

EMH Care and Support Limited

# EMH Supported Living

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

EMH Supported Living provides personal care to people with a learning disability or autistic spectrum disorder, who may also be living with physical disability. People received care in their own private single or multi-occupancy living accommodation via individual private tenancy agreements. At the time of our inspection there were 163 people using the service.

Not everyone who uses the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we consider any wider social care provided.

The service is developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This aims to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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

The provider had all the systems and processes in place to monitor and improve the quality of the service, but these were not always effective or embedded. There was a lack of oversight of practices in some properties, which meant people did not always receive their care as planned.

Medication procedures were in place; however, we identified some administrative errors in three properties. Where audits had identified areas for improvement, action had not always been taken to ensure the issues had been followed up. In other properties there were detailed and comprehensive audit systems which were working well.

There was not always a positive culture within the service. At six of the properties, staff advised of concerns relating to either staffing, management support or both. There was regular use of agency staff in three of the properties where people told us this had impacted on their care. The provider told us recruitment processes were ongoing to increase staffing.

Care plans were person centred, but not all staff had seen or were aware of the contents of plans, or changes to people's current needs. The approach to promoting people's independence was inconsistent across the different properties. Staff we spoke with understood people's needs however, as not all had seen the care plans, we could not be sure they were guided by people's preferences or requirements.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well Led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support: The model of care used, maximised people's choice, control and independence over their lives in some properties, other properties were still working on improving care plans.

Right care: Care was person centred and promoted dignity, privacy and human rights in most properties.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services were able to lead confident, inclusive and empowered lives in most properties.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 17 July 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about the safety and management oversight of people using the service. As a result, we undertook a focused inspection to review the key questions of Safe and Well-Led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections below. You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for EMH Supported Living on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to oversight and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always Safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# EMH Supported Living

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

Three inspectors carried out this inspection, several supported living settings were visited. An Expert by Experience (EXE) also supported this inspection by speaking with relatives. An EXE is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service provides care and support to people living in several supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission who left in the summer and a new manager was due to commence during the inspection period. However, the applicant did not commence the post as expected. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection because people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 15 September 2021 and ended on 28 September 2021. We visited the office location on 20 and 21 September.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We visited seven properties and spoke with ten people who used the service and seven relatives about their experience of the care provided. We spoke with 19 members of staff across the wider range of properties, which included the operations manager, quality and compliance manager, care coordinators, care staff and an inclusion and engagement facilitator. We reviewed a range of records. This included parts of nine people's care records and seven medication records. We looked at two staff files in relation to recruitment and saw records relating to staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke with three external professionals about their experience of working with the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- In three of the properties we visited, people's medicines and the associated risks were not always managed safely. Safe processes and procedures were in place; however, we saw and were told by staff these were not always working or being followed. There were recording errors, medicine counts not completed, out of stock medicines which had not been reordered and one family had been given another person's medication record. We were also told of one occasion where a staff member who did not normally give medicines, was asked to along with an agency staff who also did not give medicines, as there was no one else to support with this task.
- In four other properties, we found medicines were safely given, medicine stocks were regularly checked, any medication given as required (known as PRN) had protocols in place, to advise staff when and how frequently to give them and all other relevant documentation was in place.
- Staff had been trained to give people's medicines safely. Some staff told us they had recently been assessed for their competency in administering medicine. Care coordinators advised us they had recently introduced more robust checking systems into their properties.
- Medicines audits were routinely carried out. Audits enabled managers to establish areas of good practice, staff compliance and areas of improvement. We found in two properties, these audits had not been completed effectively by the care coordinators and therefore medicine errors had not been picked up which could have an impact on people missing important prescribed medicines.

