had not received an induction when they started working and staff did not always recognise poor practice.
- One staff member told us, "When I joined the service it was in 'bit of a mess' and [staff] were left to get on 'with it'. [The manager] has now put things in place". Another member of staff said they were left on their first day of employment and received no training when they first worked shifts at the service. The manager acknowledged there had been issues historically with staffing at the service and the provider was supporting the improvements.
- Staff were now completing the Care Certificate, a set of standards that define the knowledge, skills and behaviours expected of roles in the health and social care.
- The manager had introduced staff concern forms and had oversight of staff supervisions. Supervisions enabled staff to discuss their work and identify further training needs. Team meetings enabled staff to review their care practices and share ideas to improve the care people received.
- Staff felt supported by the manager and recent changes had been positive. One staff member said, "It's a different place to work, still in a difficult phase, as we have all had a lot to deal with. The things [the manager] has put in place [for staff] are super". Another staff member told us, "We do regular training all the time. [COVID-19] has stopped the face to face training, but it's available online. All my online training is up to date and I'm completing an [external qualification] at the moment".

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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had not ensured staff recorded how they assessed people's mental capacity to make particular decisions. This did not always meet legal requirements. People's mental capacity and ability to consent to care was not always evidenced in their care plans.
- People were encouraged to make decisions for themselves. There was a strong emphasis on involving them and enabling them to make choices wherever possible. One person told us, "I do as I like and go to bed late".
- Staff knew the level of support people required and people confirmed that staff asked for their consent and gained their agreement before providing any care.
- The manager acknowledged improvements were needed with the evidencing of consent for people. Improved care plans were being developed with people and their relatives, with staff building the care plans around the person.

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

- People's physical, mental social needs had been assessed by staff at the start of support and they reflected the assessment completed by commissioners. This ensured staff knew how to meet specific needs.
- Assessments were completed in line with best practice guidelines and reflected the Equality Act. People were involved in this process to ensure their individual needs, their culture, age and disability were recognised and met.
- Appropriate referrals to external services were made to make sure that needs were met.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat the food and drink they wanted. Peoples dietary requirements were assessed by staff if necessary and referred to other health care professionals such as GP's or district nurses for advice and guidance.
- Staff told us the methods they used to communicate included handover sheets, virtual team meetings and emails.
- A visiting professional confirmed staff had recently worked collaboratively with them to understand and meet a person's need, however they also felt that relationships needed to improve further to restore confidence following previous, negative interactions with staff from the service.
- Care plans had been reviewed and audited by the manager to ensure that changes in need were documented. This meant that staff and managers were aware of changes that might affect how their needs are met. Progress was still being made in this area at the time of inspection.

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.

This is the first comprehensive inspection for this registered service. This key question has been rated 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 told us they felt supported and were treated with dignity and respect. One person said, "A couple [of staff] are excellent".
- Staff we spoke with knew the person they were supporting well. When people had difficulties communicating their needs and choices, staff understood their way of communicating and how to support them at times of heightened anxiety.
- A staff member told us, "Staff that are here now, are interested in the people, just them living their lives, letting them have control over their own lives".

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

- People told us they were involved in their care planning.
 - We saw evidence in care plans that people had been asked about their likes/dislikes, preferences and routines. Records showed people were regularly consulted to make sure they were happy with their support. A person told us staff had helped them sort out an issue.
 - At the time of the inspection, no one being cared for by staff from the service required the support of an advocate. The manager had a good understanding of advocacy services and how this could be used for important decisions, or if people required independent support to make decisions about their care or finances. An advocate is a trained professional who supports, enables and empowers people to speak up.
- Respecting and promoting people's privacy, dignity and independence
- People's right to privacy and confidentiality was respected.
 - We saw evidence of when staff members had supported someone to be more independent by supporting them to use a communal laundry themselves, so they were less reliant on staff.
 - Staff demonstrated they were knowledgeable about how to promote independence. One staff member told us, "By talking to [people], to help [them] reduce [their] anxieties, helping them feel calm about a task ahead of them. [All about] building a relationship with somebody".

Is the service responsive?

