Emerald Care Services Limited

Station House

Inspection report

23 Station Road
Laughton Common
Dinnington
South Yorkshire
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Tel: 01909561917

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16 November 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 15 and 16 November 2016 and was unannounced on the first day. The care home was previously inspected in October 2015, when three breaches of legal requirements were identified. These were regarding the safe management of medicines, recruitment of staff and the lack of an effective system to assess and monitor the quality of the service provided. Following that inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. This inspection was undertaken to check that they had followed their plan, and to confirm that they now met all of the legal requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Station House' on our website at www.cqc.org.uk'

At this inspection we found improvements had been made, and the provider had achieved compliance with the breaches found at the last inspection, but further development was needed to embed and improve the systems in place.

Station House is a care home situated on the outskirts of the village of Laughton Common. There are local facilities close by and good public transport links. The home caters for up to ten younger adults with learning disabilities and autistic spectrum disorder in two separate buildings. The provider also operates a domiciliary care agency from the same location. However, no-one was receiving personal care from the domiciliary care agency at the time of our inspection.

At the time of our inspection there were six people living at the home. To gain people's opinion about how the service operated we spoke with two people who used the service and three relatives. They told us they felt there had been improvements made over recent months and they were happy with the service provision.

The service did not have a registered manager in post at the time of our inspection. An acting manager had been appointed in July 2016. They told us they had begun the process to register with the Commission to become the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. People we spoke with told us they were pleased with the new management team saying they were approachable, listened to their opinions and ideas.

People told us they felt safe living and working at the home. We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified any potential risks to people and plans were in place to ensure people's safety.

Improvements had been made to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role.

We saw a structured recruitment process was in place to help make sure staff were suitable to work with vulnerable people. Overall staff had been recruited robustly; however we found a few documents missing from staff files. This was addressed within the week of the inspection, but more robust checks would be beneficial to ensure consistency in the future.

There was sufficient staff available to meet people's needs. The use of agency staff had been reduced since the last inspection, which helped to make sure people received consistent care and support.

Staff had access to a varied training programme. However, training records did not evidence that all staff had completed refresher training in a timely manner. Staff told us they felt they had received sufficient training to carry out their roles, and further training had been planned. Staff support sessions had taken place, but not as regularly as outlined in the company policy. The management team told us how they were addressing this, and the staff we spoke with said they felt well supported.

The service had a policy in place for monitoring and assessing if the service was working within the Mental Capacity Act and they were following local authority advice on this topic. Staff had completed training regarding the Act and the procedures to follow should someone lack the capacity to give consent. The provider had worked with the local authority to ensure decisions made in people's best interest were applicable, and applications under the Deprivation of Liberties Safeguards were made as necessary.

We saw people received a well-balanced diet and were involved in choosing, shopping for and helping to prepare what they ate. People's comments indicated they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People were supported to maintain good health and received access to healthcare support from appropriate healthcare professionals when required.

People were supported to maintain friendships. We saw care plans contained information about their family, friends and people who were important to them. People had access to an activity programme that was tailored to their individual needs and interests. People told us they enjoyed the activities they took part in.

The people we spoke with said they had been involved in formulating and reviewing care plans. Care records we looked at contained information about people's needs, preferences and risks associated with their care. However, not all documents were fully completed in one of the files we checked. The manager told us work was on-going in improving the information in care files.

We saw the complaints policy was available to people using and visiting the service. The people we spoke with told us they would feel comfortable speaking to any of the staff if they had any concerns. We saw where concerns had been raised these had been appropriately recorded and addressed.

The provider had a system in place to enable people to share their opinion of the service provided and the general facilities at the home. This included surveys, one to one meetings and care reviews.

We found the quality assurance system which monitored how the home was operating and staffs' performance had been improved. We saw checks had been consistently completed and areas for

improvement identified, but further development would be beneficial to make sure audits undertaken within the home, and by external auditors, were more robust.

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.

The staff recruitment process had improved, but the system needed to be embedded and monitored to ensure all essential information was on file before staff commenced work.

