

The Emmie Dixon Home Limited

The Emmie Dixon Home

Inspection report

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Crewe
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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 

Overall summary

The inspection was unannounced and took place on 8 April 2015.

The last inspection took place on the 14 January 2015 when the home was found to be meeting the regulatory requirements looked at and which applied to this category of home.

The home was managed by a registered manager. 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 and have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Emmie Dixon Home accommodates 12 people who have a physical and/or learning disability who need support with their personal care. The home offers short to long term care and wherever possible a home for life. The home is located in a residential area of Crewe.

Summary of findings

We asked people using the service if they felt safe at Emmie Dixon and they said that they did. Comments included; “The staff keep us safe and are always around to support us”, “I am safe here and staff are my friends” and “I like it here, I am not afraid”.

Visitors we spoke with told us, “My relative had a lonely and unsafe existence before coming here. This is the best place in the area, she is now safe and well” and “My friend is safe and secure which takes away a lot of pressure from us all”.

The service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

We found that effective recruitment procedures were in place. Appropriate checks had been made to ensure that staff were suitable to work with vulnerable adults.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date. Training records viewed confirmed this.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We found that the manager and staff routinely involved people in decision making and had implemented correct procedures such as arranging best interest meetings when there were doubts that the person had capacity to give informed consent.

There was a flexible menu in place which provided a good variety of food to the people using the service. Care plans we looked at all explained what each person’s care needs were. Records showed that the plans were reviewed monthly so staff would know what changes, if any, had been made. This enabled staff to provide care that was appropriate to any changing need.

Meetings for the people using the service were held monthly and we were able to access recent minutes which identified that people living in the home were very much involved in the running of the home.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting well with other staff and the people who lived in the home.

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 that they felt safe in the home. Their relatives and friends told us they felt that the home provided a safe and happy environment.

Staff showed clear understanding about the process to follow if they had any concerns in relation to managing safeguarding and keeping people safe.

Care plans contained a variety of risk assessments so that risks to people were addressed and well managed.

A thorough recruitment procedure was in place to include the use of relevant checks and references to ensure that staff were suitable to work with vulnerable people.

The registered person provided proper and safe management of medication.

Good



Is the service effective?

The service was effective

Regular training was provided for all staff working at the home including on-going development training in managing behaviour and the Mental Capacity Act. Staff said this assisted them to support people with specialised needs.

Staff felt supported and received regular formal supervision to assist them in their job roles and in their personal development.

People's nutritional needs were met. The menus were arranged by the people who lived in the home and offered variety, choice and a well-balanced diet.

People's health needs were managed well by staff who co-ordinated GP visits, mental health assessments and hospital visits.

Good



Is the service caring?

The service was caring.

People living at the home were happy with the staff supporting them and we could see how they reacted positively to staff providing their support. Visitors felt their relatives were supported well and cared for and treated with dignity and respect.

Staff were knowledgeable about individual's needs and how they liked to be cared for.

There was an effective system in place to use if people wanted the support of an advocate. Advocates can represent the views and wishes of people who are not able express their wishes themselves.

Good



Is the service responsive?

The service was responsive.

People received care and support which was personalised and responsive to their needs including referrals to relevant health care services.

Good



Summary of findings

Care plans demonstrated that people living at Emmie Dixon and their families were involved as much as possible in the decisions about their daily lives. Staff were knowledgeable about people's changing needs and responded well in contacting the necessary clinical support when needed.

People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

Is the service well-led?

The service was well led.

People spoken with said that they felt the manager did a good job and was very approachable.

We noted that the procedures in place to monitor and improve the quality of the service were effective and actions were taken to address any issues that were found. This ensured that people lived in a home that was safe and well led.

Good



The Emmie Dixon Home

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. The inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 8 April 2015 and was unannounced. The inspection was undertaken by one adult social care inspector.

Before the inspection we reviewed all the information that we already held about Emmie Dixon Home. We asked the local authority to provide any information they held and made the same request of the local Healthwatch group.

During the inspection we spoke with nine people who used the service and three relatives. We talked with the registered manager and four staff members. We looked at records including care records as well as staff recruitment and quality assurance documents. We looked around the building and facilities and with their permission, looked in some people's bedrooms.

Is the service safe?

Our findings

We asked people if they felt safe. All the people we spoke with said that they felt Emmie Dixon Home was a safe environment. Comments included; "I am safe here, the staff look after me and make sure I am safe and well", "They (the staff) make sure the doors are locked and no one can come in unless we invite them" and "If I have a seizure the staff know what to do to keep me safe".

