

# EMH Care and Support Limited

# St Crispin Village

## Inspection report

St Thomas Street  
off St Crispin Drive, Duston  
Northampton  
Northamptonshire  
NN5 4RB

Tel: 01604502000

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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

### About the service

EMH Care and Support Limited is based at St Crispin Village. St Crispin Village is a retirement complex of 270 apartments and bungalows. People who live at St Crispin Village have the option of receiving personal care from EMH Care and Support Limited. There were 20 people receiving personal care at the time of our inspection.

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

One person said, "When we came to St Crispin's, 15 years ago, people thought we were mad. It is the best thing we ever did. The quality of care is excellent. Knowing they are there is a great comfort to us. The registered manager is the best care manager we have had. We feel safe here."

People's safety was promoted through effective assessment and monitoring processes. People were supported by sufficient staff to meet their needs. Staff underwent a robust recruitment process and had undertaken training, having the knowledge to promote people's safety. Systems for supporting people with their medicine were robust and managed safely.

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.

People's health and wellbeing was monitored by staff who liaised effectively with health care professionals. Staff had the knowledge and experience to meet people's needs and were supported by ongoing assessment of their competence to fulfil their role and responsibilities.

Staff demonstrated kindness, respect and compassion towards people they cared for. People spoke of positive relationships developed with staff. However, some people did not feel as confident about the quality of care they received from agency staff.

People's care and support was agreed with their involvement and kept under review. Staff responded to changes in people's needs in a timely way, working effectively with partner agencies to promote and maintain people's independence.

Systems, processes and effective management meant the provider kept under review the quality of the service provided. People's views were sought as to the quality of care, their views were listened to and used to develop the service. Staff were supported and monitored to enable them to deliver good quality care. The registered manager and management team worked effectively with partner agencies to achieve good quality outcomes for people.

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 and update

This service was registered with us on 06 May 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the provider's registration date.

#### 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 caring findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our caring findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# St Crispin Village

## 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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience 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 specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

We gave the service two working days' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We provided an inspection poster prior to our site visit. The registered manager provided a copy to each person using the service. The poster informed people of the inspection and the date of the site visit. This was to facilitate opportunities for people to speak with us about the quality of their care, and the service they received.

Inspection activity started on 1 July 2022 and ended on 8 July 2022. We visited the service on 4 and 7 July 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 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 three people and one relative in person and two relatives by telephone. We sought their views about their experience of the care provided. We spoke with the registered manager, a team leader, three members of care staff and the rota co-ordinator. We reviewed a range of records. This included two people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were examined, which included, minutes of staff meetings, staff training, audits, quality monitoring documents, policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

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

- The provider had systems in place to safeguard people from abuse. The registered manager kept a record of any safeguarding concerns. The information included the nature of the concern, who had raised the concern, the outcome of the investigation and the actions taken to reduce further harm and prevent similar incidents.
- Staff had received training in safeguarding and were aware of local safeguarding protocols. A staff member told us, "I would report any concerns to my manager, I could also raise my concerns with the local authority, CQC (Care Quality Commission) or the Police."
- Processes were in place for staff to follow should an incident or accident occur, and staff were aware of their responsibility in reporting these. The registered manager kept a record of all events, including, the action taken by staff, any actions to reduce and prevent similar incidents and information as to who the incident had been reported to and their involvement. For example, the local authority, CQC, family and health care professionals.

Assessing risk, safety monitoring and management

- People's safety was monitored and managed. Potential risks to people were assessed with their or a family members involvement. The action required to reduce risk was clearly recorded within the person's care records. For example, where people were at risk of skin damage, care records referred to the application of prescribed creams and the use of pressure relieving equipment such as cushions and mattresses.
- People's safety was promoted by staff who undertook scheduled checks of equipment to ensure it was working effectively. This included checking call bells and pendants which were used by people to request staff assistance in an emergency.
- Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility. Other factors to support a safe evacuation were also considered. For example, people's communication needs, such as a hearing impairment.
- The provider had a contractual obligation to undertake a well-being check on all occupants of St Crispin Village, which included those not receiving support with personal care. Staff kept a record to confirm they had spoken with or seen each person every morning to ascertain their wellbeing.

Staffing and recruitment

- The service had enough staff; agency staff were used to cover staff absence. People spoke positively of the staff and told us they felt safe. However, people expressed greater confidence when being cared for by permanent staff. A person told us, "I have carers come in several times a day. I feel safe with most of them,

but I must say I feel safer with the permanent staff who know me best."

