

EMH Care and Support Limited

Fisher Close

Inspection report

1-3 Fisher Close
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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Fisher Close is a nursing care home providing personal and nursing care to up to 15 people. The service provides support to people with a learning disability and autistic people, people with a physical disability and sensory impairment, younger people, older people, people with mental health support needs including dementia. Accommodation is provided within 3 separate bungalows. At the time of our inspection there were 15 people using the service.

People's experience of the 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 assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

Some records relating to medicines were not always in place in line with best practice guidance. One person's care plan and risk assessment were not reflective of their current needs and risks. Staff were working to review and update all care plans. Accidents and incidents were reported, however they were not always robustly analysed to identify themes and trends to mitigate risk. Systems were in place to oversee the service, however prompt and effective action was not always taken to address areas for improvement.

Person centred guidance was in place and staff worked with people to plan for when they experienced periods of distress.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Right Care

People were protected from the risk of abuse because staff understood their responsibilities in relation to safeguarding.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture

Feedback was encouraged, and work was underway to ensure equal opportunities to feedback were in place for everyone. People and their relatives felt listened to.

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

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.

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

Rating at last inspection

The last rating for this service was Good (published 10 February 2018).

Why we inspected

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

Enforcement

We have identified breaches in relation to safe care and treatment, and good governance at this inspection.

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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Fisher Close

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 team consisted of 1 inspector.

Service and service type

Fisher Close 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. Fisher Close is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post. The manager was in the process of completing their CQC registration.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We sought feedback from partner agencies and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed information we held on the service. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service. Not everyone using the service was able to share feedback verbally. With support from staff we communicated with some people in their preferred way, and carried out observations of communal areas to help us understand the experience of people who could not talk with us. We spoke with 3 relatives of people using the service. We spoke with 7 staff, including the manager, nursing staff, team leaders and support staff. We reviewed a range of records, including 7 people's care plans and relevant risk assessments, medicine administration records and some records relating to the management of the service.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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

- Records to support safe administration of medicines were not always in place in line with best practice guidance. For example, some people were prescribed 'as required' medicines to manage pain, or agitation. Not everyone had a protocol in place to provide guidance on when these medicines may be needed. Whilst we did not find people had been harmed, lack of protocols placed people at risk of receiving these medicines inappropriately.
- Medicine profile pages were not always in place for people. Medicine profile pages support staff to understand whose medicines they were administering, any important information such as allergies, GP information and their preferred way to take their medicines. This placed people at risk of medicine errors, or adverse effects.

Records relating to medicine were not always in place as required to ensure people received their medicines safely and appropriately. This placed them at risk of harm. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed people had received their prescribed medicines and staff understood and followed relevant guidance relating to stopping the over medication of people with a learning disability, and autistic people. One relative explained they were awaiting a review of a person's medicines which the service was supporting with.
- Medicines were stored safely and stock was routinely checked.
- People received their medicines from trained nursing staff, whose competencies were regularly assessed.

Assessing risk, safety monitoring and management

- At the time of our inspection, staff were in the process of reviewing and updating people's care plans to ensure they had sufficient guidance in place to support people's identified risks. One person's care plan was yet to be reviewed, and we found it did not contain consistent, or clear information on risks relating to epilepsy or their dietary requirements. This was addressed immediately.
- The care plans which had been reviewed and updated contained clear guidance on supporting people's risks, taking into consideration people's equality, diversity and human rights needs.
- Staff knew people well and had a good understanding of how to support people's risks. One relative told us, "[Person] has seizures, but the staff absolutely know what they are doing with their seizures. The staff always keep me updated when [person] has had a seizure, or if they are not well so I can be there straight away."
- Positive behavioural support (PBS) plans were in place which provided person-centred guidance for staff

when supporting people who were not always able to express their needs. For example, one person's PBS plan explained how they liked staff to use 'silly humour' if they were feeling upset.

- The provider ensure people were cared for in a safe environment by carrying out regular health and safety checks.

