

Employ My Ability (EMA) Limited

Employ My Ability (EMA)

Inspection report

School House
The Street, Moreton
Dorchester
DT2 8RJ

Date of inspection visit:
26 April 2023
27 April 2023

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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 ●

Summary of findings

Overall summary

About the service

Employ My Ability (EMA) provides care and support to people with learning disabilities and autistic people who live in their own homes. It is registered to provide personal care. At the time of the inspection the service was delivering personal care to 4 people. People lived in shared houses in rural locations near Dorchester. EMA also runs a day opportunities service and supported employment near to the majority of the houses. Where staff slept in to ensure people were safe overnight, they had a private space to do so in people's spare rooms. Staff did not have allocated space that people could not access in their homes.

In 'supported living' settings people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People told us, and showed us, they felt safe. They were protected from harm because staff were trained to recognise signs of abuse and knew who to report this to if they had concerns.

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. Restrictions were identified by staff and actions were taken to reduce these.

People were supported by staff who understood the specific risks they faced and how to reduce these risks these without being restrictive.

Staff focussed on people's strengths and interests, this meant people had a fulfilling and meaningful everyday lives and opportunities to develop new interests.

There were enough staff to meet people's needs. The service had faced the same challenges as other providers due to the national shortage of care workers and this meant some staff worked long hours. Staff

were supported to reduce the risks associated with working long hours and recruitment was ongoing.

The service had a robust recruitment and selection process and worked to ensure people were supported by staff matched to their needs and preferences.

Staff enabled people to access appropriate health care and to play an active role in maintaining their own health and wellbeing.

Medicines were managed safely by staff who had received the relevant training and competency assessments. Medicines records were audited, and appropriate action taken if mistakes had been made. Improvements were made to the administration of 'as and when' medicine during our inspection.

Right Care

Accidents and incidents were appropriately reported and reviewed by senior staff. Analysis was carried out to determine any themes and trends. Lessons learnt were shared with all staff to help prevent a recurrence.

We were assured by the service's processes to prevent and control infection.

Staff were respectful. They understood people's individual needs and provided appropriate care and support.

People received kind and compassionate care. Staff valued and respected the person/people they worked with, and this meant they respected people's privacy and dignity.

Staff knew people well and spoke confidently about people's needs. Support plans reflected people's individual needs.

Right Culture

Staff told us they felt supported, and part of a strong team committed to ensuring the people they supported lived lives they chose. Staff spoke positively about the senior team including the provider/owners.

Staff evaluated the quality of support provided to people. People's views informed this process alongside feedback from staff, families, professionals and a range of audits and monitoring tools.

People's quality of life was enhanced by the service's culture of ongoing improvement and the values, attitudes and behaviours of the management and staff. The management structure had been altered to support the organisation's ethos, values, attitudes and behaviours.

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

Rating at last inspection

This service was registered with us on 5 April 2022 and this is the first inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Employ My Ability (EMA)

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.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, their own homes and flats, so that they can live as independently as possible. In 'supported living' settings, people's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 April 2023 and ended on 3 May 2023. We visited the location's office on 26 April 2023.

What we did before the inspection

Before the inspection we reviewed information, we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We visited 4 people in their homes and spoke with or received feedback, from the relatives of 3 people. We spoke with 4 members of staff, the registered manager, and a representative of the provider organisation. We also spoke with a social care professional with knowledge of the service and received feedback from another.

We looked at records related to the care and support of 4 people. We also reviewed records relating to the management of the service including service improvement plans, the oversight of incidents, staff meeting minutes, rotas, training records, and 2 staff files.

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 inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People who did not routinely need pain relief did not have plans in place should they experience pain. This could have led to a delay in accessing pain relief. This was addressed during our inspection through the development of individual protocols for people and the implementation of the provider's homely remedies policy.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff implemented the principles of STOMP (stopping over-medication of people with a learning disability, autistic people, or both) and ensured that people's medicines were reviewed by prescribers in line with these principles
- People received support from staff to take a role in taking their medicines in ways that were meaningful to them.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely. Audits were carried out regularly and any errors addressed appropriately.
- Staff received training in how to give medicines safely and their competence was checked.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff worked with people, and their relatives, to ensure risk management reflected what mattered to people. Risk management plans were monitored and updated when necessary.
- People's care records helped them get the support they needed to reduce risks because they were detailed about the support needed. This was further supported by strong communication channels between staff that enabled them to share up to date information.
- The risks people faced were reduced because the service assessed, monitored, and managed safety well. Restrictions of people's freedom were documented and monitored. The provider advocated on behalf of people where the way the services were commissioned impacted on people's freedom.
- Staff recognised signs when people experienced emotional distress and knew how to support them to keep them safe. This information was clear in people's support plans.
- The service managed incidents involving people's safety well. Staff reported them appropriately, managers reviewed and, if appropriate investigated, all incidents before sharing lessons learned with all staff.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety. The recruitment processes sought to match people with staff who would support them best.
- Staff were deployed in ways that met people's needs. The length, and timing, of shifts reflected how

people like to spend their time and were adapted to reflect their plans. During our inspection people went on a night out in Bournemouth and, staff were scheduled to work later to support this.