The provider had appropriate arrangements in place to manage medicines.

People felt the home was a safe place to live and work. Care files included risk assessments to minimise identified risks. Staff understood how to recognise signs of potential abuse and were aware of the reporting procedures.

Is the service effective?

Good

The service was effective.

Staff had access to a varied training programme, but training records did not evidence that all staff had completed refresher training in a timely manner. Staff felt well supported, but formal support sessions had not always been provided in line with company policy.

People were supported in line with the principles of the Mental Capacity Act 2005. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

People were encouraged to be involved in the planning, shopping for, and preparation of their meals, which meant they met their individual needs and choices.

Is the service caring?

Good

The service was caring.

Staff interacted with people in a caring and positive way. They demonstrated a good knowledge of how they respected people's preferences and ensured their privacy and dignity was maintained.

Care records provided staff with information about people's preferences, likes and dislikes. Staff demonstrated a good knowledge of the people they support, whilst understanding the need to maintain their independence.

Is the service responsive?

Good

The service was responsive

People had been encouraged to be involved in care assessments and planning their care. Care plans reflected people's needs and preferences.

People had access to a wide choice of activities that met their individual interests and hobbies.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with the management team.

Is the service well-led?

Requires Improvement

The service was well led, although areas for improvement were identified.

The service did not have a registered manager, but an effective acting manager had been appointed. People told us the management team were approachable, always ready to listen to what they wanted to say and acted promptly to address any concerns.

There were systems in place to assess if people were satisfied with the service provided.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

A system was in place to check that staff were following company policies and the service was operating to a satisfactory standard. However, audits undertaken had not always identified areas for improvement.

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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 checked 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.

The inspection took place on the 15 and 16 November 2016, and was unannounced on the first day. An adult social care inspector carried out the inspection.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority and Healthwatch Rotherham, to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were six people using the service. We spoke with two people who used the service and three relatives. We also spoke with the nominated individual for the company, the acting manager, two members of the management team and three care workers.

We looked at the care records for three people using the service, as well as records relating to the management of the home. This included staff rotas, meeting minutes, medication records, staff recruitment and training files. We also reviewed quality and monitoring checks carried out by senior staff and the home's management team.

Good

Is the service safe?

Our findings

People we spoke with indicated they felt it was a safe place to live and work. We saw risk assessments had been undertaken to minimise any potential risks.

Where assessments had identified any potential risks, clear information was available to provide staff with step by step guidance on how to minimise risks by avoiding triggers, and what to do if specific incidents occurred. For example, if someone's behaviour was triggered by a noisy environment there was detailed information about the agreed actions staff should take if they saw early warning signs, and if things escalated. Staff we spoke with demonstrated a good knowledge and understanding of the care and support people needed and how to keep them safe. They described how they encouraged people to be as independent as they were able to be, while monitoring their safety.

At our last inspection we found the service had a medication policy outlining the safe storage and handling of medicines, but the policy had not always been followed. We found gaps where staff had administered medication, but had failed to sign the medication administration record [MAR] to confirm this. We also saw one medicine had not been administered for several days. Therefore, we told the provider they must improve the system. At this inspection we found improvements had been made. Additional auditing had been used to initially make sure staff had followed company policy. The manager said these had now been replaced with monthly audits as less agency staff were being used and practice had improved.

We saw medication was stored safely, with each person having their own medication cupboard. The person's health file, including their MAR, were also kept securely. We saw that if applicable people were supported to be responsible for administering their own medication. An assessment had been completed to ensure they were able to do this safely and staff monitored them to make sure they were taking medicines correctly. We observed someone administer their own medication. They did this safely and efficiently.

We saw medication had been booked into the home using the medication administration record [MAR] and a returns book was in place to record medicine returned to the pharmacy.

There were no controlled medicines being held on the premises at the time of our inspection. We were told there was still no appropriate storage cupboard that met legal requirements available. The manager told us the provider was considering storage, and a controlled drugs register had been purchased, should it be required.

