

# Community Homes of Intensive Care and Education Limited

## Emerson House

### Inspection report

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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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 18 January 2018 and was unannounced.

The service is registered to provide residential care for up to eight people with learning disability or mental health conditions. At the time of our inspection five people were living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

There were systems in place that helped ensure medicines were managed safely for people. Risk assessments and care plans helped promote the safety of people when they were out in the community and within the home.

People were supported to stay safe at the home and in the community. The staff had been on training about abuse and had the knowledge and insight to know how to keep people safe. This helped people to be protected from abuse and avoidable harm.

People were well supported to have choice and control of their lives. The staff team supported them in the most positive way they could. There were policies and systems to support the staff to do this effectively. People were well supported with their health needs and their wellbeing was closely observed by staff.

The principles of the Mental Capacity Act were implemented in the home. There were policies and systems in the home that supported the staff and people who lived there.

People were supported to have enough to eat and drink to maintain good health. Menus were planned based on each person's choices and preferences.

People were encouraged and supported by the staff to maintain their independence. The staff team respected people's privacy and dignity.

People were supported in ways that were flexible to their individual needs and preferences. Activities were individualised to reflect the interests wishes and choices of each person. Care plans were personalised and guided staff to provide care and support in the way people preferred.

There were quality monitoring systems and checks in place to help develop improvements and ensure a safe and good standard of care and service for people. People's relatives and professionals involved in people's care gave positive feedback about the service.

The home was being well run by the registered manager. Staff and professionals spoke positively of the registered manager who was inclusive and supportive in the way they managed the home. The registered manager also conveyed to us that they were very positive in their approach towards the care being provided for people.

There was a respectful culture between the registered manager, staff and those who lived at the home. People felt comfortable about engaging with the registered manager and the team. The atmosphere in the home was relaxed, informal and homely. The registered manager and staff worked hard to provide a service that was safe, caring, effective and responsive to people's needs.

## 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

Risks to people were identified and actions put in place when needed to keep people safe.

There were enough staff on duty at any time to help to keep people safe from harm.

Staff understood about abuse and how to protect people at the home.

There were safe systems in place for storing, giving and managing people's medicines.

People were protected by the provider's recruitment procedure as it helped to minimise the risk of unsuitable staff being employed.

### Is the service effective?

Good ●

The service was effective

People's needs were being fully met by staff who were trained and properly supported to do their jobs effectively.

The principles of The Mental Capacity Act were understood and applied by the staff and this meant people's rights were respected.

People were well supported with their range of complex nutritional and dietary needs.

### Is the service caring?

Good ●

The service was caring

Staff understood how to apply equalities and diversity when they supported people at the home

People were supported by staff who were kind caring and.

respectful towards them .

People were supported by staff who understood their unique needs .

**Is the service responsive?**

**Good** ●

The service was responsive

People supported people both in and out of the home in a way that was flexible to their needs.

Care plans helped to guide staff to understand how to provide care and support that was responsive to their changing needs.

People were very well supported to take part in social and therapeutic activities both in the home and the community .

**Is the service well-led?**

**Good** ●

The service was well led

The service was well led□

The registered manager was open and inclusive and the home was run in the best interests of people who lived there.

The provider had effective systems in place to check and monitor the quality of the care and the service provided for people.

Staff and people felt well supported and were encouraged to make their views known about how the home was run.

# Emerson House

## 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.

Before the inspection we reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed other information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

This inspection took place on 18 January 2018 and was unannounced. The inspection was carried out by one inspector.

Because many people were not able to tell us their views of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We met four of the five people who lived at the home. We interviewed four members of staff and the registered manager. We also spoke to a senior manager .

We pathway tracked the care of two people. We observed care and support in communal areas We also looked at records that related to how the home was being run as well as the quality monitoring systems in place.

# Is the service safe?

## Our findings

People looked relaxed in the company of the staff. When people were anxious or distressed staff used recognised techniques to support them to be calmer in mood and to feel safe. This included using distraction, using appropriate touch, and talking to people in a calm and consistent tone of voice. Staff gave people who needed it, to one to one support to help to ensure that they stayed safe in the home and the community. People responded positively to these approaches from all of the staff. One person told us they felt safe and the staff checked on them to make sure they were safe at night.