- People were supported by staff throughout the day and night, providing a flexible service supporting people at a time to meet their needs. Staff were provided with a rota each day. The rota detailed the person's name, their location within St Crispin Village and the time of the calls. The rota also included a brief overview of the person's needs.
- Some people and some staff commented that time to walk between people's apartments and bungalows wasn't sufficiently factored into the staff rota. A person told us. "Staff are mostly on time, sometimes they are held up, but it isn't a problem. Staff are in a hurry and keep looking at their watches, sometimes they leave a bit early." The registered manager told us they were committed to keeping under review the scheduling of care calls, considering the time it took to walk between people's homes.
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff induction training process promoted safety. A staff member recently appointed spoke of their robust induction to their role, which had included working alongside experienced staff, undertaking training and having their competency assessed.

#### Using medicines safely

- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was needed, the type of support and the role of staff was documented. This included staff responsibility for the ordering of medication and the prompting or administration of medication.
- People's care records documented where the medication was stored, the name and dosage of medication, the time of its administration and the reason why the medication was prescribed.
- Staff who administered medication undertook medicines training and had their competency regularly assessed.

#### Preventing and controlling infection

- The provider adhered to government guidance in relation to COVID-19, which included testing staff for COVID-19 the correct use of Personal Protective Equipment (PPE), which included masks, gloves and aprons.
- Staff provided support to people, where requested, to be tested for COVID-19, which included the reporting of the results.
- People's records included an assessment of risk for COVID-19, which referenced people's underlying health conditions, and with their involvement and consent any actions to reduce risk.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed with their involvement. The assessment process enabled people to talk about the areas in which they required support and consider the frequency and type of support they required. For example, staff worked with the hospital discharge team to support people to return to their home. Staff were available to take receipt of equipment to be installed in their home, with their consent. This was to ensure people's needs could be met once home.
- Assessments were used to provide a tailored package of care and support. People's needs were kept under review to ensure people were provided with the support they required to optimise their independence.
- Care records showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had the right skills and knowledge to meet their needs, which included attaining The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff spoke positively of the provider's training programme, which encouraged staff to undertake additional learning in topics of interest to them. A member of staff told us they had accessed training in epilepsy and autism, so as to increase their knowledge and awareness.
- Staff training was linked to their role and responsibility. For example, staff with managerial responsibilities undertook training to enable them to assess the competence of staff to attain the Care Certificate, and training in areas of accident and incident investigation.
- Staff were regularly supervised, which included competency assessments. Spot checks were carried out to observe staff practices to ensure they were delivering care and support consistent with people's needs and in line with the provider's policies and procedures. A staff member told us they found supervision and spot checks valuable. They said, "I find them helpful, feedback in terms of areas I can approve, and they include positive feedback from residents."

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 and stay healthy. People's care records detailed the type of support required and referred to any dietary preferences or diets to support known health conditions such as diabetes.

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

- Staff worked in partnership with health and social care professionals to promote and maintain people's health, which included GPs, district nurses and the hospital discharge team.
- People's records provided a clear overview as to their health care needs and the role of staff in monitoring known health conditions.
- People had a 'hospital and health passport', which was available to emergency services and hospital staff. The document provided key information as to their health needs including information on their prescribed medicines, an overview of the care and support they required and emergency contact details.

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.

- All those who received a service had full capacity in relation to their care. The registered manager understood the process to follow to assess people's capacity if needed, and to make decisions in their best interests.
- The registered manager was aware of the people who had an LPA (lasting power of attorney) for health and welfare decisions in place.
- People's views about their care were recorded within their care records and were signed by them.
- People told us staff always asked for their consent before provided care. A person told us, "They listen well to me and do things as I want them to be done."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported and cared for by staff who were kind and caring. A family member told us, "I find their [staff] attitude and caring nature is wonderful. I have met them all. I hear them talking to [relative] when I am there; they are kind, dignified and a delightful crew." A second family member said, "My [relative] knows all the carers who treat them as an individual. They are caring and chatty."
- People's records provided information for staff about their preferences, personal histories and backgrounds. This assisted staff to understand what was important to a person and why and helped to provide the support and care they required in a sensitive and compassionate way.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the development and review of their care plan and had signed their care records. A person told us, "Staff are very good and very helpful. They always ask if they can do more. I do have a care plan, but they will always do other bits for me."
- People's care records provided information as to the care and support they required, and the time and duration of care visits to ensure people's needs were met. Staff completed records detailing the care they provided at each visit. A family member told us, "The carers fill in their record book each time they come to what care they have given. Staff do their jobs well."
- Staff liaised with people's family members, where the person had requested they do so, to keep them informed about any changes to their needs or concerns relating to their care, health and welfare.