Our findings

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

This is the first comprehensive inspection for this newly registered service. This key question has been rated 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 were supported to take part in social activities. One staff member told us how they had supported a person to attend a day centre. The person told us how they were now bored as they could not attend due to the national COVID-19 restrictions. They said, "I'm a bit bored. Like everyone. I want to go back to the day centre".
- People received care based on their individual assessed needs. Care plans included people's circle of support and their likes and dislikes. Inspectors noted these also included the qualities people receiving care would most like, from those providing their support.
- The manager and staff were in the process of improving people's care plans. These were being developed with people and their relatives, with staff building the care plans around the person. For one person, staff had broken down the steps needed to take a shower, so this person was able to follow step by step, when they wanted a shower.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager told us they were able to provide information to people in a variety of ways such as easy read or large print. The provider had several care planning documents and policies which were available in an easy read format, an example was a safeguarding guide which had been produced for people receiving care from the service.

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

- People were supported to develop and maintain meaningful relationships with family and friends. Where people had social support as part of their package of care, staff supported them to go out for short walks safely wearing masks and maintained social distance.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- The people we spoke with knew how to complain if they needed to and were confident they would be

listened to. One person told us how staff had sorted out an issue for them.

- The manager was responsive when we shared concerns we had received from a person we spoke with. The concern was acknowledged, and an investigation started in line with the policy.

End of life care and support

- People's preferences and choices were not always documented in their support plan regarding their end of life care. The manager confirmed they would complete a more formalised end of life care plan for people that required it, however there was evidence when discussions had taken place and people had declined to discuss this area of their lives at that time.
- The provider had procedures in place for supporting people with end of life care and staff were trained to support people at the end of their lives.

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.

This is the first comprehensive inspection for this registered service. This key question has been rated Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider's systems were either not in place or robust enough to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service did not have a manager registered with Care Quality Commission (CQC). The provider had appointed a manager and they had begun the process to be the registered manager. We will continue to monitor this.
- At this inspection the provider had systems in place to ensure effective governance processes to effectively assess, monitor and drive improvement in the quality and safety of the care being provided. Systems to monitor quality assurance and audits were in place, however some staff had not always completed these in line with the providers policy. The manager acknowledged staff performance issues were still being addressed by the provider and improvements were taking place.
- Staff told us the culture of the service had not always supported the delivery of high-quality, person-centred care to people, although this had changed since the appointment of the manager.
- The manager had identified the areas requiring improvement as identified in this report and was working to complete all the actions on the provider's service improvement plan.
- The manager and the majority of staff were clear about their role and responsibilities and felt well supported by the provider. Everyone including the visiting professional, expressed confidence in how the service was managed. Comments included, "The manager is fantastic. [Once they became aware] of a problem at the service, the manager dealt with it. I do not know what would have happened if the manager hadn't of stepped in. [They] turned it around for the best. Absolutely amazing". And, "We feel more together as a team".

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 and manager understood their role and responsibilities. Notifiable incidents had been reported to CQC and other agencies such as the local safeguarding authority. The duty of candour requires the provider to be open and honest with people when things go wrong with their care, giving people support

and providing truthful information and a written apology.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to ensure staff continued to learn, were trained and supported in their role. Staff told us any issues raised with the manager had been listened to and acted on.
- All the people spoken to told us communication with the manager was good.
- Staff were encouraged to make suggestions to help improve the quality of care people received and these had been acted on. Records showed the manager regularly engaged with the staff team and held meetings to share important information and discuss issues relating to care and support.
- A healthcare professional gave positive feedback about the service and the quality of care provided by staff who were responsive.

Continuous learning and improving care

- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events. The provider took account of COVID-19, to ensure people continued to receive the care they needed. A manager's guide to isolation due to COVID-19 had been produced and the manager had clear plans in case these were needed to be handed over to staff, in their absence.
- The organisation had completed an action plan following the last CQC inspection. However, the manager had identified staff performance issues at the service and with the provider, developed a new service action plan to track timeframes and actions. Some actions were still ongoing at the time of the inspection.
- Arrangements were in place to ensure staff training was up to date, staff now received feedback on their performance and were kept informed of changes and updates through various meetings and communication. The manager had introduced staff observations to ensure staff training was followed to meet people's needs.