

# Elizabeth Marland Children's Respite Care Limited

## EAM House

### Inspection report

Manchester Road  
Partington  
Manchester  
M31 4DJ

Tel: 01617778511  
Website: [www.eamcaregroup.co.uk](http://www.eamcaregroup.co.uk)

Date of inspection visit:  
20 June 2018  
22 June 2018  
25 June 2018

Date of publication:  
18 October 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

The inspection of EAM House commenced on the 20 June 2018 and was unannounced. We last inspected EAM House in October 2017 and rated the service 'Requires Improvement' overall. We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to safe care and treatment, premises and good governance. We served requirement notices for the breaches of regulation relating to safe care and treatment and premises. We took enforcement action and served a warning notice in relation to breach of the regulation of good governance. In March 2018, the provider asked to meet with the Care Quality Commission (CQC) to discuss the actions they had taken following the inspection in October 2017 and improvements made to the quality of care and support provided.

This inspection was brought forward in part following the outcome of a coronial investigation, concluded in March 2018. Coronial investigations (or inquests) are undertaken to determine the cause or manner of a person's death. The coroner identified concerns around processes to manage serious incidents, training and competence of staff and insufficient action following recent CQC inspections. At this inspection, we found the provider's response was satisfactory and the actions taken had been assessed as effective.

EAM House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service also provides short breaks care (respite), which is planned or emergency care provided to a person to give temporary relief to family members, guardians or foster parents who are caring for that person.

EAM House can accommodate up to eight people with complex health needs between the ages of 16 and 60 years in one adapted building.

At the time of this inspection, there were four young people living at the home on a permanent basis and two people who received regular respite care.

The service had a registered manager who has been registered with the CQC since July 2011. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. In June 2018, the provider had employed a care manager who was in the process of registering with CQC to replace the existing registered manager at the home.

Recruitment processes had improved, and we found staff employed had the relevant skills and competencies to carry out their role. However, in the records of a newly recruited staff member, we found documentation contained insufficient information to explain how the provider had assessed risks. This meant we were not sufficiently assured appropriate measures were in place to keep people safe from harm at all times.

The provider had taken reasonable steps to ensure the premises were safe and free from risk of infection. Concerns found at our last inspection in October 2017 regarding the security of the external clinical waste bin and how clinical waste was disposed of had been rectified. Issues identified at the last infection control audit carried out by the NHS infection control lead had been addressed. Staff had good infection control practice such as wearing appropriate personal protective equipment. This meant people were protected from risk of infection contamination.

People received their medicines in a safe and timely way. Staff followed advice given by professionals to make sure people received the care they needed. Where medicines were stored in people's bedrooms, adequate improvements were made in how temperatures were recorded and monitored. This helped to ensure medicines were safe and effective because they were stored at the right temperatures.

Staff received an induction, had relevant training and shadowed experienced colleagues prior to working unsupervised. Since our last inspection in October 2017, required competencies and the use of equipment were reassessed to help ensure staff supported people safely and effectively. Records showed staff had regular supervisions and annual appraisals. This helped to ensure staff were competent and had adequate professional support to carry out their roles.

We found the provider had made sufficient improvements in how they monitored the standard of care provided. These included a better oversight of staff training and competency checks, audits of medicines, care records and health and safety processes and equipment. Actions identified had been followed up.

Care plans reflected how people had been assessed and preferred to receive their care. They were detailed and included information about what was important to people and how best to support them. Improvements had been made in relation to how staff identified and managed deterioration in the person's health.

People were effectively supported and their privacy and dignity were respected because the provider had considered the use of assistive technologies. At this inspection we found, where appropriate, the provider had implemented the use of relevant assistive technologies. This helped to ensure risks to people were effectively managed while ensuring care and support provided was less intrusive.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff contacted relevant health professionals to help ensure people received the care and treatment they required.