The service had a staff recruitment system which included pre-employment checks being undertaken prior to candidates commencing employment. This included obtaining two satisfactory written references, and a Disclosure and Barring Service (DBS) check. The aim of these checks are to help reduce the risk of the registered provider employing a person who may be a risk to vulnerable adults. We checked six staff files and saw that overall appropriate checks had been undertaken. However, we found three files did not contain two references. The manager told us they were sure these documents had been received. They said they could have been misplaced during a recent office move or due to the change in managers. We also noted

one person's proof of identity was missing.

On the second day we visited we saw replacement references and identification documents had been obtained, with just one reference outstanding. We asked the acting manager to ensure a full audit was undertaken to ensure there were no further records missing. Following our visit the team leader sent us a copy of an up to date audit of all staff records, which indicated all other staff files contained evidence that appropriate checks had been carried out.

We spoke with two recently recruited staff who confirmed they had completed an application form, attended a face to face interview, undertaken a DBS check and supplied referees. One care worker told us, "I was not allowed to start [work] until my DBS etcetera were back, it was at least three weeks before I was allowed to start."

Staff had access to policies and procedures about keeping people safe from abuse and reporting any incidents appropriately. The staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns of this kind. Staff confirmed they had received training in this subject as part of their induction to the company and periodically after that. There was a whistleblowing policy which told staff how they could raise concerns. Staff we spoke with were aware of the policy and their role in reporting concerns.

We looked at the number of staff that were on duty on the days we visited and checked the staff rotas to confirm the number was correct. The manager told us all vacancies had been filled since our last inspection and therefore the use of agency staff had greatly reduced. They said this had led to people receiving more consistent care and support. People we spoke with confirmed there were enough staff available to meet people's needs on an individual basis. A relative told us, "At the moment its [staffing levels] much better, especially now agency has reduced. [family member] likes consistency, which has been a problem in the past, but not now."

Good

Is the service effective?

Our findings

People using and visiting the service told us they felt staff were trained adequately to meet people's needs. One person using the service said, "I get on with all of them [staff], they are very caring." A relative told us, "I think having more mature staff has helped, and good management."

The company used a computerised training matrix which identified which training staff had completed, any shortfalls in training and when update sessions were due. The copy of the matrix we saw showed not all staff had completed updates in a timely manner and some staff still needed to complete training courses in a few topics. The manager and team leader told us they had identified shortfalls in training and were booking staff on the courses they needed. Where staff had not attended planned training they told us they would be using supervision sessions to discuss the necessity for them to complete the training as soon as possible.

We found new staff completed essential training as part of their induction to the company. The team leader told us four new staff had also been registered to complete the care certificate. We spoke with two recently employed care workers who described their induction. One care worker told us, "I've done all the mandatory training. I am also doing autism awareness training." Another care worker confirmed they had undertaken induction training adding, "They [management] went through the policies and procedures with me and I had an introduction to the person I would be supporting." They said the latter had included three days shadowing an experienced carer."

We saw some staff had completed specialist training to meet the needs of people using the service. Topics included, epilepsy, positive behavioural support & learning disabilities. The management team told us they also continued to work with the local authority and specialist teams to help them meet people's needs. The service also encouraged staff to undertake a nationally recognised award in health and social care.

Records and staff comments showed staff had received support sessions, but not in line with the providers policy, which stated supervision sessions would take place bi-monthly. The manager told us they had identified this as an area for improvement and plans were in place to ensure all staff received regular support sessions and an annual appraisal of their work.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the Mental Capacity Act 2005. The service had a policy in place for monitoring and assessing if they were working within the Act and they had worked with the local authority to ensure people were appropriately assessed and supported. We saw where people could not give consent, for instance to have the annual flu inoculation, appropriate action was being taken to assess what was in their best interest. Staff we spoke with were clear that when people had capacity to make their own decisions, this would be respected. We found the majority of staff had received training in this subject.

We also found the service had worked with the local authority to ensure the requirements of the Deprivation

of Liberty Safeguards (DoLS) were met. Deprivation of Liberty Safeguards (DoLS) are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The staff we spoke with had a satisfactory knowledge of this topic.