Respecting and promoting people's privacy, dignity and independence

- People's records included information focused on areas of support a person required, so as not to undermine people's independence and ability to care for themselves. Where care and support was required, records detailed how staff were to promote choice, independence and maintain privacy and dignity.
- A family member told us, "They [staff] make sure [relative] is cared for in a dignified way, they respect their privacy. My [relative] has a good relationship with them [staff]. Staff always make sure they have everything they need before they leave them, such as a book in reach so they can continue reading."
- Staff rotas for care calls considered the gender of staff where people had expressed a preference.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's life history, interests, choices and preferences including those related to the protected characteristics under the Equality Act were documented in their care plans.
- People received their support from staff who knew them well and supported them in the way they preferred. However, some people were not as positive towards agency staff, as they did not know them as well. A person told us, "The permanent staff know and care for me well. The agency staff don't know me, so consequently cannot be as caring."
- People told us the service was flexible and call times were changed to meet their needs. A person told us, "Staff will change the rota for us if they can to accommodate our needs or come later if we are going out." A second person told us, "Staff will change times to help us out if they can, if we have an appointment for example."
- Information as to people's needs was shared with staff during handover meetings. A team leader held a handover meeting with staff at the beginning of each shift to share key information, including updates as to changing needs.
- Staff had taken part in all events in the village, to support all residents in celebrating events such as The Queens Diamond Jubilee, Chinese New Year and fancy-dress days where staff dressed up in costumes, benefiting all residents of St Crispin.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered as part of the initial assessment and ongoing review of people's needs.
- People's records provided information to support effective communication. For example, where a person experienced difficulty in hearing, staff were provided with information as to where to position themselves when speaking with the person and encouraged to speak clearly giving time for the person to respond.

### Improving care quality in response to complaints or concerns

- People were confident to raise concerns with the registered manager and management team. A person told us, "We have no complaints, and if there were anything it would be sorted out promptly, I am sure."

- Records were kept of all concerns raised, which included the action taken to investigate the concern, the outcome of the investigation and a record of the complainant being informed of the outcome.

#### End of life care and support

- At the time of our inspection there was no one receiving end of life care.
- People's care records included information as to their wishes with regards to end of life care, if these had been identified.
- Staff had undertaken training in supporting and caring for people in end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were the focus of the service. Staff were committed to providing good quality care for people. All staff said the most enjoyable part of their role was the care they provided, and all said they did it to the best of their ability. A staff member told us, "I love meeting and talking with the residents. It's like an extended family."
- The registered manager, with the support of the management team provided ongoing support, including supervision and appraisal of staff, supported by training and assessment of staff's competence to deliver good quality care.
- The provider has a staff recognition scheme, where managers nominate staff who have performed over and above. Each nominee receiving an award from the Director of Care and Support and were thanked for their hard work. Annually the provider decides on an overall winner. The successful member of staff attends an award ceremony and collects their trophy. In addition the registered manager has a Carer of the Year Award, which is voted for by people who receive a service.

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 worked in an open and transparent way when incidents occurred at the service in line with their responsibilities under the duty of candour. This meant they were honest when things went wrong.

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

- The provider had a system of audits in place to check people received a good standard of care. This included the provider's annual quality audit. An action plan was developed based on the outcome of the annual audit and audits undertaken by the registered manager and management team. The action plan was kept under review and updated.
- The registered manager met regularly with people, via an appointment system, to seek their views about the service, providing an opportunity to talk about any worries or concerns they may have. The outcome of the meetings were recorded, along with any action taken in response to people's comments. For example, duplicating written information, so a copy was provided to a family member. Issues raised about the facilities and the retirement village complex were referred by the registered manager to the organisation who had responsibility for managing the site.

- People and family members were positive about the registered manager and management team. A person told us, "Management are all approachable as are all the staff from management downwards. The standard of care is very high. They go the extra mile; they don't hesitate to do more than is asked. They pull things in willingly. I can only say it as it is. The praise, they deserve it."
- Staff spoke of low morale amongst the staff team, in the main due to a reliance on agency staff and having to work additional hours to meet people's needs. Staff spoke of the impact of the COVID-19 pandemic. However, all staff felt things were beginning to improve.
- Staff were positive about the support they received from the management team and the support provided through meetings, supervisions and observed practice. A staff member told us, "I feel supported, I think team leaders are very good, the registered manager is approachable. I can speak about anything I need to. Regular meetings, supervisions and handovers are helpful."

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

- People have recommenced being involved in the recruitment of staff, now that interviews are held in person, following the COVID-19 pandemic. People have the opportunity to quiz candidates after their formal interview and provide feedback to the management team.

Working in partnership with others

- The registered manager and staff worked with a number of partner agencies to support the health, care and welfare of people who commissioned their service and the residents in general at St Crispin. This had included support with facilitating the vaccination of residents for both COVID-19 and influenza, testing for COVID-19, supporting residents with grocery shopping and deliveries when the complex when it has been closed to visitors.
- The management team worked with hospital discharge teams to ensure a safe discharge from hospital to enable people to return to their home. Packages of care were put into place to support people upon their return home, and provide support to enable them to regain their independence.
- The registered manager was working with a local company to facilitate mobile eye testing for all people in residence and for those who they provide a service for, along with support with the ordering of medication where support had been requested.