We saw that there were positive relationships between people who lived at the home and staff had a good understanding of people's individual care and support needs. A variety of activities were provided to meet people's individual needs, and people were encouraged to take part.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). The registered manager and staff had a good understanding of MCA. Where a person lacked capacity to make a decision relating to their care or support, a capacity assessment was carried out and best interest meetings were held where required. Applications for Deprivation of Liberty Safeguards (DoLS) were appropriately made. This helped to ensure people's rights were protected.

People had good relationships with the staff and management at the service. Staff understood the complex needs of the people living at the care home and were able to communicate effectively with them. This meant people were supported by staff who knew their characteristics and individual requirements. People's

permission was sought before any care or support was given. Staff supported people in an unhurried and dignified manner, taking time to ensure people could make choices and decisions about the support they received.

We observed an open and friendly culture at EAM House in which people's relatives or representatives had the opportunity to provide feedback about the service in an informal way. Everyone we spoke with said they could talk to the staff or registered manager if they needed to.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** 

The service was not consistently safe.

While recruitment practices had been improved there were insufficient assurances these improvements were thoroughly embedded.

People were protected from risk of infection. The environment was kept clean and improvements had been made in how clinical waste was secured.

Person centred risk assessments helped to ensure staff had clear direction to safely manage identified risks.

### Is the service effective?

**Good** 

The service was effective.

Staff had received relevant training and competency checks required to effectively support people.

People received food and drink to meet their needs and effective support was provided to people with specialist nutritional needs.

The environment at the care home was adequately adapted to suit the needs of people living there. People's bedrooms were personalised to their own tastes.

### Is the service caring?

**Good** 

The service was caring.

We observed positive interactions between people and staff. The atmosphere at the service was friendly and relaxed.

Staff knew the people using the service and were able give examples of their preferences and interests.

Staff had the necessary skills and competencies to support people in an effective and caring way.

### Is the service responsive?

Good 

The service was responsive.

Care plans were detailed and person-centred care plans and included considerations about how the service identified and managed deterioration in people's health conditions.

People were provided with a range of activities within the home and opportunities to access the local community.

There were processes in place to manage formal complaints.

### Is the service well-led?

Good 

The service was well-led.

Quality assurance processes were in place to help ensure the provider had an adequate oversight of the service provided.

There was a registered manager in post and the culture at the service was open and supportive.

People and their relatives were asked for their views about the quality of the care provided. Suggestions for improvements were actioned.

# EAM House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20, 22 and 25 June 2018 and the first day was unannounced. This inspection was brought forward in part following the outcome of a coronial investigation, concluded in March 2018, into the death of a young person who had received respite care (short breaks care) from this service between October 2013 and July 2016. Coronial investigations (or inquests) are undertaken to determine the cause or manner of a person's death. However, the information shared with CQC about the incident indicated potential concerns about the management of risk, in particular if people's conditions deteriorated and staff's ability to act on these. We also wanted to assure ourselves that the provider had made the improvements discussed when we met with them in March 2018. This inspection was carried out by one adult social care inspector.

At the last inspection this service was regulated by both the Care Quality Commission (CQC) and Office for Standards in Education, Children's Services and Skills (Ofsted). However, the provider deregistered with Ofsted in November 2017. Ofsted inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages. This deregistration meant the provider was currently not registered for the regulated activity of 'accommodation for persons who require nursing or personal care' and they were in the process of amending their registration with the CQC.

We used information the provider sent us in the Provider Information Return to prepare for this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law including safeguarding referrals and deaths.

Before our site visit, we asked the local authority contracts and commissioning teams for information they

held on the service. We did not receive a response from them. We also contacted Trafford Healthwatch and checked their website for information they held about this service. We found no information about this service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During our inspection, we communicated with four people using the service. Due to their limited verbal communication some people responded to our questions with "yes" or "no" answers or non-verbally. We spoke with various staff members including the registered manager, the newly appointed care manager, nursing and care staff, the housekeeper, the chef and the administrator. We observed the way young people were supported in communal areas and looked at records relating to the service; these included two care records, two staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, infection control audits, records of accidents and incidents and policies and procedures. Following our site visit, we spoke with two people's relatives.