We saw people were provided with a choice of suitable and nutritious food and drink. Some people had planned their weekly menus, whereas other people chose what they wanted on a daily basis, or at the mealtime. Staff supported people to shop for their food and in some cases people prepared their own food, with staff support. People told us they felt the meals provided met individual people's needs and preferences.

People's care files reflected their food preferences and we saw assessment tools had been used to record any medical needs in relation to eating and drinking. Staff told us how they would monitor what food people had eaten to make sure they were eating sufficient. We saw each person had a health file where their weight was monitored regularly to help ensure they maintained a healthy weight.

Drinks and snacks were available and we saw people who used the service making drinks for themselves and preparing meals. Staff told us people could always help themselves to snacks such as fruit, biscuits and yogurts between meals.

People were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. We looked at people's records and found they had received support from healthcare professionals when required. For instance we saw the Speech and Language Therapist [SALT] had been involved with one person, while district nurses, GPs and dieticians had been involved with other people.

Good

Is the service caring?

Our findings

People who used the service, and the relatives we spoke with, indicated that they were happy with how staff provided support. We were told there had been an improvement in the way people were supported, and they confirmed staff respected people's decisions. The staff we spoke with were aware of people's needs and could describe to us the best way to support them, whilst maintaining their independence.

Throughout our inspection we saw people were happy and relaxed, and staff communicated with them positively. Staff supported people in a caring and responsive way, while assisting them to go about their daily lives and take part in social activities. They asked people what they wanted to do and respected their decisions.

Each person had their own accommodation. We saw people's room were personalised to reflect their preferences and interests. This included the décor, posters and family photographs.

Staff we spoke with told us how they would respect a person's privacy and dignity. For example, one care worker told us, "[person using the service] goes in their room and takes time out. Another person for example likes to go and do a jigsaw on their own."

We saw people were supported to maintain friendships, and family and friends could visit at any time. One relative told us they visited their family member regularly, but said they also kept in touch with them via an iPad.

Care plans contained information about people's family and friends and those people who were important to them. They also contained a description of the person's past history, including their preferences and what they enjoyed doing. This helped staff to understand the person better. However, in one file we saw this information was only partially completed. The manager said they would address this with the staff member responsible for the file.

Staff were patient with people, offered them choices and listened to their opinions. One staff member demonstrated a very good knowledge of supporting someone. They told us, "They [people using the service] are all very different. For example, for [name of person] I would offer options, like would you like to do this or that." Another care worker said, "Some people choose their meals the day before, whereas I give other people two or three options on the day."

Staff said most people living at the home had relatives that would speak out for them if they felt unable to do so themselves. However, they told us one person used an independent advocacy service. Advocates can represent the views and wishes of people who are unable to express their wishes.

Good

Is the service responsive?

Our findings

The people we spoke with all said they were happy with the care provision and praised the staff for the way they delivered care and support. We saw people received care that was tailored to their individual needs and preferences. One person told us, "I have meetings every month with my nurse [a specialist nurse from outside the home]. My key worker is there, my parents and sometimes the manager." A relative commented, "I am very involved in [family member] care. Staff fill in a book at my request, which they send home with him. I can then write things in that I want to tell staff about. The team leader is very good at understanding the parent's point of view."

We saw each person had two files, one which detailed the care and support they required and another dedicated to meeting the person's health needs. The records we checked showed needs assessments had been carried out before the person had moved into the home and this information had been used to formulate their support plans. We also saw records were in place to monitor any specific areas where people were more at risk. These included triggers staff should be aware of, and explained what action they needed to take to minimise risks and protect people.

Overall we found support plans were person centred and involved people who used the service, as well as other people relevant to their care, such as relatives and health care professionals. Information contained in the files also gave a clear summary of the person's usual routines and the best way to support them. Staff had completed daily notes outlining what the person had done that day, any changes in their wellbeing or any behaviour that had challenged other people.

Health files contained details of the medication the person was taking, involvement of other health care professions and routine observations such as body maps and weight monitoring charts. The files also contained health action plans and/or the Rotherham Trust traffic light admission form, which are used to pass on important information for hospital visits or admissions.

