

Carmand Ltd

# Emerald House

## Inspection report

Grange Farm House  
Waltham Road, Barnoldby-le-beck  
Grimsby  
DN37 0AR

Tel: 01472884579  
Website: [www.carmand.co.uk](http://www.carmand.co.uk)






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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Emerald House is a residential care home providing personal care for up to three people in one adapted building. The service provides support to younger adults and people with mental health needs. At the time of our inspection there were three people using the service.

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

Staff supported people with their medicines, however, medicines administration was at times, carried out by staff who did not have up to date competency assessments to ensure they had the required skills and knowledge to complete their roles. Competency assessments did not include the administration of controlled drugs to ensure the risks of harm to people were reduced. 'As and when required' medicine protocols lacked information to guide staff when to administer medicines and ensure best practice guidelines were followed.

There were no measures in place to securely store and record controlled drugs, the registered manager ordered appropriate storage and recording for controlled drugs on the day of the inspection. Overstock of medicines which needed to be returned to the pharmacy was stored with current medication which could lead to people being given out of date medicines; a medicine return book was not in use to ensure returns were recorded accurately.

Quality assurance system was not robust enough to identify the risks found during the inspection. This placed people at risk of harm.

Information about risks and safety were not always identified or up to date. Risks that could put people at harm, for example, environmental risk assessments did not identify or address risks to individuals found during the inspection. We have made a recommendation about the management of risk assessments.

People were supported to have maximum choice and control of their lives and staff them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice as staff had not received training.

We have made a recommendation about the training of staff in relation MCA to ensure staff knowledge is up to date.

Staff were recruited safely. There were enough staff to meet people's care needs.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse.

Staff members were very positive about working at the service and felt supported by the manager and the provider.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service at the previous premises was good, (published on 27 November 2019). The registration of the service was changed on 31 March 2021, as the service moved to its new premises at the current location. Therefore the service will be referred to as newly registered throughout this report.

#### Why we inspected

This was a planned comprehensive inspection.

We have found evidence that the provider needs to make improvements. You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to medicine management and oversight.

Please see the action we have told the provider to take at the end of this report.

#### Follow Up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Emerald House

## Detailed findings

### Background to this 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 two inspectors.

#### Service and service type

Emerald House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Emerald House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

#### During the inspection

We spoke to two people who used the service, four staff including the registered manager, deputy manager and two support workers. We reviewed a range of records. This included three people's care records and three people's medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of other records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We spoke with a social care professional who worked with the service to gather their feedback. We continued to seek clarification from the provider to validate evidence found.

# 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 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.

### Using medicines safely

- Medicines were not always managed safely.
- Medication competency assessments were out of date and did not include competencies relating to controlled drugs.
- There was no lockable cupboard to store controlled drugs or a controlled drug register if they were required
- Overstock of medicines were stored with in use medicines, instead of an appropriate container. A returns book was not in use to return the overstock to the pharmacy.
- Where people were prescribed 'as and when required' medicines, protocols were not robust. This meant there was a lack of information to guide staff on circumstances to administer this medicine.
- Dates were not recorded when topical creams or drops were opened to ensure they were in date when used.

The failure to ensure medicines were safely managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about good practice in relation to the staff competencies, the safe storage of controlled drugs, returns of medicines and 'as and when required' medicines and they acted in response to our feedback.

### Assessing risk, safety monitoring and management

- Environmental risks were not always managed safely. Risk assessments did not contain enough detail to mitigate risks to individuals within the home, for example, the home was having an extension built and groundworks were being done outside. A trench dug for piping was covered by plyboard, was uneven and put people at unnecessary risks of falls.
- Records did not always contain details of all actions that had been taken to mitigate risks. People who had a history of specific behaviours did not have effective and detailed risk assessments in place. However, staff were extremely familiar with people, associated risks and how these were to be managed.

We recommend the provider developed an action plan to address our concerns, including updating risk assessments.

### Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Visits to Emerald House were in line with government guidelines. No restrictions were in place.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguarding people from the risk of abuse.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. One person said, "I feel safe here the staff are nice and understanding."
- Staff had received safeguarding training and had a good understanding of their roles and responsibilities in relation to reporting any suspected abuse.
- A system was in place to monitor accidents and incidents to prevent reoccurrences. Any lessons learnt were shared with the staff team.

#### Staffing and recruitment

- Staff were recruited safely. Recruitment files showed all pre-employment checks including had been made to ensure only staff who were suitable to work with people were employed.
- There was a enough staff on duty to meet people's needs.



# 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.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Staff had not completed MCA training.

We recommend the provider follow current guidance and update their practice accordingly.