The risks to people from potential abuse were minimised. The registered manager and team had a good understanding of each person's needs and how to support them to stay safe. Staff knew how to recognise people at risk and how to report concerns about abuse or suspected harm. The registered manager and staff knew how to contact the local authority or the Care Quality Commission (CQC) with concerns if this was needed. The provider had up to date policies about safeguarding people from the risk of abuse. The staff knew how to follow these policies and the guidance that was in place. Staff had been on training about safeguarding people from the risk of avoidable harm and this was reflected in training records. Records sent to CQC showed actions were taken to address concerns that may have suggested people were at risk. This ensured people were kept safe from the risks associated with unsafe care. Staff told us that the subject of whistleblowing was also raised with them at one to one meetings and at staff meetings. Whistleblowing at work means to report certain types of poor or harmful practice in the workplace.. This was to ensure staff knew how to raise any concerns and what to do to keep people safe.

People were supported by staff to manage their medicines safely. Staff told us, and records confirmed that they had been on medicines training. There were regular checks to ensure they managed and gave people their medicines safely. Staff understood what action to take if they identified a medicines error. We saw there were regular audits completed to ensure any issues were identified quickly and action taken as a result. There was up to date guidance which was available for staff who dealt with medicines. We saw how staff took plenty of time to explain to people what their medicines were for. Staff checked that people were willing to take their medicines. The medicines were stored, documented, administered and disposed of in accordance with up to date guidance and legislation. This meant people received their medicines safely and when needed.

Risks associated with the home environment were identified and actions then taken to reduce the likelihood of harm to people. Staff told us and the risk assessment records confirmed this was the case. There was also emergency information and contact details for key people in their lives. Each person had a personal emergency evacuation plan (PEEP) in place. This set out the up to date information on how to support people to remain safe in the event of an emergency. Staff understood what to do in the event of an emergency, and the provider had a business contingency plan in place. This meant people would be supported safely in in the event of an emergency.

People's needs were met by enough staff to support them safely .The staffing records confirmed the numbers of staff needed to provide safe care were always on duty. When there had been staff shortages due to staff sickness or leave, cover had been found. The registered manager said that the numbers and skill mix

of staff on duty each day was regularly reviewed with a senior manager. This was to ensure there were the right numbers of competent staff to meet the needs of people at the home. These numbers were altered and increased when this was needed. For example when people were taking part in community activities, or were physically unwell and needed additional care and support.

The provider's recruitments procedures helped to reduce the risk of unsafe staff being employed. To ensure only safe and suitable new staff were recruited, all new staff completed a thorough recruitment process before they could start employment. Staff had Disclosure and Barring Service checks in place. These were to check if they had any criminal record, which would exclude them from working with vulnerable people. There was a staff disciplinary procedure in place. This was used if there were concerns around staff practice. This was another way that aimed to keep people safe from the risks from unsuitable staff.

To help to keep the premises safe from avoidable risks there were regular health safety and monitoring checks completed. There were certificates relating to gas, electricity and fire safety checks. The home was clean and tidy and smelt fresh in the areas we saw. To minimise risks from cross infection we saw that staff used protective equipment in the form of disposable gloves and aprons when handling food. We saw a good stock of alcohol gel, paper towels and liquid soap in the home. These products were used to reduce the risks to people from cross infection.

## Is the service effective?

### Our findings

People had their range of needs met by staff who knew how to provide effective and skilled support to them. This was seen in a number of ways. Staff used a variety of responses when people became agitated in mood and anxious due to their dementia type illnesses. Staff talked through with people how they were feeling, and sometimes they used specific distraction techniques to support the person. For example staff would go for a walk with people to reassure them and calm their mood. The staff also assisted people to have a shower or a bath and to get up at different times of the day. We saw that staff helped some people to be sat in a comfortable position before they had meals and drinks so that they would not be at risk of choking. The staff assisted people discreetly and encouraged them through the day to eat and drink enough. Staff checked on people regularly and helped people who needed support to move to be comfortable. We saw through our visit that staff were meeting the needs of people in the ways that were explained in their care plans. This showed that staff were ensuring people received care that was consistent and well planned.