### Staffing and recruitment

- Staffing arrangements were safe and sufficient. There was a high reliance in three of the properties, on agency staff to cover shifts. Staff confirmed there were some agency staff who were regularly deployed to support people and these staff knew people well. However, two people in separate properties, told us that they didn't like having agency staff because, "That means we couldn't go out as much".
- Some people required additional support to keep them safe at home or to go out. In two of the properties, the reliance on agency staff had an impact for people not being able to go out, despite pandemic restrictions being lifted. We were told by relatives how this had impacted on their relative as they needed plenty of exercise and because this wasn't happening, the person had been more agitated. We saw the care plan which stated, "it was important [name] keeps active". In other properties, people were fully supported by staff in all their chosen activities and one person said, "Things are better now, there used to be a lot of different staff I didn't know, and they didn't speak with us".
- Staff told us the available support and on call provision varied across the different properties. Staff told us some care coordinators were very supportive, at six properties staff advised differently. One staff expressed they had not been supported following an incident with a family member which had resulted in verbal



abuse. Many staff said they felt care coordinators had too many roles or responsibilities, and it was not possible for them to support effectively. One care coordinator told us they had consistently worked over their hours, in order to ensure things were completed to a high standard.

- Effective recruitment procedures were in place prior to employment. Before staff were employed, the service carried out checks to determine if staff were of good character and requested criminal record checks which assisted the employer in making safer recruitment decisions. Staff were also offered a period of shadowing more experienced workers, prior to starting work.
- We were told by the provider they had recently focused on recruitment, looking at different award initiatives and opportunities with overall pay and conditions and how to improve the management structure. Where management had identified senior staff needed more support, they were providing additional input, but this was not always effective. We saw where additional support had been provided in one of the properties, there were still significant oversights made.

### Preventing and controlling infection

- Infection control processes were generally managed safely across the different properties. However, we did note one person had been diagnosed with a potential infection and they were still supported to go out, without consideration of the impact this may have on spreading the virus to others.
- Personal Protective Equipment (PPE) was being worn by staff in line with current guidance. We observed in one property where not all staff wore their masks correctly and were not adhering to bare below the elbow guidance, which could pose a risk of transmission of infection. The provider sent out an email as a reminder of requirements for all staff during our inspection.
- PPE stock was monitored. One property had been running low and arranged for additional supplies to be brought out. Staff said, "Provisions had been slow to start, but were now plentiful."
- Testing for Covid-19 was in line with government guidance and staff confirmed they were tested weekly. We were informed evidence was recorded for agency staff who were also tested.
- The providers infection control policy had been updated to include information about Covid-19. Staff told us this information was shared by email, with access to the latest guidance and updates.

### Assessing risk, safety monitoring and management

- People's support needs and areas of risk were appropriately assessed, monitored and safely managed. Risk assessments had been rated to ensure people's safety had been prioritised.
- People received care and support that was tailored around their individual support needs; risk assessments were regularly reviewed and updated as people's needs changed to keep people safe.
- Staff were familiar with people's care records which contained information that reflected people's current needs for staff to consult and familiarise themselves with. Care plans detailed any specific requirements for food and fluid requirements or positioning for pressure relief. However in two properties we found staff demonstrated a lack of understanding, training or had not been made aware of recent updates. This meant people could be at risk of not receiving appropriate safe care or in a manner of their choosing.
- Some staff had worked with people for a long time and knew them well. People in two of the properties, told us they trusted staff who were helpful and supportive. One person said, "Staff help me organise things such as shopping, having a coffee in town, or lunch out". We saw staff in four properties support people in a person-centred way; for example, engaging or planning for specific routines or events to be completed.
- One professional praised staff who had understood the changes in a person's communication and routine which identified underlying problems, when they could not express this for themselves.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe and were safeguarded from abuse. People were informed of potential risks, supported to keep safe and had guidance on how to report any concerns about their own or others safety.