During our visit we observed relaxed and friendly relationships between the people living in Emmie Dixon Home and the staff members working there.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow. They said they would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Emmie Dixon are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that CQC had received two notifications of incidents within the home since the previous inspection took place. Records showed that appropriate actions had been taken to ensure the safety of the individual concerned.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. Training records confirmed this. The staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice they had to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling

lifestyle without unnecessary restriction. Relevant risk assessments, for example, challenging behaviour, alcohol excess and supervised contacts were kept within the care plan folder. Staff told us that this assisted them to manage situations and reduce triggers to maintain people's safety.

We observed that the staff members were kept up to date with any changes during the handovers that took place at every staff shift change. This helped to ensure they were aware of issues and could provide safe care.

We looked at the files for three staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started work at the home.

We saw that systems were in place to help ensure that people's medicines were being managed appropriately. Each person's medicines were stored in a lockable unit within their bedrooms. We checked the medicine arrangements for three people using the service and saw that clear records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicines safely. Staff members received regular medicine training and the registered manager was responsible for all the medication audits which were undertaken weekly.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home. On the day of our visit the home was staffed by two care staff from 7.30am until 3.00pm, two care staff from 3.00pm until 10.00pm. Staff rotas identified that there were two care staff on duty from 10.00pm until

Is the service safe?

8.00am. The home also employed a housekeeper and an activities co-ordinator who worked 21 hours each week. Records showed that staff retention had improved since the registered manager has been in place and staff told us this assisted them to support each other and work together as a team. Staff told us that the registered manager was a 'hands on worker' who worked with them to undertake general caring duties as and when required.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

Is the service effective?

Our findings

A relative of a person who lives in Emmie Dixon Home told us that she had looked after her relative at home until it became no longer possible and she was admitted to Emmie Dixon. She said she was so impressed with the difference it had made to her relative's life. She said that "care is provided taking into account her mental capacity and ability to consent to her care and her life has changed for the better. What a positive effect it has had on her life, she has been able to live again". Another person told us that her sister had "come on in leaps and bounds" since coming to live at Emmie Dixon. She told us that it had enhanced her life.

We looked at a copy of the staff training matrix and noted that staff received regular ongoing training such as moving and handling, challenging behaviour and mental capacity. Staff members told us that they were receiving regular training to ensure they had the knowledge and skills to provide effective care. We looked at the arrangements for training staff at the home so that they had the skills to provide care for people. We saw that the home used both in house and external trainers. We saw that there was a five day induction programme during which staff received training in topics such as infection control, fire safety, epilepsy and manual handling. The registered manager told us that she was responsible for maintaining the training programme. The training programme viewed showed that training was provided as an ongoing process within the home.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw that some people living at Emmie Dixon were not able to make decisions about their care. To address this management had worked with other professionals to complete an assessment of people's mental capacity and where appropriate a DoLS authorisation was in place. We saw that care plans for people who lacked capacity had been fully assessed and a referral to the DoLS team had been made if it was felt to be appropriate. Documents with regard to mental capacity had been fully completed and

discussions with family members had taken place if required. We spoke with a social worker who was reviewing the care of a person who lived in the home. They told us that meetings had been held to ensure that care and support were provided in the person's best interests.

We found staff had received training with regard to DoLS and the Mental Capacity Act 2005 (MCA). Staff spoken with had a good understanding and knowledge of how to ensure the rights of people with limited mental capacity to make decisions were respected.

The staff told us that they received supervision five times a year from the registered manager. Supervision is a meeting that takes place in private with the person's immediate manager to discuss their training needs and any issues of concern. One staff member we spoke with said, "She is a very supportive manager who we can talk to about anything. She ensures we get good quality training and is always there for us. She will tell you when you are wrong but not in a nasty way. When she is around we learn something every day". The registered manager showed us the supervision policy which provided a framework for supervision and we saw supervision records in staff files to confirm supervision takes place in accordance with the policy. Records showed that supervision could include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

We looked at three care plans and the information provided enabled staff members to respect people's wishes regarding their chosen lifestyle. We saw that care plans described people's likes and dislikes and how these might influence their routine. For example on one file we saw notes regarding a person's choice of how they wished their nails to be painted and who they wanted to be allowed to visit them. This was recorded in the Care Plan.

We looked at some of the additional records maintained by staff members, these included key worker comments that were completed and included updates on any communication with families. These were signed and dated. We also saw a summary of care notes being completed by care staff members; these included observation charts, daily tasks completed and a record of food and fluid intake. These were also signed and dated

Is the service effective?

