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Emerson Court

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This unannounced inspection took place on 28 April 2015. The service was last inspected on 8 September 2015 and was meeting all regulations inspected.

Emerson Court is a privately owned care home without nursing for 21 older people. The service is registered to accommodate a maximum of 21 people. At the time of the inspection there were 18 people using the service and one person was in a hospital.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Deprivation of Liberty Safeguards is where a person can be lawfully deprived of their liberties where it is deemed

Summary of findings

to be in their best interests or for their own safety. Staff were aware that on occasions this was necessary. We saw that DoLS were in place for some people to keep them safe.

We found that staff had not received training in epilepsy and mental capacity assessments were not carried out for some people might lack capacity. This could put people at risk of not receiving appropriate care.

Staff were vetted before starting work at the home. We noted staff were caring and had received a range of training programmes. We observed staff explain to people what they were doing, for example when administering medicines. We noted that people could choose their meals and decide where and when to have them. This showed that staff respected people's decisions.

People told us that they felt safe in the home. They said staff were always available when they needed them. They told us staff responded to their needs. We noted that people were involved in their assessments of needs and review of care plans. Risk assessments were reviewed and action put in place to ensure risks such as falls were minimised.

People had access to healthcare services and received ongoing healthcare support. For example, people had healthcare checks and attended appointments with opticians and dentists. Referrals were also made to other healthcare professionals when and as needed. This showed that there were systems in place to monitor and respond to people's healthcare needs.

Summary of findings

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. People told us they felt safe in the home because staff were always around them.

The provider had a comprehensive staff recruitment system in place. This meant all staff employed at the home were vetted before starting at the work at the home.

Medicines were appropriately managed and administered. The area where medicines that required temperature controlled were stored was monitored daily in line with the manufacturers' guidelines. Medicines were audited to ensure people received the correct medicines as prescribed by their GP.

Staff knew the home's safeguarding policy and what to do if they became aware of an incident of abuse. This ensured that any safeguarding incidents were appropriately managed.

Good



Is the service effective?

The service was not always effective. Staff had not received training in epilepsy and mental capacity assessments were not carried out for some people who might lack capacity. This could put people at risk of not receiving appropriate care.

The food provided was good and provisions were made for people's dietary requirements and preferences. People chose what to have for their meals and where to have them. This ensured that their rights to choose the type of meal they wanted was respected.

The home had systems in place to ensure that people were not unlawfully deprived of their liberty.

People's healthcare needs were monitored and action taken to ensure that they were supported to receive treatment that they required.

Requires improvement



Is the service caring?

The service was caring. People told us that staff were "kind" and "caring". One person said: "The staff treat me with respect and they respect my privacy." We observed that staff were attentive towards people and were constantly interacting and talking with people.

Systems were in place which encouraged people and relatives to be involved in the review of care plans. This enabled people and relatives to have a say in what type of care was required to be provided to meet people's needs.

Good



Summary of findings

Is the service responsive?

The service was responsive. Staff listened to and acted on people's and relatives complaints. The home had a complaints procedure and action had been taken to address concerns and complaints.

People's care plans were reviewed once every three months and as required ensure that they reflected their current needs. Risk assessments were also reviewed as people's needs changed.

Good



Is the service well-led?

The service was well-led. The registered manager carried out audits of the service. Health and safety checks and medicine audits were regularly undertaken. This showed that there was an ongoing monitoring of the service to ensure people received good care.

People and relatives were consulted about the quality of the service. Visitors felt welcomed to the service and said there was good communication between the home and relatives.

Good



Emerson Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 April and was unannounced. The inspection was conducted by one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we reviewed the information we held about the service. This included the provider information return (PIR) and the notifications that the provider had sent us. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During the inspection we spoke with six people using the service, five relatives, four staff and the provider. We reviewed five people's care files, five staff files and other records such as the staff rotas, menus, and the provider's policies and procedures. We also had a guided tour of the premises and observed people's interaction with staff.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I like staff being round me. I don't like being on my own." Another said, "I love it here." Relatives said they felt that their loved ones were safe. A relative that the person wouldn't be at the home if there were any worries about being safe. They told us that there was "always somebody around" to look after people.