Is consent to care and treatment always sought in line with legislation 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Mental capacity assessments and best interest decisions were in place. The manager explained they were working to review and update mental capacity assessments where required.
- DoLS applications had been made where appropriate. Staff had received training in the Mental Capacity Act and understood what this meant for the people they supported.
- Staff empowered people to make their own decisions about their care and support. For example, one staff member showed us how they adapted their communication style to support one person to make decisions.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to access the community. Staff were observed to take time to support people's social and emotional wellbeing, as well as personal care needs.
- There had been recent restructures to the staffing at Fisher Close. This involved reducing the nurses on shift and upskilling support staff to a team leader role. We received mixed feedback from staff regarding this change. The manager assured us they would continue to listen to staff and had already implemented some changes based off feedback, such as adding an additional support staff to the evening shift.
- Where agency staff were used, regular workers were requested so people were supported by consistent staff.
- People and relatives felt there were enough staff. One relative said, "I think there's enough staff, there's usually someone you know, and you can have a chat with them." Another said, "Staff are always available and quick to support."
- The provider operated safe recruitment processes. This included obtaining references and carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The manager explained they are planning on including people in the interview process to have more involvement in choosing the staff working at the service.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do so.
- People and relatives confirmed they felt the service was safe. One person, using their preferred communication method confirmed they were safe and had a member of staff they could raise concerns

with. A relative told us, "[Person] is safe and settled at Fisher Close, they get looked after well we have no concerns."

- Staff understood their responsibilities to raise concerns and record incidents to help keep people safe. Immediate action was taken to mitigate risk to people, such as seeking medical advice.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices. The service was clean and appropriate PPE was worn by staff when supporting people.

Visiting in Care Homes

People were able to receive visitors without restrictions in line with best practice guidance.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained 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;

- Whilst there were some systems and processes in place to oversee risk, effective action had not always been taken where areas for improvement were identified. For example, missing 'as required' medicine protocols, missing risk assessments and further detail needed within care plans had been identified as an action following the provider's quality and compliance audit in April 2023, but had not been fully addressed at the time of our inspection.
- Oversight of key risk areas was not always in place or recorded. For example, tissue viability documentation and care plans were not routinely audited by the manager. This meant there was no clear or recorded oversight of this risk, placing people at risk of harm.
- Data relating to accidents and incidents was collated, however further improvements were required to ensure this data was used to inform a robust analysis and improve the quality and safety of the service. For example, the number of accidents and incidents were calculated and reported back by the provider, but there were no reviews to help identify themes and trends.

Governance systems were not effective at driving improvement. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager understood their regulatory requirements, including submitting statutory notifications to inform CQC of significant events.

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

- There were some opportunities for people and relatives to be engaged with the service. For example, a suggestion box with details to an online survey was recently introduced. The manager explained further plans were in place to create opportunities for everyone to feedback in an accessible way, including resident and relative meetings.
- Staff received regular supervisions and meetings. Staff told us they felt supported in their roles and their feedback was listened to. One staff member said, "The manager has asked us for suggestions on topics to discuss in supervisions."

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

outcomes for people

- There was a positive and open culture at the service. One person told us they are happy at Fisher Close. Staff were passionate about providing person-centred care. One staff member said, "The service users are the main joy of the job."
- People were supported to achieve good outcomes. This included access to education, being a part of the local community and maintaining relationships with those important to them.
- Management was visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One staff told us, "The manager is approachable, I think they've done a good job with some of the changes, and they ask us for suggestions too." A relative said, "I think it is a very well-led service, I spoke with the manager just yesterday. I think they are warm and approachable and feel they have listened to what I say."

Working in partnership with others; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. Relatives confirmed the manager was open and honest. One said, "They inform me of anything and everything."
- The provider worked in partnership with others. This included a range of professionals, such as local learning disability services, allied healthcare professionals, GP and commissioners.
- The manager demonstrated a commitment to continuous learning and was open to feedback. For example, they were working to address identified actions following feedback from commissioners.

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
Treatment of disease, disorder or injury	Records relating to medicine were not always in place as required to ensure people received their medicines safely and appropriately. This placed them at risk of harm.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Governance systems were not effective at driving improvement. This placed people at risk of harm.