

EMH Care and Support Limited

Wright's Court

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 well-led?	Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Wright's Court is an extra care service which provides care and support to people who live in their own flats. The building is owned and maintained by a housing association. It provides personal care to people living in their own homes within a complex of 45 apartments. At the time of the inspection, 3 people were receiving personal care from the service. Not everyone who used 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 also consider any wider social care provided.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

The service supported people to have the maximum possible choice, control and independence. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests and staff supported them to achieve their aspirations and goals.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture:

People received good quality care, support and treatment because trained staff could meet their needs and wishes. People were supported by staff who understood good practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 28 April 2021).

Why we inspected

We received concerns about staffing levels in relation to people's support needs. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wright's Court

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 Health and Social Care Act 2008.

Inspection team

One inspector carried out the inspection.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 20 October 2022 and ended on 7 November 2022. We visited the location's service on 20 October 2022.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service about their experience of the care provided. We also spoke with the registered manager, co-ordinator and a support worker. We reviewed a range of records. This included 3 people's care records and medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- People using the service told us they felt safe.
- The provider had systems in place to safeguard people from abuse and knew how to follow safeguarding protocols when required.
- Staff had received training and knew how to recognise abuse and protect people from the risk of abuse. They understood how to report any concerns if they needed to by following safeguarding or whistleblowing procedures.

Assessing risk, safety monitoring and management

- Risk assessments in people's care plans documented the risks that were present in their lives, and supported staff to work safely with people.
- Records included proactive and reactive steps for staff to follow and understand in order to support people with complex needs and take measures to quickly mitigate or minimise people's distress.
- Staff were trained to safely support people to manage behaviours in the least restrictive way possible
- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People had individual evacuation plans in place to be used in the event of an emergency.

Staffing and recruitment

- The provider had ensured staff were safely recruited by undertaking pre-employment and identity checks. These included a Disclosure and Barring Service check which helped to support safer recruitment decisions.
- Agency staff were used at times alongside permanent staff, although these were consistent staff members known to people who use the service.
- Staffing levels were suitable to keep people safe. People had staff assigned to them for specific one to one support at various times, to ensure they could remain safe and receive the care they needed. A relative said, "Some are coming and going. You get used to them and then they change. But one or two who are consistent. And some of the care workers are amazing."

Using medicines safely

- Medicines were stored and administered safely. Medication administration records (MAR) in use were completed accurately.
- Staff understood the procedures and approaches required to support people, to ensure medicines were

taken appropriately.

- Audits and checks were in place to ensure any mistakes would be found and acted upon.

Preventing and controlling infection

- The provider managed the spread of infection during the Covid-19 pandemic.
- Appropriate procedures were in place to manage infection control, including staff using Personal Protection Equipment (PPE). Staff knew how to support people who may be isolating with the virus, and told us they had all the PPE, support and guidance to do so effectively if and when required.
- People and a relative of a person confirmed that staff always used the appropriate PPE and were happy they were being protected as much as was possible.

Learning lessons when things go wrong

- The registered manager and provider regularly reviewed information when things did not work well or when there were shortfalls in the service and shared the learning with staff. Audits and team meetings were used effectively to document and communicate learning.
- Ongoing improvements were being made by the provider following a number of organisational changes and changes to their quality and compliance team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have such as, mental health needs, communication, autism awareness and positive behaviour support. Training records showed a high level of completion amongst the staff team.
- New staff completed an induction which provided them with the necessary information and training needed to support people and perform their duties effectively. This consisted of the provider's required training, going through the organisations policies and procedures, the CQC fundamental standards and being shadowed by an experienced support worker.
- Updated training and refresher courses helped staff continuously apply best practice. The service checked staff competency to ensure they understood and applied training and best practice. Staff received support in the form of regular supervision and had the opportunity to complete National Vocational Qualifications (NVQ's) with the provider.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- At the last inspection the provider had not ensured staff recorded how they assessed people's mental capacity to make particular decisions, and people's mental capacity and ability to consent to care was not always evidenced in their care plans.
- At this inspection staff followed best practice around assessing mental capacity, supporting decision making and best interest decision-making, ensuring records reflected their practice.
- We observed staff seeking consent from people before giving them assistance.
- Feedback from a relative was that their relative was given choices and their preferences followed without

any restrictions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed a comprehensive assessment of each person's physical and mental health when they started using the service.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support needs.
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, communication, preferences and skills.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had health actions plans/health passports which were used by health and social care professionals to support them in the way they needed.
- People were supported to attend annual health checks, health screening and primary care services such as their GP.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A record of health appointments was kept, this showed that people had access to community healthcare services.
- There were health assessments such as oral health assessments in place and health monitoring charts.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People were able to eat and drink in line with their cultural preferences and beliefs.
- People were provided with support if necessary to choose their own food, access shopping, and plan their own meals.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were effective and helped to keep people safe, protect people's rights, hold staff to account and provide good quality care and support.
- The registered manager had reported any concerns to families and the local authority in a timely manner to enable appropriate, additional support to be provided if needed.
- The registered manager and senior staff completed robust audits which were effective in identifying areas of improvement. Regular governance and risk meetings took place which helped to ensure the service was well-led.
- Staff and the registered manager maintained records of accidents and incidents. Information and learning were shared with staff to reduce the likelihood of recurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager and staff all had good knowledge and understanding of the people they were supporting and knew them well. One person told us, "The staff help me, yes, yes the [registered manager]."
- The staff team spoke positively about people and were motivated to achieve positive outcomes for people.
- The provider understood their responsibilities under duty of candour and the need to apologise when things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had systems in place to obtain feedback from people using the service, relatives, and staff.
- The registered manager told us it had been a challenging year for all but felt the staff team and provider were now clear on the future. The provider had acknowledged improvements had been needed on how they shared information within the organisation and were keen to share good news stories from people and staff.
- Regular staff meetings were held and allowed for information to be fed back to staff and vice versa, topics of discussion included welfare of people using the service, health and safety, activities provision, staff welfare and policies and procedures.
- Feedback surveys were completed by people, relatives, staff and healthcare professionals. We reviewed

these and found individual responses were positive.

Continuous learning and improving care

- The provider and registered manager had a clear vision for the direction of the service which demonstrated ambition and desire for people to achieve the best outcomes possible.
- There was a service improvement plan in place which identified areas of improvement for the service. This included improvements to staff provision, additional training requirements, group communication and ways in which staff morale could be improved. This demonstrated a commitment to continuous improvement and learning.

Working in partnership with others

- The registered manager and staff were open and honest during our inspection.
- The service worked well in partnership with advocacy organisations/other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing. We saw positive feedback from both community and clinical professionals praising the staff team for supporting people in the community.