# Is the service safe?

## Our findings

At the last inspection in October 2017, we found the provider had not taken reasonable steps to ensure staff recruited to the role were suitable to do so. This meant vulnerable young people supported by the service were at serious risk of harm. At this inspection we checked to see what improvements were made and found necessary steps had been taken to help ensure risks were mitigated and the regulation was met.

We looked at staff files for two newly recruited staff members. We found all necessary checks had been carried out prior to the staff members starting work within the home. These included a full employment history check, suitable references, and a Disclosure and Barring Service (DBS) check. The DBS carry out criminal checks to help ensure candidates are suitable to work with vulnerable people.

At the previous inspection and in relation to a recent recruitment at that time, we found the provider had not carried out a risk assessment to help ensure the candidate was suitable to be employed. The provider also had not reviewed the candidate's previous training to ensure they had essential training and competencies to perform their role safely. This meant people were at risk of unsafe care because this staff member was not suitably fit for the role. At this inspection we saw the provider had implemented a process of assessing risks where appropriate. However, we found improvements were required in this regard. In the staff member's file, we saw a document prepared by the registered manager which did not clearly identify the specific risks associated with the conviction and what action the provider had taken to mitigate these risks and ensure young people supported were safe. We discussed our findings with the registered manager who explained their rationale about the risks posed but acknowledged the assessment did not clearly identify the potential risks. The provider had taken necessary steps to improve their processes. However, we were not completely assured that appropriate measures were fully embedded to ensure people were safeguarded.

We found the provider held up to date records showing the nursing staff employed at the home were registered with the Nursing and Midwifery Council (NMC). These checks were carried out monthly and helped the provider monitor that staff were authorised to work as a registered nurse. The service had systems in place to support nurses' revalidation. Revalidation, effective from April 2016, is the process which all nurses and midwives in the UK will need to follow to maintain their registration with the NMC; this process helps to ensure that nurses continue to practice safely and effectively.

At the last inspection in October 2017, we found the provider had not taken sufficient action to ensure the clinical waste bin was stored securely. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the regulation was being met.

During our inspection, we found the yellow clinical waste bin located at the back of the premises was locked and access to that area was through an alarmed gate which was kept closed.

Prior to this inspection we asked the NHS infection control lead if a recent audit had been carried out. They

told us the next one was due in July 2018. We reviewed the last infection control audit done in June 2017 and checked to see concerns had been actioned. We found the provider had made the improvements recommended. These included infection control training, new foot operated waste bins, and more effective laundry room practice.

We found the home was visibly clean and free from unpleasant smells. Protective clothing and equipment such as disposable gloves and aprons were readily available and worn by staff as appropriate. Alcohol hand-gels were available on the corridors and hand-wash sinks with liquid soap and paper towels were available throughout the home. Staff members' practice was reinforced by infection control and prevention policies and procedures in place. This meant people were protected from risk of harm because there were appropriate measures in place to reduce the risk of infection and cross-contamination within the home.

Not everyone living at EAM House could communicate verbally with us. We however observed that people appeared happy, comfortable and relaxed when supported by staff. Relatives' comments included: "Yes I think [person] is safe here" and "It's safe because all the staff are familiar with [person's] needs."

We found personal evacuation plans (PEEPs) in place for the young people living at the home and for those who accessed EAM House for respite care. PEEPs are plans which detail people's individual needs to help ensure they are safely evacuated from the premises in the event of an emergency such as a fire. PEEPs were up to date and provided adequate guidance to staff about what to do in the event of an emergency. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency. As PEEPs were currently kept in people's individual care files, we recommended the provider create a 'grab file' to ensure these documents were readily available to appropriate personnel in the event of any emergency. We saw this grab file was completed during our inspection.

We found appropriate premises and maintenance checks were carried out to help ensure the home environment was safe for people, staff and visitors at EAM House. Checks carried out included fire safety equipment, electrical systems, hoists and the passenger lift and water systems. Actions identified were progressed to help ensure people's safety and wellbeing and assessments of risks were in place to help ensure risks were identified and mitigated.