One person felt that there were not enough staff at the home. However, most people told us that the staffing level was sufficient. For example, one person said, "Yes, there were enough staff. Staff do their best. [The home] gets agency staff in." Another relative said, "I think majority of the time they have sufficient numbers of staff. [However], there are always people around that you can call." The staff rota showed that there were four staff during the day shifts and two waking night. The manager and the provider were also present during the day Monday to Friday. Care staff told us that there were enough staff at the home. The provider said the staffing level was regularly reviewed to match the needs of people. This showed that the home had systems in place to ensure there were appropriate staffing level to provide care that people needed.

The registered manager informed us that all staff employed at the home were properly checked before starting at work at the home. The staff files contained completed application forms, criminal record checks, two written references and certificates and certificates of training. However, we did not see written references in one staff file. The registered manager said he was certain that the references had been received but might have been wrongly filed elsewhere. He said he would make sure that this was found or replacement references were received for the member of staff. Staff told us they had undergone a vetting procedure involving them to provide written references, criminal record checks, and evidence of training and work experience. This showed that there was a system in place for checking that staff were suitable to work with people.

Staff knew what safeguarding adults meant and the steps they would need to take to ensure people were protected from abuse. They told us that they would record and report to their managers any incidents of abuse that they might become aware of. The home had a safeguarding policy and staff told us that they had read the policy as part of their induction. The registered manager told us that any concerns relating to people's safety was discussed with their social worker and healthcare professionals as required. For example, a person's care file contained records of discussions staff had with relevant people about ensuring that the person was protected from neglect. This showed that systems were in place to ensure people were protected from neglect and abuse.

People told us staff administered their medicines. Observations showed staff explained the medicines to people and how these should be taken. Staff told us they explained the benefits of taking medicines to people to encourage them to take whenever they refused. The registered manager informed us that when people refused medicines they consulted next of kin and healthcare professionals to ensure that best interest discussions were held medicines were administered appropriately. The registered manager was aware that any instances of covert administration of medicines were documented and kept on people's files. There was no covert administration of medicine during the inspection.

Medicines were stored securely and the temperature of the area in which medicines were stored was regularly monitored. Staff told us they had received training in the administration of medicines. This was confirmed in the records we saw. There were systems in place for checking the correct medicines were received from a pharmacist and administered for each person. The manager and records confirmed that excess medicines were returned to the pharmacist. This meant that there systems in place for safe storage and administration of medicines.

Is the service effective?

Our findings

People informed us that they were well cared for and staff were competent and knowledgeable. One person said, "I am quite happy here. The staff are helpful and know their job." A relative made positive comments about staff and stated, "The staff all treat my [relative] as they would their own." They told us staff knew what they were doing and they were happy with the care provided at the home. Staff knew people's likes, dislikes and how to care for them. They told us they have read each person's care files and were aware of how to provide care that met their needs.

Regular staff supervision had been provided and staff meetings had been held. These were confirmed by staff and the records we looked at. Staff told us the supervision sessions gave them opportunities to discuss care practice and training needs and they found them beneficial. However, annual appraisals had not been carried out and recorded separately from supervision sessions. The registered manager stated that he was introducing a separate appraisal system for staff.

Staff told us they had received training related to their roles. For example, a member of staff listed the training they attended which included moving and handling, infection control, adult safeguarding, fire safety, recordkeeping, prevention of falls and dementia awareness. They also told us they had attended an induction programme before they started work at the home. The records we saw showed that staff had completed an induction programme and various courses relevant to their job. This showed that staff had received training relevant to their roles. However, we noted that staff had yet to receive training on epilepsy. This was needed because there was one person diagnosed as having this condition. The registered manager told us that staff knew what to do if the person had a seizure and there was a risk assessment for the person. He said that training on epilepsy would be organised for all care staff. This ensures that all staff had received appropriate training to be able to provide care that met people's needs.

People told us they were satisfied with the food provided at the home. A person said, "The food is good." Another person stated, "We can't grumble about the food. The food is quite good. You can't fault it." The home operated a four weekly rotating menu. People told us that alternatives to what was on the menu could be arranged for them if they

requested it. They told us staff asked them every morning what they would like for lunch and dinner. They told us they were happy with this arrangement and that they could choose a meal that was not on the menu if they did not want what they had chosen in the morning.