People were well supported with their range of physical healthcare care needs. People were supported by staff to use health services when they needed. We saw that referrals were made to specific health professionals promptly. Where health professionals had implemented plans of care these were followed by staff in the home. Staff completed daily health checks and wrote in the care records the support provided to people. This included any observations about general health of the people they had supported. This helped them identify any health needs or concerns they had. When staff became concerned about a person's health they took prompt action to ensure they received the support they needed. This included from relevant healthcare professionals such as the GP, dieticians, speech and language therapists, and physiotherapists. Records showed that where other specialist assistance was required, people had been referred. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack capacity to do so for themselves. The Act 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.

Staff understood how to support people to make decisions in line with the MCA. They were able to tell us how they supported people to make decisions that were in their best interests and least restricted their liberty. We read examples of where people's capacity had been assessed and found that full and situation specific assessments had been completed. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

DoLS applications were in place as legally required for certain people. These were to ensure any restrictions on people were lawful. People's care records included detailed references to their mental capacity and ability to make decisions. Records included documents which had been signed by people to consent to the care provided as set out in their care plans. Staff told us they had been on training about the MCA and were aware of the need to consider capacity and what to do when people lacked capacity. Care records showed how that capacity was assessed and considered when needed. When a person lacked capacity to make

certain decisions in their life, there was clear guidance in care records to show how to support the person. For people who were being restricted of their liberty, correct legal procedures had been put in place to ensure it was lawfully carried out and regularly reviewed.

People were supported to eat and drink nutritious food and drink that they enjoyed. Staff told us people who required special diets were also catered for and this was confirmed by the choices that were available. For example, we saw one person needed a softer textured diet and this was provided for them. Information in care records explained, and staff also told us that they regularly monitored people's food and drink intake. This was to help to ensure people ate a healthy and well balanced diet if they wanted to. Staff knew what type of food people liked. The staff ensured these choices were available to meet people's range of diverse needs.

Care records clearly explained how to support people with their nutritional needs. An assessment had been completed using a nationally recognised tool. This tool is used to work out who may be at risk of malnutrition or obesity. The staff team had been on training to further help them to be able support people effectively with their nutritional needs. Some people with specific nutritional needs were being supported by a healthcare specialist.

The registered manager and other senior staff were providing effective support for the staff team. The staff told us they felt well supported by the registered manager who met with them regularly for one to one meetings. We saw staff approach the registered manager for guidance and advice throughout our visit. All staff received regular one to one supervision support. The staff said meetings were useful because they helped them to understand people's needs. Supervision records showed that staff were being regularly supervised in their work and the quality of their performance.

Staff were well supported to gain the skills and knowledge to enable them to fulfil their roles and responsibilities. Staff told us they had been on a range of training courses to enable them to support people effectively. Staff were positive about the training and learning opportunities. They told us they were encouraged to attend regular training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. Courses and learning opportunities staff attended included a variety of subjects, such as learning disability issues, mental health issues, medicines management, safeguarding people from abuse, health and safety issues, food handling safety, first aid, and infection control. New staff told us they had been on a comprehensive induction programme when they had first started working for the provider.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring and sensitive to their needs. We saw staff assisted people in ways that demonstrated they were kind and caring. This was evident in a number of ways. When people looked agitated in mood, the staff very promptly responded to the person. If the person preferred, a staff member spent plenty of one to one time with the person. The staff used a calm, gentle approach and manner with them. They also used gentle humour when they were with people. People responded positively to staff when they used this approach.

The staff conveyed they were very respectful of people's cultural and spiritual needs. People were treated with care and kindness and were involved in decisions about the support they wanted to have.

