

Emmanuel Care Services Ltd

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Inspection report

33 Disraeli Close
Thamesmead
London
SE28 8AP

Tel: 02083109340

Date of inspection visit:
14 July 2022

Date of publication:
26 August 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the service

Emmanuel Care Services Limited is a residential care home providing personal care to up to two people at the time of the inspection. The service can support up to three people. The service support people with a learning disability, autistic people and people with mental health needs.

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

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture

Right Support

The service supported people to have the maximum possible choice, control and independence over their own lives. People were supported by staff to pursue their interests. Staff supported people to take part in activities and pursue their interests in their local area. Staff enabled people to access specialist health and social care support in the community. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People could take part in activities and pursue interests that were tailored to them. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which

supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates and professionals, were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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 requires improvement (published 14 February 2020). We carried out an unannounced comprehensive inspection of this service on 19 December 2019. Breaches of legal requirements were found.

The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Emmanuel Care Services Limited

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.

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 one inspector

Service and service type

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

This service is required to have a registered manager. The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We checked the information we had about the service including notifications they had sent since registering with us. A notification is information about incidents or events that providers are required to inform us about. We asked the local authority commissioning and safeguarding teams for any information they had about the service. 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.

During the inspection

We spoke with a relative about their experience of the care provided. We observed how people were being cared for. We spoke with two members of staff including the registered manager and one care worker. We reviewed a range of records. This included two people's care records and two medication records. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess and mitigate risks relating to the health and welfare of people. 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.

- People were protected from avoidable harm. Risks to people were assessed in areas including medicines, self-injury, self-neglect, weight management, accessing the local community and continence care. The risk management records included guidance on how staff could prevent or mitigate these risks occurring.
- People's care records helped them get the support they needed because it was easy for staff to access and keep care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- The service helped keep people safe through formal and informal sharing of information about risks. Staff we spoke with knew of individual risks and told us of the support they provide to ensure people remained safe.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. Fire risk assessments, portable appliance test, legionella tests and gas safety checks had all been carried out to ensure the environment and equipment was safe for use.

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 Mental Capacity Act (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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive people of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect. A relative informed us, "My loved one has been there for x years and has settled in there so well and they are safe."
- There were regular staff at the service who knew people well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The registered manager knew of their responsibility to respond to safeguarding concerns and report any allegations of abuse to the local safeguarding team and CQC. At the time of this inspection, there were no concerns or allegations of abuse.

Staffing and recruitment

- There was enough staff available to support people's needs. A relative informed us, "We have no concerns about staffing levels."
- The numbers and skills of staff matched the needs of people using the service.
- The registered manager informed us the staffing arrangement in place was based on people's assessed needs. Staff rotas showed the number of staff on shift was consistent with the numbers planned for.
- Staff recruitment and induction training processes promoted safety.

Using medicines safely

- Medicines were managed safely. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff maintained a medicines administration record (MAR) to record the support they provide people with their medicines. We checked the number of medicines in stock against the numbers recorded in the MARs and these were consistent.
- Staff shared important information with healthcare professionals to ensure people's medicines were reviewed regularly and monitored to ensure it was effective for their health and wellbeing. For example, one person had been weaned off a medicine for their epilepsy seizures. These were now prescribed 'as required' with appropriate guidance on when staff could administer it.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Preventing and controlling infection

- 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 promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents. There were systems in place to manage and support learning from accidents, incidents and near misses.

- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- Recently there was an electrical fire at the service and staff acted to ensure people were safe and emergency services contacted promptly. Lessons were learnt following this incident to minimise the risk of repeat occurrences.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we recommended the provider to seek support and guidance from reputable sources about providing structured activities that were stimulating and of interest to people. Enough improvement had been made at this inspection.

- People were supported to participate in their chosen social and leisure interests on a regular basis. Each person had an activity plan in place and people were engaged in activities such as bingo, playing a game, visits to the park and the local community, shopping, colouring and going on a trip.
- Staff provided person-centred support with self-care and everyday living skills to people. People were encouraged to perform daily chores where capable to such as making a cup of tea, baking, gardening and making jelly.
- Staff ensured adjustments were made so that people could participate in activities they wanted to. An occupational therapist had been involved in assessing and identifying leisure activities such as a hand massage.
- People were encouraged to be in contact with their family either through face to face visits or via telephone. Where relatives were involved, they were updated about people's wellbeing and were involved in making decisions. Relatives had the option to visit people at the home or take them away to spend time with them where this was possible.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their needs. Staff supported people through recognised models of care and treatment for people with a learning disability or autistic people.
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff used person-centred planning tools and approaches to discuss and plan with people, their relatives and health and social care professionals on how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people to understand how they could be achieved.
- Staff made reasonable adjustments to ensure better health equality and outcomes for people.

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.

- People's communication needs were assessed and met. Staff ensured people had access to information in formats they could understand
- People had individual communication passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative told us they were happy with the service and did not have anything to complain about.
- The service had systems in place to treat all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- At the time of this inspection, no one using the service required end of life care and support. People, their relatives and representatives had been approached about advanced care planning, but they did not wish to discuss it.
- The registered manager told us if end of life care and support was required, they would work with the person and appropriate health and social care professionals to ensure their end of life care needs and wishes were met.

Is the service well-led?

Our findings

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say.
- The registered manager worked directly with people and led by example. They were proactive and took initiative to support people attend health appointment and leisure activities.
- Staff felt respected, valued and supported in a positive and improvement-driven culture. Staff felt able to raise concerns with managers without fear of what might happen as a result.
- Managers promoted equality and diversity in all aspects of the running of the service. Management and staff put people's needs and wishes at the heart of everything they did.
- The registered manager understood their responsibilities under the duty of candour and knew they had to be open, honest and take responsibility when things went wrong.

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

- The service was well managed. The registered manager had the skills, knowledge and experience to perform their role and had a clear oversight of the services they managed.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Staff knew people well and were able to explain their role in respect of individual people without having to refer to documentation
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Various audits and checks were in place to identify issues and drive improvements.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. The results of a survey completed in November 2021 was all positive.
- There were meetings for people and their relatives to share their views and discuss issues with staff and comments were actioned by the provider.
- Staff meetings were held and used to cascade information to staff and gather their views. Minutes of the meetings showed topics discussed included people's needs, information from healthcare professions. DoLS and COVID 19 protocols.

Working in partnership with others

- The service worked in partnership with health and social care professionals to plan and deliver an effective service. The registered manager liaised with healthcare professionals including GPs, dentists, community learning disability team and social workers to ensure people received care and support that was effective and met their needs.