However, we found files often contained out of date information, that should have been archived from the working files, and information was in different places, making it sometimes difficult to find specific information easily. We discussed this with the manager who said they had identified that some improvements were needed, including old information being archived.

We saw people had access to a wide choice of activities that met their needs and hobbies. For instance, people went out into the community with their allocated staff member or in small groups. People's comments indicated activities facilitated included shopping trips, swimming, bowling and horse riding. Relatives spoke to us about social events such as barbeques, carol services and trips to the coast. We saw most people were involved in cleaning their rooms, cooking and other daily household tasks. We found people also had access to local community activity such as day centres, social clubs and college courses.

The provider had a complaints procedure which was accessible to people using and visiting the service. There was also a pictorial version of the complaints procedure available. The manager told us seven

concerns had been raised since our last inspection. We saw a system was in place to record complaints received and the outcomes. Relatives told us communication had improved in recent months, which they said had led to improvements in how concerns raised were managed. One relative told us, "We used to raise concerns about communication [not being effective] but now things are much better."

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. An acting manager had been appointed in July 2016 and he told us he had begun the process to become the registered manager for the service. He was supported by a team leader and senior care workers.

All the people we spoke with made positive comments about the improvements made over the last few months. One person who used the service told us, "I like them [the manager and team leader]. They are very easy to talk to." A relative said, "Good management now, [family member] is much more settled. It's a different atmosphere now." Another relative commented, "The manager is very approachable, listens to you and takes things on board. I can phone or text him at any time." Staff also commented positively about the management team. One care worker told us, "They are approachable and supportive. If you're not sure about something they will guide you through it. They want to know about everything that is happening."

We asked people if there was anything they felt could be change to improve the service provision. People using the service could not think of anything they wanted to change, but relatives offered some suggestions. One relative told us they would like their family member to be encouraged to be involved in some more active communal activities. Another relative suggested the carpets in the bungalow would befit from being shampooed. They also thought a parent's forum would be beneficial. We shared these comments with the manager during our feedback at the end of our inspection.

The provider had a system in place to gain people's opinion about how the service operated. This included care reviews, one to one meetings and periodic surveys. The last survey, for parents and relatives was dated 2015/16. The summary contained mainly positive responses to the set questions and we saw action had been taken to address areas that people felt could be improved. However, we found the company had not used questionaries' to gain the views of people living at the service. We discussed this with the manager who agreed that most people could participate in a survey. He said he was already looking into how this could be done. He told us he was also looking at introducing 'residents meetings' to involve people more.

Staff we spoke with said they enjoyed working at the home and confirmed they attended staff meetings where they could share their opinions. They said they felt they could speak to one of the management team about any concerns they might have and would be listened to. Staff told us they knew what was expected of them and said they had been given a staff handbook and a job description outlining their role. They felt the home had improved since the new manager came into post, saying they felt it was now a much more open and positive place to work. One staff member told us, "There has been lots of change, staffing has improved which makes you more relaxed as you are not worrying about having to cover extra hours. Plus the managers are more hands on and have more time for you now."

When we asked staff if there was anything they felt could be improved at the home no-one could think of anything they wanted to change. One member of staff told us, "If they are going to carry on as they are going

that's good."

There were policies and procedures in place to inform and guide staff and people using the service. However, these had not always been followed and audits undertaken within the home, and by an external auditor, had not always identified areas for improvement. For example, staff had not received supervision sessions in line with the provider's policy. We also found records did not fully demonstrate that essential recruitment checks had been made in a timely manner or that staff training was monitored closely to make sure all staff had completed the required initial and refresher training. However, we saw progress was being made and the manager and team leader were working hard to address shortfalls.

The local authority told us the provider had made a lot of improvements since our last inspection and had met the action plan they had put in place in 2015.

The fire officer's report from their visit in June 2016 made recommendations including the installation of a more effective fire system. We saw the provider had taken action to meet the recommendation.

We saw the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen. This is the highest rating achievable.