- The service had experienced the care sector wide challenges in ensuring they had enough staff, including to support people to go out as and when they wanted. Relatives and staff commented this had been challenging although they, mostly, felt it was settling down.
- The senior team had taken action to secure appropriate staff, and recruitment was ongoing. Some staff were working long hours. Staff told us they felt supported and were able to take time out if this was needed.

Systems and processes to safeguard people from risk of abuse

- People were kept safe from avoidable harm and abuse because staff knew them well and understood how to protect them from abuse. People developed trusting relationships with consistent staff. One person talked to us about an incident that had impacted on them. They told us they felt safe because of the actions staff had taken.
- The service worked well with other agencies to protect people. Staff had training on how to recognise and report abuse and they knew how to apply it. Some people did not use words as their main means of communication. Staff understood how people communicated and told us how they knew if a person they supported was distressed.

Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them. Staff helped people keep their homes clean.
- Staff supported people to follow guidance related to infection control. Staff had worked with people to reduce the impact of the COVID-19 pandemic.
- The provider organisation had ensured that staff and people had appropriate guidance and information.

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 inspection for this newly registered service. This key question has been rated 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;
Supporting people to live healthier lives, access healthcare services and support

- People had support plans that were personalised and reflected their needs and aspirations, including physical and mental health needs. People and staff reviewed plans together regularly. When staff discovered better ways to support people this was shared amongst the team and logged on the electronic recording system.

- Support plans promoted active strategies to enhance independence. One relative told us, their loved one had developed skills that opened opportunities for them to be more independent. A person told us about the jobs they did in their house. We noted that staff gave different descriptions of the support people needed for some tasks, this could lead to unnecessary challenges for people with learning disabilities and autistic people. We did not identify any impact related to these inconsistencies however it is an area where practice could be improved.

- Staff completed an assessment of people's needs before they started to provide care and support. Recent work on the assessment process embedded the input of people who would be housemates of a person being admitted.

- Staff advocated on behalf of people to ensure they had opportunity to consider their long-term aspirations.

- People were supported to play an active role in maintaining their health and wellbeing. People were supported to attend health appointments, including annual health checks. If people preferred to attend health appointments with a relative, staff made sure they knew the outcome so they knew how to support the person. One person told us, following their health review staff now helped them to take tablets every day.

Staff support: induction, training, skills, and experience

- People were supported by staff who had received appropriate training. Staff learned about the person, or people, they were supporting from the person and others who knew them well. One person reflected on staff skills and told us, "The staff know what to do."

- Staff described how their induction enabled them to provide good quality support as part of an effective team.

- Staff received support informally and formally through supervision and appraisal. Staff told us these processes were effective and supported their professional development.

- The training available to staff had been reviewed and additional training was being sought to ensure staff could develop specific skills, including those related to communication.

- There were checks made on staff's competency to ensure they understood and applied training and best practice.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People participated in choosing their food, shopping, and planning their meals in ways that were meaningful to them.
- Staff supported people to be involved in preparing and cooking their own meals and, mealtimes were flexible to fit with how people lived their lives.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make their own decisions about their care and support wherever possible. We observed people's choices being recognised and respected, when they did not use words to communicate the choice.
- Staff understood how people made their views about their support known. A number of people had agreements in place about the use of tablets for watching videos or playing games. Staff understood that people could, and did, withdraw their consent for these agreements they had made for periods of time. This was respected alongside encouragement to stick with agreements for the reasons they had been made.
- There were systems in place to ensure that if a person needed to be deprived of their liberty this would be identified and addressed appropriately.
- When people were assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions made.

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 inspection for this newly 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; Respecting and promoting people's privacy, dignity and independence

- People were supported by managers and staff who were committed to a person-centred culture which put people in the centre of the care provided. Staff spoke about people with respect and care.
- Relatives described people being supported by caring staff. One relative summed this up and told us, staff "all have (Relative's name) best interests at heart." They told us how the care had led to positive outcomes for their relative.
- People told us staff were good and kind towards them. People who did not use words to communicate were relaxed in the company of staff. One person told us what staff kindness meant to them saying, "You can go to them if there is a problem."
- Staff knew when people needed their space and privacy and respected this. Staff advocated for people well.
- People were supported to maintain their homes and carry out everyday tasks. One relative commented, "(Relative's name) is now much more independent. They are really thriving." The registered manager reflected their ethos saying, "Support to do, not do for". We heard examples from staff about daily tasks that people now undertook for themselves. One member of staff described how one person now added items to the shopping trolley that they liked. They also described the relationships they were supporting the person to establish with staff at the supermarket.
- The registered manager was committed to supporting people to consider their aspirations for life and to move on from the support of EMA if that was what suited them. Most people being supported were younger adults who were establishing themselves in the world. The registered manager recognised the limitations people may face by living in a rural setting, such as opportunities to socialise and transport links. Where this was a concern, the service worked well with advocates and families where necessary to work out future plans.