To assist people to make choices, care plans and information such how to make a complaint were provided in accessible formats. This was to support people to understand the care and services at the home. Staff told us how they provided support to meet the diverse needs of people living at the home. These including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were set out in care plans and the staff we spoke to understood the needs of each person very well. The staff demonstrated in conversations with us that they understood how to provide people with personalised care that met their needs. For example, they told us they knew what time people liked to be supported to get up, what they liked to wear, what they liked to eat, how they liked to spend their day. The staff also told us they knew that certain people preferred a female member of staff to help them and this was always respected in relation to their care.

People had a keyworker and spoke with them about their care and support. A key worker is a member of a staff who provides extra support to people and to help people become better at helping themselves in their daily lives. One person told us they liked to go out with their keyworker. Care plans reflected these activities and showed people were involved in deciding what sort of care and support they received from their keyworker and other staff.

The environment helped to promote privacy for people. The home had a secure garden where people could walk safely. There were two purpose built bungalow style flats located at the bottom of the garden separate from the main home. One person kindly showed us their flat. They said they liked living there. This was a very good way to develop independence for people who lived at the home. There were quiet rooms and lounges. People were sat in the different communal areas in the home. The staff used the quiet rooms to support people whose preferences were to be away from other people. We saw that staff made suggestions to people when they seemed distressed by the presence of other people. Staff then supported people and spent time with them in areas away from where other people were. This showed people were able to have privacy when they wanted it.

Bedrooms were for single occupancy and this also meant people had privacy. Each room was highly personalised and reflected the tastes and interest of the person whose room it was. We saw people's own possessions, photographs, and artwork and personal mementoes in every room. These items and

decorations helped to make each room personal and homely for the person concerned.

There was up to date guidance about local advocacy service available in the home. Advocacy services support people to ensure that their views and wishes are properly heard and acted upon when decisions are being made about their lives. These services had been used in the past for people to be supported to have their choices respected in their daily life.

Staff had a good understanding of equality and diversity and how this applied to the people who lived at the home. The staff knew this principal meant respecting that each person is unique and their roles included supporting people to live their life in the way they chose to. The staff training records showed staff had been on training to help them understand how to apply the principals of equality and diversity in their work. There was also a clear up to date policy in place to guide staff. This helped ensure they always respected people's equality and diversity.

## Is the service responsive?

### Our findings

People were supported by staff who understood how to provide them with care and support that was highly responsive to their particular needs. The staff who we spoke with had a really good understanding of the needs and references of each person at the home. The staff were able to describe how they supported each person with their range of complex care needs. For example, what time they liked to get up, what they preferred to do during their day as well as what food they enjoyed. This was also evidenced by our observation of people with staff. We saw that people got up at different times.

We saw people chose to take part in a range of individual social and therapeutic activities in and out of the home. People were also able to choose who they wanted to support them with their care. People were well supported to take part in a range of social and therapeutic activities in the home and the community. We saw staff support people to go out into the community during our visit. Staff took people out for one to one time to coffee shops and other places of interest that people liked to visit. Staff also supported certain people who went to regular colleague classes. The staff told us this was a really positive way to get to know people away from the home environment.

To support staff the provider had recruited a team of clinical psychologists. One of the psychologists was working at the home on the day of our visit. They told us they provided regular support and guidance for staff. Their role included assessing and diagnosing psychological problems and behaviours resulting from, or related to physical and mental health needs. For example, they told us how they had identified that one person responded in a certain way to the colour of people's hair. This information was used to provide positive and sensitive care to the person concerned.

Care records and care planning processes helped to guide staff to provide care that was flexible to each person's needs. Care plans and risk assessments were comprehensive and had been written in an easy to understand format. People and their families had been fully involved in completing the care plans. This was a way to support people to be involved in and to understand the ways they were being cared for and supported. The information we read in people's care records showed people's needs were identified. What sort of care and support they felt they wanted was clearly set out in each person's records. The care plans showed what to do to assist each person with their range of care and support needs. For example, care plans showed how some people needed support with personal care due to their complex needs. Care plans explained in good detail the ways people liked to be assisted with personal care. For example if people liked a bath or a shower and what toiletries they preferred.