Visits from other health care professionals, such as GPs, mental health staff, speech and language therapists, dieticians, chiropodists and opticians were recorded so staff members would know when these visits had taken place and why.

We saw that people had their meals in the dining room. We saw that people who lived in the home had devised the menu. Food provided was as described on the menu and people told us it was delicious. People told us they were offered a choice of meals if they did not want what was on the menu. They told us that the food was fine and enjoyable. Care plans identified people's specialised dietary requirements and their nutritional likes and dislikes and staff told us that this enabled them to provide a well-balanced diet for all the people who live in the home.

We noted that hot and cold drinks were readily available and we saw that staff were asking people if they wanted a drink and providing them what they wanted.

Records show that the staff monitored people's weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately.

A tour of the premises was undertaken; this included the lounge and dining areas plus and with people's consent a number of bedrooms as well. The home was well maintained and provided an environment that met the needs of the people that were living there.

The home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence.

Is the service caring?

Our findings

People told us that they were happy in the home and were able to enjoy life. They said staff were kind and caring and looked after them well. Comments included: “They (the staff) are really kind and help me a lot. I sometimes need help as I have an illness that affects my balance. They make sure I am OK and keep their eye on me” and “I think of them (the staff) as my friends as they provide me with such good care and support. I love living here, they are all so kind”.

Relatives of the people who live in Emmie Dixon Home said that they were happy with the caring environment. Comments include “I cannot thank them enough for what they have done for both me and my relative. The manager is so considerate and she rings me to tell me how things are when she knows I am unable to visit” and “There is an open atmosphere, very friendly, high standards of care. This place provides excellent care and the new manager has brought about great improvements”.

Records show that residents meetings were held regularly and the last had been held in March 2015 with another being scheduled for April 2015. Minutes of these meetings were comprehensive and informative with lots of activities arranged and planned. The minutes included discussions about activities, menus and the provision of a new kitchen.

We observed positive interactions between staff and people living in the home and between staff and relatives. Staff were respectful, for example they addressed people by their preferred names. The atmosphere in the home was jolly, warm and friendly. During the day we observed staff interacting with people and they were comfortable and relaxed with staff and we saw cheerful exchanges where people were laughing and joking in their interactions with staff. Throughout our inspection we saw that staff were

courteous, caring and patient when supporting people and we saw that residents’ dignity and privacy were respected. Staff respected people’s privacy by knocking on people’s doors and awaiting a reply before entering. Staff told us they never lose sight of the important things which matter to the people living in Emmie Dixon Home. We observed staff treating people affectionately and it was clear that they had good relationships with the people they were supporting. Staff told us they never lose sight of the important things which matter to the people living in Emmie Dixon Home. They were able to tell us about people’s life histories, their interests and their preferences and we saw that these details were recorded in people’s care plans.

We saw that people’s choices were respected and staff were calm and patient and explained things well. We found staff asked people their choice around daily living such as where they wanted to sit and if they wanted a drink. A large screen TV was turned on in the front lounge and four residents were watching a film. Other residents were observed listening to music, reading magazines or playing with the homes pet dog Emmie. The atmosphere was pleasant and calm.

The three care plans viewed held details of people’s individual wishes including end of life care and choices about resuscitation (CPR). We saw that discussions had been held with the people living in the home and their families to ascertain information about their end of life wishes.

Staff told us that people’s relatives or friends acted as advocates if required. Records showed that other advocacy services could be accessed such as solicitors or mental health workers who could represent the views and wishes of people who were not able to express their wishes themselves.

Is the service responsive?

Our findings

We asked people if they had choices with regard to daily living activities and could they choose what to do, where to spend their time and who with. People told us that they were able to live a life of their choice wherever possible. Comments included: "I go out every day to follow my interests. Today I go to the club, tomorrow I go to cooking lessons, I also go to bingo and dancing", "I go out with my friends to the local club and I attend college to help me learn stuff" and "Staff help me to do things that I want to do. Before I came here I did not do anything but sit in the house. Now I have lots of interests and am happy".

We spoke with three relatives of people who lived at Emmie Dixon Home. They told us they were very happy with the way the care and support was delivered. Comments include: "I have been so impressed with the way the staff have responded to her needs. They have identified what she wants and have arranged all sorts of activities and interests. They have changed her life for the better" and "I never thought I would see the day when my sister would be an active member of the community. The staff have enabled her to develop her skills and maximise her life. I cannot thank them enough".