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

- People, and when appropriate their families, were involved in making all decisions about their care. The times when people needed support with decisions were identified in their support plans. We observed staff respected people's choices and encouraging them to share their views.
- People had chosen how they spent their days with choices about regular activities offered in meaningful ways.

Is the service responsive?

Our findings

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

This is the first 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; 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

- Support plans were kept under review. Staff described how information was captured and shared through effective communication channels so developments, opportunities, new challenges were responded to across the whole staff team.
- Staff routinely sought leisure activities and described how they kept alert to events people they supported may enjoy. The way services were commissioned sometimes made 1:1 activities difficult, staff were aware of this and used support hours as effectively as possible. People showed and told us how important this was in living fulfilled lives. One person described the impact of seeing old school friends. Another person who did not use words confidently with people they did not know well shared pictures of trips and activities they had enjoyed.
- Professionals reflected positively on the support people received. Professionals told us they held the service in high regard because of the emphasis on the experience of people they support. One professional told us, "The staff provide good support." Another professional described the support as 'person centred'
- People's support plans were developed with them and included enough personalised information about, how they communicated and what their likes, dislikes and preferences were. The support provided was regularly reviewed and changes were made, as necessary.
- The registered manager described how people's wishes and preferences were central to support planning. A person spoke with the registered manager about an employment goal they were working towards when we visited them.

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.

- Staff ensured people had access to information in formats they could understand.
- There were visual aids to support people's understanding of what was happening during their day.
- People had individual communication plans that described effective and preferred methods of communication. Staff had identified that they would like further training in this aspect of their roles, and this was being addressed.

Improving care quality in response to complaints or concerns

- When people told staff with words or actions that they were upset or angry they were listened to. Staff sought input from appropriate professionals to help people get the right support. We heard about independent advocacy support being sought to help people ensure their concerns and needs were communicated and respected.
- The provider shared their complaints procedure with people and relatives to ensure they knew how to raise their concerns. Staff supported people to raise complaints.
- The registered manager monitored complaints and concerns to ensure appropriate actions were taken and any themes identified.

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 inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager, owners/provider and staff team shared values that informed how staff spoke about and approached their roles. Staff were positive about their immediate colleagues and the senior team. They told us they would recommend EMA as a place to work both because of the people they supported and the team they worked with. One member of staff said, "It is the people we support and the team. The team are really supportive and helpful."
- Professionals spoke highly of the organisation and described it as achieving good outcomes for people.
- Communication systems and the structure of the organisation supported staff to focus on the people they supported. Meetings afforded opportunity for discussion that reinforced the values of the organisation.
- The registered manager understood their responsibilities regarding duty of candour. They were transparent throughout the inspection process.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The systems and processes enabled the registered manager and senior team to monitor and improve the quality of the care and support people received. The organisational structure had been altered to better support the oversight, improvement and embedding organisational values.
- Staff felt valued and listened to by their managers. Staff had supervision and support appropriate for their job roles and this included opportunities to speak about the challenges of their role. One member of staff described the support they had received since taking on new responsibilities, another member of staff told us, "This company listens." Actions identified through the supervision process were reflected on the organisation's action plan when appropriate.
- There were quality assurance systems in place, and these were effective in identifying, monitoring and sustaining change. Any actions identified through internal audits and monitoring, concerns raised, incidents or near misses fed into an overarching action plan that reflected timelines and accountabilities. The action plan was a live document with updates added to ensure it was accurate and current. Where audits identified gaps in staff knowledge, we noted the registered manager provided training and discussions took place at staff meetings to support the team.
- There were systems in place to share learning across the whole team. The registered manager shared a debrief message with all staff following any incident. This ensured staff all got first-hand information about what had happened, the actions taken and any changes they needed to reflect in the support they provided.

- The senior team were proud of the staff and the people they supported. They described staff commitment to people and reflected on people's achievements throughout our inspection.
- Staff understood their roles and responsibilities. They understood the importance of their work and they felt able to suggest improvements and solutions that would support people to live the lives they wanted.

Working in partnership with others; Engaging and involving people using the service, the public and staff

- People were involved in the management of some aspects of the service. They took part in meetings with staff where they could discuss ideas for activities and how their house was operating. One house had recently chosen to take turns to cook meals for each other rather than all cook their own meals. People could also raise any concerns they had at these meetings and this would be fed back to the senior team for action. We saw an example where staff had supported people to raise their concerns clearly with the registered manager and this was being addressed.
- Alongside informal opportunities to feedback and contribute to service development, people, and their relatives were asked for feedback about the quality of the service. Issues identified were reflected in the action plan.
- Staff told us they were able to share concerns and ideas, and we saw that staff meeting minutes reflected discussion about a range of issues relevant to people and staff.