- The provider had effective safeguarding systems in place. Staff understood how to report any safeguarding concern and were familiar with reporting procedures.
- We saw when things had gone wrong, they were investigated fully by managers. However, staff told us they were not always informed of the outcomes and did not receive updates of decisions made. We were told communication had been identified as an area for improvement, and the provider had recognised that follow up actions and sharing of information had not always been completed.
- Accident and incidents were monitored, and trends were established. Follow up investigations were completed as and when necessary, by quality and compliance for review of themes and trends. A monthly report was then shared with all area managers; if internal practices, or specific staff actions needed to be reviewed.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Policies and procedures were in place, but were not always embedded. The provider had not ensured their policies and procedures were being followed effectively or completed in all properties. Concerns were noted in two of the properties we visited, and staff told us of a third where similar events had taken place. This meant people were not always receiving their care in a safe way and it was not possible to demonstrate how the completed audits in these properties were informing practice or leading change.
- We found several administrative auditing errors in medicine management which had not been picked up or were made repeatedly. This meant people were at risk due to lack of oversight with the quality monitoring systems. Where management had identified senior staff needed more support, they were providing additional input, but this had still not been effective in addressing the concerns we found.
- Communication failures at times of handovers, meant information was not always appropriately shared with care staff as to actions to take to follow up on changes in people's condition. Staff were not given the opportunity or time to reflect on their responsibilities. Not all staff felt supported or that when they raised concerns these would be acted upon. Some staff expressed their supervisions were infrequent and not beneficial for their own development.
- When people's care was affected by the high use of agency staff, the provider had not always considered the impact on people using the service. We spoke to several people and their relatives who felt the provider had not taken into account the wishes, views and feelings of the people involved. This demonstrated a lack of understanding of the complex needs of people and a lack of a person-centred approach.
- Regular checks were made on the environments to ensure they were safe and fit for purpose. Several staff and relatives we spoke with advised things were not repaired or replaced in a timely manner.

We found no evidence that people had been harmed however, systems and processes were either not implemented or embedded to demonstrate the quality and safety was effectively managed across the service. This placed some people at risk of harm. This was a breach of Regulation 17 (1) (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised these concerns with the provider during and after the inspection and they took some immediate action to implement changes. They had some longer-term plans to implement further changes with electronic systems and better oversight by care coordinators and managers.

- The provider had implemented a quality assurance system to improve the safety and quality of the service and to check they adhered to the provider's expectations and/or good practice guidance. We saw evidence they were working through specific areas and properties where concerns had been raised, in order to reduce the likelihood of re-occurrence.
- Quality compliance tools, audits and action plans were being completed effectively in four of the properties we visited. Staff we spoke with in these properties were very clear about the role and the importance of personalised care and recording.
- Communication with staff at all levels had been identified as a priority. Realistic objectives had been set and work was ongoing with staff teams to address this. The provider reassured us they were looking at staff workload at all levels.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The culture within the service was not consistently positive. Staff did not always feel supported. Some staff spoke about low morale and high use of agency staff. Comments included, "Some staff go above and beyond, but not others" and "I don't feel like a valued staff member".
- There was disparity across the different properties we inspected which meant there was an increased risk of some people experiencing poorer outcomes as referred to in the safe part of this report. We saw in other properties, care plans clearly demonstrated the involvement of people using service, their families and relevant health care professionals to achieve positive outcomes.
- A lot of work had gone into improving digital inclusion for the people using services especially important during the recent pandemic. The provider had secured various devices for people and trialled learning support, some people had very positive feedback regarding this.
- One relative we spoke with informed us the staff always communicated with them when accidents or incidents had occurred and updated them with any changes.

Working in partnership with others

- The provider was working with key statutory organisations, which included the local authority to improve the effective support and care of people using the service. Action plans were in place to improve specific areas.
- Some positive relationships had been developed with external professionals, staff were able to access advice and any equipment required and provide professionals with accurate evidence for why it was needed.
- The provider was working with their maintenance contractors, to improve the knowledge and understanding around people's needs and the portfolio of properties.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had submitted statutory notifications as required. This is information about events occurring at the service, which the service is legally required to notify CQC about.
- Relatives told us they were kept informed about any incidents or accidents.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems and processes were not effectively operated to help identify, monitor and mitigate the risks to people's health and safety.</p>