Fire evacuation procedures were displayed strategically across the entire home. Records showed that since October 2017 to the date of this inspection four fire drills had been carried out. We found the recordings of fire evacuations were detailed and provided practicable steps of how the staff would safely manage an emergency.

Staff we spoke with had a good understanding of safeguarding including the types and signs of abuse and they knew how to report any concerns. Staff meeting records we looked at evidenced that safeguarding was a key topic of discussion. The provider had policies in place for safeguarding vulnerable young people and whistleblowing. We saw that staff read and understood them and knew how to use them in practice to keep people safe. Our records confirmed the registered manager made appropriate referrals to the local authority to report safeguarding concerns and we found these had been investigated and necessary action carried out and recorded. This meant people were protected from abuse because the provider maintained effective systems to help ensure people were kept safe.

We found the provider had adequate systems in place for the administration, storage and disposal of controlled drugs, although at the time of our inspection no one was prescribed controlled drugs. Controlled drugs are medicines subject to stricter legal controls because of the risk of misuse. At the last inspection in October 2017 we identified concerns relating to competency checks for staff responsible for administering

medication and monitoring the temperatures of the medicines stored in people's bedrooms. Following our inspection, the provider ensured all staff who had not had their competencies checked for over 12 months were reassessed. This was confirmed by staff we spoke with and on the training competency framework we looked at.

Medicines were appropriately secured in a locked cabinet in people's bedrooms and additional stock was kept in a locked medication cabinet. The service had a medicines fridge. We saw this was kept locked and that daily temperatures recorded were within recommended clinical standards. We saw each person's cabinet contained a maximum/minimum thermometer and that staff recorded temperatures daily to ensure these were within the recommended limit. Each person had a detailed medication care plan and medication administration record (MAR). We examined two MARs in detail and found these were completed correctly.

There were appropriate policies and procedures in place. These included how relatives and guardians signed out and returned medicines when people were away from the care home. We saw that staff had to read and sign that they understood the provider's procedures.

Staff appropriately recorded the time medicines such as paracetamol were given so that staff would know when it was safe to administer subsequent doses.

We concluded people received their medicines safely because the provider had adequate systems in place to ensure this took place.

We observed there was sufficient staff deployed to ensure people were supported safely. Relatives we spoke with told us there was always enough staff on duty. One relative said, "Yes, I think there's always enough staff here." Another told us, "If I felt there wasn't enough staff on (shift), I'd speak to [Registered manager]. The registered manager told us that staffing levels depended on the people's needs and activities taking place. Rotas we looked at confirmed what we had been told about staffing arrangements by the provider. We also found that there were days when staff were supernumerary (off rota) and were available to help offer additional support as needed. This meant people were supported safely because there was sufficient staff deployed to carry out their duties.

We found risk assessments linked closely with people's care plans and identified any potential risk to a person's health and wellbeing and the action required to manage those risks. These included issues such as seizures, moving and handling and nutrition and hydration. We found these provided ample guidance to help staff manage people's risks safely. Risk assessments were regularly reviewed, and we saw documentary evidence and staff we spoke with told us they read these documents before supporting any person within the service. During our inspection we observed this practice. This meant people were protected from harm because risks associated with providing safe care and support had been identified and staff were aware of and knew how to manage these risks.

Staff we spoke with were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the registered manager or lead person on shift. From incident records, we saw the registered manager reviewed all incidents and took appropriate action to help ensure people were protected from harm and the likelihood of recurrence reduced.

# Is the service effective?

## Our findings

At the last inspection in October 2017, we found the provider had not demonstrated a clear training process and competencies framework was in place to ensure staff were competent to provide safe and effective support that people needed. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These concerns were also raised at the coronial inquest in March 2018. At this inspection we found sufficient improvements had been made and the regulation was being met.