We noted that people could choose where to have their meals. We saw some people had their lunch in the dining room while others had theirs in either the bedroom or sitting room. One person told us they chose to have their lunch in their bedroom. This showed people decided where to have their meals.

During the inspection we observed people were offered hot and cold drinks and snacks in between main meals. One person told us they always "asked for a cup of tea" and staff offered it to them. People told us there was "plenty" to eat and they enjoyed the meals the home provided during occasions such as Christmas. For example, one person stated, "The home put on a lovely party for Christmas. It was a lovely meal. It was the best I've ever had."

We noted from care files that people's weights were monitored and referrals were made to healthcare professionals such as dietitians where the weights had been changed. This showed that people's dietary needs were assessed and met by the home.

People told us that they had access to a number of different health care professionals. These included GPs, District Nurses, Chiropodists and Opticians. There was evidence of recent appointments with healthcare professionals such as the optician, dentist, dietitian and GP. A relative informed us that staff managed people's care very well. Staff were knowledgeable regarding how to care for people with behavioural needs that challenged the service. This meant the risks of not receiving appropriate care were minimised.

The registered manager had knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA is legislation to protect people who are unable to make decisions for themselves. DoLS is when people are assessed as lacking capacity to make decisions affecting them and when their liberty is deprived in their best interest for their safety. These policies were needed so that people were protected and staff were fully informed regarding their responsibilities. Staff knew that if

Is the service effective?

people were unable to make decisions for themselves, a best interest decision would need to be made for them. Staff we spoke with told us that they had received relevant training.

The registered manager was aware of the procedure to be followed when people needed to be deprived of their liberty for their own safety. However, we noted that assessments of mental capacity had not been carried out for some people who required them. These were needed for the protection of people and should include details of who should be consulted if a person lacked capacity to make a decision. The registered manager stated that the assessments would be carried out.

We noted that some people living in the home needed continuous supervision and due to risks to their safety were therefore not free to leave without staff or relatives accompanying them. In such cases DoLS authorisations might be required. We recommended that such applications be made to the relevant authorities. The registered manager agreed to consult with the local authority officer responsible for DoLS regarding this. Following this inspection, the registered manager stated that they had consulted with the DoLS officer and made the necessary applications in accordance with their guidance.

Is the service caring?

Our findings

People informed us that staff were "kind" and "caring". One person said, "The staff treat me with respect and they respect my privacy." Another person told us that staff were "lovely", brilliant" and "You don't get many like them". A relative was also "satisfied" with how staff treated people. One relative said, "The 'girls' are all caring." Another described how staff supported someone who didn't like to sleep in their bed, but preferred to sleep in a reclining chair in the lounge saying that staff kept an eye on her. The relative told us how staff had helped the person to walk around "which had improved [their] health". This showed staff provided care and support that meet people's needs.

We observed that staff were attentive towards people and were continually interacting and talking with people. For example, even though most people living at the home did not need support with their meals, we observed that staff were present to explain to them the contents of the food and to offer extras where required. This showed staff were caring. The registered manager, deputy manager and care staff we spoke with demonstrated a good understanding of the needs of people and their daily routine. They were also able to tell us about people's individual interests.

Staff were aware that people who used the service should be treated with respect and dignity. They stated that they discussed this in meetings and were reminded of it during

their training. Staff explained examples of how they ensured people were treated with respect and dignity. For example, they said they would not discuss people in front of others and they always made sure that rooms were shut when assisting people with personal care. The registered manager informed us that religious services had been held at the home and arrangements were made if people wanted to attend places of worship outside the home. This indicated that the home supported people to practise their beliefs.

People stated that staff had consulted with them regarding their care plans. Some people had signed their care plans. One person said, "They always call me in and ask me [about my needs]. They always include me in it." A relative said they had been invited to people's "assessment days" and were involved in the assessment of needs of a person. They said they were able to discuss the needs of the person and how these could be met. This showed that people and relatives were involved in the assessment of needs and formulation of care plans.

The registered manager explained that some people were unable to sign their care plans due to their condition. The care plans set out people's preferences and activities they chose to engage in. Regular reviews of care had been carried out by staff. The registered manager explained that the care provided had been constantly discussed with people and their relatives. This was confirmed by relatives.