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process the home asked the person's family, social worker or other professionals, who may be involved to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable any staff member reading it to have a good idea of what help and assistance someone needed at a particular time. All of the plans we looked at were well maintained and were being reviewed monthly so staff would know what changes, if any, had been made.

If people needed specialist help, for example assistance with swallowing the home contacted the relevant health

professionals who would then be able to offer assistance and guidance. A care plan to meet this need would then be put into place. We saw that this was happening within the plans we looked at during the inspection.

The three care files we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. We asked staff members about people's choices, likes and dislikes within care plans and the staff we spoke with were knowledgeable about them.

All of the family members we spoke with told us they have been involved in formulating and reviewing care plans. Records showed that the plans were monitored and reviewed on a regular basis and people who live at Emmie Dixon Home and their family were involved in discussions about what changes were needed. We saw that consent was obtained from the resident and if this was not possible the person's family or representative had agreed to the care being provided.

The home employed an activity co-ordinator to organise and work with staff to promote accessible activities for people. They provided lots of assistance to encourage people to continue with any hobbies or interests they had had prior to them moving into the home. This included any spiritual needs they may have. Records showed that the home arranged coach trips, visits to local community centres and social clubs and in house activities such as dominoes, cards or sing-a-longs. We observed people, reading, watching the television and playing with the dog belonging to the home during our inspection. They all presented as being happy and contented within the home.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. Complaints were recorded on a file along with records of the investigations which took place and the outcome achieved. We looked at the most recent complaint made in March 2015 and could see that this had been dealt with appropriately.

We asked people living in the home and visitors if they knew how to complain and they told us that they had been provided with details of the complaints procedure when they moved into the home. They said that that they had never had occasion to make an official complaint. However

Is the service responsive?

one person said "I speak with the manager every day and she always asks me if everything is alright. It has been so

far, its ok here" Another person told us "I am always joking with the manager and staff about how bad it is here but they know I am only joking as I love this place, it's my home".

Is the service well-led?

Our findings

People told us that they felt the home had improved greatly since the registered manager had been appointed. Comments include: “She (the registered manager) is totally transparent and tells us everything we need to know. She is a breath of fresh air” and “I have never felt so good about working in a home. I am able to talk to her (the registered manager) about anything. She knows what she is doing, backs you up, gives you support and is always there for you. She encourages us to learn, tells you when you are wrong but does it in a very nice way so as not to make you feel bad about yourself”.

The registered manager had reviewed and updated care plans and other documentation to ensure that the care files did not hold duplicated information and were easy to read.

We saw copies of recent quality audits which were completed on a monthly basis. They identified a variety of audits were undertaken, these included the premises, infection control, health and safety, care plans, the kitchen and the laundry. We also saw that regular audits took place that considered the catering and domestic services and how staff managed medicines.

The registered manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. She told us that she worked alongside staff in order to check that the home was running smoothly and that people were being cared for properly.

The home employed a maintenance worker who undertook on-going weekly and monthly maintenance checks on the fire alarm system, emergency lighting, and operation of fire doors, hot water temperatures and the call bell system. They updated and monitored any areas which

needed to be addressed. Staff told us that this ensured that everything was in working order to assist the safety and wellbeing of the people who lived or worked in Emmie Dixon Home.

We saw that auditing systems were in place for the environment and health and safety. We saw evidence that these audits had identified actions to be taken around the home. For example redecoration of communal areas had recently been replaced and lockable cabinets installed in people’s bedrooms.

The registered provider is required to notify the CQC of certain events that might take place at the home including accidents. We reviewed the information that we held and was satisfied that the registered provider was notifying the CQC appropriately. We also checked the complaints register. Although the CQC does not deal directly with complaints we were satisfied based on our knowledge of the home that it reflected complaints which the home had received and dealt with. On certain occasions the CQC receives information which it shares with the local authority safeguarding team. Prior to this inspection we had spoken with a local authority officer who was responding to information the home had provided in respect of safeguarding a person from harm. They told us that they were satisfied that the home had responded appropriately and had ensured the person was protected.

We saw that there were monthly visits undertaken by a board member of the Emmie Dixon Trust on behalf of the registered provider and that the last of these had taken place in March 2015. We saw that the registered manager provided a written report prior to the monthly visit to ensure the Trust members were up to date with any changes to the staff or the environment of the home.

Records showed that staff arranged monthly residents’ meetings to enable people to have their say. Staff told us that the meetings were also an information sharing arena which provided updated information about the staff and services provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.