Staff had received relevant training and had their competency to deliver specific aspects of care checked by a competent assessor. This helped to ensure people were effectively cared for and supported. We found staff had received training considered mandatory by the provider and adequate to ensure staff had the relevant knowledge and skills to care for people effectively. We discussed with the registered manager and training administrator the training that had been carried out since our last inspection. We saw staff had completed training in epilepsy awareness, challenging behaviour, health and safety and equality and diversity. The registered manager told us, and we saw from their training schedule additional training in these topics was scheduled in July 2018.

From individual staff training records, we saw each member of staff had had their competency to deliver aspects of care reassessed in May 2018. The registered manager told us, and we saw for each person supported aspects of care requiring specific competencies staff had to be signed off as competent to carry out the tasks involved in caring for that person. For example, for one young person we saw their specific needs included gastrostomy care, oral suction and epilepsy rescue medication. All staff were reassessed as competent to provide effective care and support to that person. This process had been done for each person supported.

When we met with the provider in March 2018, they told us of their plans to become accredited trainers in health and social care courses. At this inspection, we saw certificates that senior staff including the registered manager and the newly recruited care manager had been signed off as accredited trainers for a range of courses including basic life support; moving, assisting and hoisting; epilepsy and emergency medication; food safety; nutrition and hydration and end of life and palliative care. The registered provider told us this would help ensure they had more control over meeting their training needs.

All staff new to the service and to the care industry received an induction. The provider developed their own workbooks and training materials in line with the Care Certificate. The care certificate is a nationally recognised set of standards which outlines knowledge, skills and behaviours expected for specific job roles within the health and social care sector and worked towards during induction. We found the provider's induction covered these recognised set of standards.

Supervision records we looked at showed staff received supervisions in line with the provider's policy which was at least six supervisions a year. Staff we spoke with confirmed they had regular supervisions and that they could request additional supervisions if they needed. Records for new starters showed they received

more frequent supervisions during their three-month probationary period. We saw clinical supervisions for nurses were completed by the senior nurse at the home. At the previous inspections in September 2016 and October 2017, we found the registered manager did not consistently ensure their own clinical practice was kept current. At this inspection, we found they now received clinical supervision and support from a senior nurse at the Trafford clinical commissioning group. Staff employed over 12 months had received an annual appraisal. These processes helped to ensure staff were supported to carry out their jobs effectively.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection in October 2017, we found the provider had not considered the least restrictive option to ensure the needs of people living at the home were safely met. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made sufficient improvements and was meeting the regulation.

At the inspection in June 2018, we found the registered manager had undertaken a review of all 10-minute checks carried out when people were in their bedrooms and evaluated least restrictive options. We looked at these reviews which outlined current practice, suitable alternatives for each person supported and a rationale for the option chosen; options included assistive technologies such as pressure sensors, epilepsy monitors and call bells. For each person, the registered manager documented a rationale for the option chosen. The registered manager identified assistive technologies that would benefit two people. They told us, and we saw from care plan records people's needs would be reviewed every six months or sooner if circumstances changed. This meant people's needs were met more effectively, using the least restrictive option. The registered provider demonstrated a better understanding of being effective in managing people's safety and had taken appropriate action in this regard.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a good understanding of the MCA and DoLS and why they needed to seek these authorisations. At the time of the inspection one person living at EAM House was subject to Deprivation of Liberty Safeguards (DoLS). We saw evidence that the registered manager had followed up on other applications for DoLS submitted to the local authority but not yet approved. In people's care records we found assessments of people's capacity to make particular decisions had been carried out, where necessary. For example, taking medication and receiving healthcare. Where the person lacked capacity to make a particular decision, we found that best interest decisions were made in line with the Mental Capacity Act, and involved relatives and relevant professionals such as social workers and GPs.

At the last inspection in October 2017, staff we spoke with demonstrated little knowledge of MCA and DoLS and training records we reviewed confirmed not all staff had received training in this area. At this inspection we found the provider had arranged training so that all staff now understood these important legislations. Staff we spoke with knew about the MCA and DoLS and the people who may be subject to a DoLS.

During our inspection we observed staff asking people's permission before carrying out any task. Relatives we spoke with also confirmed this. Consent forms including day to day care and accessing emergency care were signed correctly by the person's legal guardian.