Is the service responsive?

Our findings

People told us that they could talk to staff about their needs. They said staff listened and responded to their queries and suggestions. One person said, "Staff are available, they listen." Another person said staff responded "straightaway when I need them". People told us, "If you ask [staff] for something, they usually do it for you. We observed that staff responded promptly when people called them for assistance.

People we spoke with knew who to complain to if they were dissatisfied with any aspect of their care. For example, one person said, "If I have a complaint I can talk to staff. I have not complained [because I did not have a concern to complain about]." A relative told us that they knew how to make a complaint if they were not happy about the service.

The home had a complaints procedure and the registered manager told us that this was included in the Service User's Guide. However, we noted that information about the home's complaints procedures was not prominently displayed in the home. The registered manager told us he would ensure this was displayed on the wall by the entrance. This would ensure that visitors know about the home's complaints procedures. We noted that there were six recorded complaints since December 2014. These were all investigated and responded to by the registered manager. This showed that the registered manager took people's concerns seriously and addressed the issues.

One person said, "The person who facilitates the activities is a real laugh. The exercise is wonderful." People told us that they had been involved in activities. For example, one person said that the service had organised trips and

parties. Another person told us that they had gone out with their friends and visitors. During the inspection we observed staff sitting and talking to people. We also noted that a person came two times a week to provide activities. People told us that they enjoyed "a game of bingo" and visits to the home by people from the local church. We noted that a hairdresser and "a keep-fit person" came to the home weekly. People told us they liked both people coming to the home and they enjoyed the keep-fit sessions. However, one person commented that there were not many activities in the home. We also noted that a person had stated in the home's survey that the home could do with more activities. The registered manager told us he was reviewing the activities available to people.

Staff told us that they respected people's choices regarding their daily routine and activities they wanted to engage in. They told us they respected people's choice of, for example, participating in group activities or individual sessions with staff. We observed that staff checked on and talked to people who chose to stay in their bedrooms. This meant that staff recognised and responded to people's preferences of care.

Assessments of people's care needs had been carried out with their help. These assessments contained details of people's needs which included personal care, health, mobility, communication, continence, activities, emotional and behavioural needs, and end of life care. People's care plans were based on their assessed needs and this showed that the care provided was person-centred. We also noted staff reviewed care plans every three months and when people's needs changed. For example, staff reviewed care plans following incidents. This showed that people received care that was tailored to their needs.

Is the service well-led?

Our findings

People and relatives stated that they were happy with the quality of care provided. One person told us that they were happy with the home and "the manager helps a lot". A relative said they couldn't "fault the care [provided at the home]". They told us they knew the registered manager but they didn't see him often. However, the registered manager told us that he was at the home every day except weekends and he walked around to speak with people and visitors. A relative told us they saw the registered manager when they visited the home.

Visitors told us the service was well managed and staff kept them informed of changes to people's welfare. They told us they could contact staff if they wanted updates on people's wellbeing. A relative said that they "had been made very welcome" when they visited and felt "nothing was hidden" from them. This showed there was good communication between staff and relatives.

Staff told us they worked as a team by supporting each other. A member of staff stated that they liked the job because of they knew they could talk to the registered manager when they needed support. They also said they discussed practice issues in meetings and shared experiences with colleagues. This indicated that there was a good management system in place.

Audits and checks of the service had been undertaken. These included checks and testing of fire alarms, hoists, fire extinguishers, the passenger lift and portable electrical appliances. We also noted that arrangements were in place for infection control management and for monitoring people's nutritional and healthcare needs. This showed that the home had appropriate management systems in place.

People told us they had not attended "service users' meetings". However, a relative said they had "popped into" meetings where people were involved. The registered manager said due to people's complex needs it was not always possible to organise meetings but staff spoke with people individually. The registered manager said they distributed survey questionnaires to asked people how they felt about the quality of the service. This was confirmed by people and relatives. One person told us staff supported them to complete a survey questionnaire. A relative told us they also completed a survey questionnaire. We looked at the survey questionnaires that people and relatives completed and noted that most of the feedback was positive. However, we saw people's comments about activities and staffing which they said needed improvement. The registered manager had not yet analysed the survey and put an action plan in place. He reassured us that he would analyse the feedback and put an action plan in place.