- DoLS applications were appropriately submitted to the local authority. Where authorisations were granted, people's care records were updated to reflect this.
- Staff sought consent from people before they provided them with care.
- People were seen to make their own choices which staff supported. Staff respected the rights of the people to refuse support.

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

- People's needs were continuously assessed to ensure plans in place remained relevant.
- Before moving into the service, an assessment of people's needs was completed with them to identify the care and support they needed. Care plans were used to record this information and people's preferences for care delivery.

Staff support: induction, training, skills and experience

- Staff received an induction when they joined the service. They worked alongside other staff until they were familiar with people's care and support needs.
- Staff received regular supervision and felt supported in their roles. One staff told us, "I feel very supported, the management team are always there if I need anything."
- Staff had been provided with mandatory training with the exception of MCA, however they were confident that they could request training specific to people's medical conditions.

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 told us they were able to access food and drink when they wanted to. Comments included, "We have choices of what we want to eat," and, "I like the food."

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

- Staff worked closely with other health professionals to support people to maintain good health and access other services.
- One professionals told us, "The service are aware of all the health needs of [Name of person] and support them to manage them appropriately."
- People received consistent and effective care and support from staff who knew them well.
- People were supported to access health professional's such as GP'S and other health professionals..

Adapting service, design, decoration to meet people's needs

- The provider was in the process of developing the premises to enable people to live in an environment which reflected their needs and enabled them to be as independent as possible. However, the provider had not fully considered people's needs in the upkeep of the environment. Some maintenance issues had not been managed, for example, the shower in the bathroom had not been repaired for some time and decoration in parts of the environment required updating.
- People were happy with their bedrooms. Bedrooms contained people's personal items such as photos and items which reflected the hobbies, they participated in.

# 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People felt valued by staff who showed genuine interest in their well-being and quality of life and told us staff were kind and caring. One person said, "Staff will talk to me, they know the signs of when I am feeling frustrated and they talk to me about it." A professional told us, "The staff look at many ways to engage [name of person]. They have offered them courses to allow them to engage with professionals."

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

- People were fully involved in any decisions about their care and support.
- People were supported to access advocacy services or had support from their family when making decisions. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.
- Staff had plenty of time to spend with people and engaged with them in how they wished to be cared for.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their privacy, dignity and independence.
- Staff at all levels were seen to be caring and respectful of the people who lived at the service promoting dignity and independence where possible. A professional told us, "The staff recognise individuals who are not able to maintain their own dignity, they offer them choice and independence but also maintain their privacy and dignity at the same time."

# 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

- People received personalised care and support from a team of staff who were familiar with their needs and preferences. Staff were able to clearly describe progress people had made since moving to the service.
- Care plans were in place and provided staff with personal background information. For example, their likes, dislikes, health and care needs and how they would like to be supported.

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.

- Information was provided to people in their preferred way.

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 build and maintain social relationships that mattered to them.
- People who were living away from their local area were able to stay in regular contact with friends and family via telephone and other communication methods and also visited them regularly.
- People were encouraged by staff to try new experiences, for example employment or courses in line with their wishes, others were supported to participate in their chosen social and leisure interests on a regular basis.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and people told us they felt confident they could raise any concerns with the registered manager or staff and they thought any issues would be dealt with quickly.

# 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 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

- Governance systems were not effective. They had not identified or addressed the issues we found at inspection. This included medicines, risk management and staff training in relation to MCA.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were good communication systems, and management and office staff met daily to action plan and exchange important information.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- People were happy with the care they received, and talked with warmth about the positive relationships they had developed with staff who knew them well. One person told us; " Staff are nice and understanding, they try to help, and I get to go out on activities and am able to go home and have contact with my family."
- Staff described a positive culture within the service. They told us they were supported by an open and honest management team who were very supportive. Comments included, " I know management are there if I need anything, there is great communication," and "It's a great place to work, the feeling of knowing you are helping somebody."
- The registered manager understood requirements in relation to duty of candour and had an open and honest approach.

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

- People and staff were consulted and asked to share their views and opinions of the service so improvements could be made.
- People's care records showed involvement and guidance from other agencies to meet people's needs.

This included GPs, social workers and other health professionals.

- People benefitted from partnership working with other healthcare professionals. One professional told us, "The registered manager has a good working relationship with support workers they are able to work alongside them, they have good knowledge of individuals and their holistic needs."
- Processes were in place to ensure any incidents, accidents, concerns or complaints were investigated and responded to.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had not done all that is reasonably practicable to assess and mitigate risks. Regulation 12(1)(2)(b)(c)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not established and operated effective systems to assess, monitor and improve the quality and safety of the services and to mitigate risks. Regulation 17(1).