We found people's care records contained adequate information about their health care needs, the professionals involved in their care, and records of scheduled appointments. Each individual had a "Hospital Passport" which contained critical information such as any medical conditions, allergies, and medicines. This document was easily accessible to all staff in the event an individual person had a medical emergency. This meant the service was proactive in helping to ensure people received the right medical attention and continuity of care when required.

We found people had sufficient food and drink to meet their nutritional needs. The home employed a chef who also worked for the neighbouring service EAM Lodge. The chef told us, and we saw there was a set menu which was changed seasonally. All meals were freshly prepared each day. The chef and staff we were aware of the support people needed to eat and drink, and any dietary requirements, as detailed in their care plans.

People identified as being at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Care plans for people's nutrition were in place and the need for a modified diet where required. For example, one person's care plan contained information from the speech and language therapy team (SALT) to ensure staff safely followed their nutritional needs.

The kitchen was clean and well organised. There was an effective system in place to ensure food stocks were sufficient. A food hygiene inspection was done in January 2018 and the home had been rated a '5' which is the highest award.

During our inspection we observed that people and all staff including non-care staff had their luncheon meal together. The registered manager told us this provided a good opportunity to talk with people.

We found the environment at EAM House was well adapted to accommodate the needs of the people living or staying there. People's bedrooms were decorated according to their own tastes with personal effects and ornaments. EAM House had an accessible garden and outdoor sitting area. During our inspection we observed people enjoying the garden and outdoor sitting area. There was a sensory room which was separate from the main building. This was well equipped with sensory accessories and heaters to allow use in the winter months. This meant the service had adapted the environment to help improve the quality of life and wellbeing of the people in their care.

## Is the service caring?

### Our findings

One person we spoke with told us they were happy living at EAM House and that they liked the staff. Relatives were positive about the care and support provided at EAM House. They said, "The staff are very caring" and "It's more like a family rather than a care home."

At the last inspection in October 2017, we found the provider did not always demonstrate the hallmarks of a caring organisation. Examples of this included staff lacking the necessary training and skill competencies and the carrying out 10-minute checks which may have impinged on some people's privacy. We asked the provider to review these issues. As previously discussed in the Effective domain, at this inspection we found evidence the provider had made the sufficient improvements to further demonstrate they maintained a caring and person-centred approach to the support provided.

During our inspection, we observed the atmosphere at EAM House was familial and pleasant. It was evident that people were settled and comfortable in their surroundings and with the staff. Staff including the registered manager, knew the people they supported well. Their approach was warm, caring and supportive. We observed one staff member supporting a person to do their daily physiotherapy exercises in a manner which encouraged the person. We saw that staff supported people in an unrushed manner and at a pace which suited the person. Several of the people living at EAM House had limited communication and we saw that staff knew how to communicate with each individual.

Care records we looked at each contained detailed information about people's history, important people in their lives and included protected characteristics such as ethnicity and disabilities, likes and dislikes, interests/hobbies, and communication needs. This information helped staff to understand and support people in a compassionate way. From our observations staff clearly demonstrated they knew the people they were supported.

Staff told us, and we observed that they read people's care plans and got to know what they liked and disliked. When we asked, staff could tell us about individuals' personal histories, their preferences and interests. For example, a staff member told us about a young person's interest in a well-known football club in Manchester. This was confirmed when the person showed us their room and spoke with us about their visit to the football stadium. It was also recorded in their care plan. This meant people were supported by staff who knew them well and supported them according to their individual needs.

The provider and staff understood the importance of keeping people's records secure. These were kept in a locked cabinet. Within recruitment files we saw staff signed a confidentiality agreement when they started working at EAM House. This meant people's information was kept confidential and only seen by those authorised to do so.

We observed that people were listened to and throughout the day we saw staff involving people in making decisions about their welfare and support. This included choice of meals and participation in daily activities. Relatives we spoke with and records we looked at confirmed people and their families were involved in



making decisions about the care and support provided.