People were well supported to live a varied and fulfilling life both in and out of the home. There was a flexible timetable of social activities that took place in the home and the community each day. Activities were planned to be flexible and informal. This was due to people's complex needs. Activities that took place included trips to the cinema, drives to the community, arts and crafts, music sessions and quizzes and games. Care plans showed that people's individual preferences for daily activities were clearly recorded. The staff spent plenty of time with people on a one to one basis. Staff encouraged people to engage in different stimulating activities that they enjoyed. We saw one person who looked as if they were getting agitated in

mood being very well supported by staff. A staff member encouraged the person to join them in a quiet room where they read them a story in a very warm and animated way.

There was an open visiting policy and visitors were able to have a meal with their relatives at the home. We saw people having lunch together with their relatives and looking very relaxed and animated together on both days of our visit. Relatives were also invited to any parties and social events that took place regularly at the home. This helped people to stay close to those who were important to them in their daily life.

Systems were being put in place to seek the views of people, families and relevant professionals about the service. The home had been open for twelve months at the time of our visit. A senior manager told us they were in the process of undertaking the first full survey and reviews of people's views of the home and service provided. Surveys had been sent out to people as part of their reviewing of the service. The areas covered included how people felt about staff and the way they treated them, their involvement in their care, activities, menus and the way the home was being managed. The registered manager and a senior manager told us that an action plan would be written based on this feedback. The senior manager told us they would send a copy of the outcome of the survey findings to CQC. This meant we could check that the provider had actively sought people's feedback and used it to improve the service.

Staff knew how to support people and their relatives to complain and raise concerns if they had them. We saw easy to understand guidance for people if they were unhappy in anyway about life at the home, the staff or any aspect of their care. There was a system in place for managing complaints. We found complaints had been investigated and a responsive given to the person. We also saw that where any errors or near misses occurred the registered manager was open and transparent and reviewed how this could be prevented and what learning there was for the future.

## Is the service well-led?

### Our findings

The staff team led by the registered manager was enthusiastic and committed to ensuring people received a high quality service. The staff conveyed that they understood what the provider's visions and values for the service were. They explained that these included always being person centred in their approach towards people, as well as showing the upmost respect towards people. The staff told us they tried to make sure they always put these values into practice when they supported people. For example, staff said one way they did this was to try to support people to make choices in their daily life and in relation to all aspects of their care.

The registered manager conveyed clearly to us that they provided effective leadership of the home. They showed they had an in-depth knowledge and commitment to the home, the people who lived there and the team. The registered manager led by example and was an effective role model. The staff showed that they shared the registered manager's vision for providing high quality and person centred care. This ensured the vision and values were put into practice. Staff told us, "The manager is always there for you." Staff also told us that they saw the registered manager through the day at work and they were always supportive and accessible.

The registered manager stayed up to date about current topics and issues relating to people with a learning disability. The registered manager said they went to meetings with other professionals who worked in the same field in adult social care. There was information and learning that was shared with the team at staff team meetings. There were also articles and journals about health and social care matters on display to be read by staff.

The staff and registered manager told us that team meetings were held frequently. The staff explained they were always able to make their views known to the registered manager about any part of how the home was being managed. The records of recent minutes of team meetings showed meetings were used as a time to keep staff updated about changes and about how the home was run. Staff were also given plenty of time to express their opinions. This helped to demonstrate there was an open management culture at the home. Staff records also showed that there was an open management culture. Team meetings, staff consultation and appraisal were held regularly. This was to support staff to develop in their roles, understand what is expected of them and to give feedback. This practice helped staff to learn their strengths and weaknesses. It also helped their personal development and to continually improve the service for people.

The registered manager and provider had a range of quality checking and monitoring systems in place. The quality of service and overall experience of life at the home was regularly checked and monitored. Areas that were checked included care planning processes, health and safety issues, management of medicines, staffing numbers, staff training and the menu choices. We saw that the seniors manager had identified care plans had required attention when they carried out an audit. The registered manager had put in place an action plan to address them. For example, we saw that care plans had now been re written and were detailed and up to date.

Staff were encouraged to perform well and develop in their role. The provider had an employee recognition

scheme to recognise excellent care and service at the home. Gift vouchers and an acknowledgment were given to the staff member who won this award each month.