Staff supported people in ways, which maintained their dignity, privacy and independence. We saw that staff knocked on people's bedroom doors and announced themselves before entering. We saw that staff sought permission prior to carrying out any tasks and ensured people were in private if they required personal care. Staff told us they maintained people's dignity when providing personal care by ensuring doors were closed and curtains drawn. Visiting health professionals such as the podiatrist saw people in their bedrooms. Staff also told us about the recent house discussion around privacy. This resulted in the creation of a 'Privacy Tree' whose branches contained statements made by people supported and staff about what dignity means to them. Their responses included: "Don't discuss me in front of others", "Having my own space" and "Keep my information safe."

People were encouraged to maintain their independence according to their level of ability. One staff member said, "When I do personal care, I let the person do as much as they can before offering help."

We found sufficient evidence to demonstrate that people were supported by staff who understood how to treat them in a manner which respected their dignity and independence.



## Is the service responsive?

### Our findings

At the last inspection in October 2017, we found the provider had not ensured one person's care plan clearly recorded how and when staff needed to intervene when their condition worsened. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we checked to see what improvements had been made. We found the provider had made sufficient changes to ensure the regulation was met and people received responsive and person-centred care.

We spoke with the registered manager and the newly recruited care manager about the action staff would take when a person's health condition worsened. They told us, and we saw each person's medical condition had been reviewed and the symptoms relating to any deterioration were identified. These assessments were at the start of people's care plans. They contained clear guidance to help staff identify and manage deterioration in a person's health condition and what further action should be taken to ensure the person's wellbeing and safety.

Staff we spoke with were aware of these assessments and we saw 'read and sign' records confirmed this. We asked two staff members to identify the signs of distress or deterioration for two people and what action they would take. They were able to explain the types of symptoms they would look for and what action they would take. Staff told us and training records and certificates we looked at confirmed all staff had completed accredited training in basic clinical observation. Additionally, the provider updated their hospital admission policy to include guidance and protocols on when staff should escalate matters of concern and seek external medical advice. These actions helped to ensure staff knew what action to take to protect people's wellbeing and keep them safe in the event their health condition deteriorated. The registered manager told us and the local authority's improvement plan we looked at confirmed the service was currently working with the local authority to help strengthen how they managed people's deteriorating health conditions.

We found people's needs were assessed before they started to use the service. These initial assessments identified the specific needs of the person and helped to ensure the right resources were available to support the person in a responsive way. For example, we found assessments of people's medical conditions, medicines in use, mobility, equipment needs and dietary needs. Care records we looked at showed relatives and relevant professionals were involved in the development of care and support plans.

We looked at the care plans for two people who lived at EAM House. We found these were reviewed every six months, or sooner if there was a change in their care or support needs. Care plans were detailed and person-centred. We saw that plans included personal histories, preferences, hobbies and interests. The care plans also indicated any known triggers for behaviours that may challenge and ways to manage these in order to support the person according to their needs.

The provider had adequate processes in place to help ensure they met the accessible information standard. Care records contained detailed information about people's communication needs relating to an

impairment or disability. As discussed in the previous section, we observed staff were familiar with people's communication needs. Consent around sharing of this information with relevant professionals was also in place.

Staff completed daily evaluation sheets or records for each person supported. These were specific to the individual and contained sufficient detail about people's daily routine and any concerns around their health and well-being. Since our last inspection visit, the provider had instituted a new system for staff handovers which ensured staff had more time to thoroughly read the daily evaluation sheets. The registered manager told us staff had to sign in the daily communications diary that they had read what had happened over the 48 hours at least before the verbal handover. This helped to ensure staff had up to date information to support people appropriately. Staff told us they found these steps had helped to improve communication amongst the staff team.

At the last inspection in October 2017, we found the provider had no specific provisions in place for managing care at the end of someone's life nor had staff had any training in this area. We recommended that the provider consult current guidance on end of life care. At this inspection, the registered manager told us and care records confirmed they had arranged with the GP to assist them in facilitating discussions with people and their families around end of life care. Care records confirmed initial discussions had commenced. Training in end of life and palliative care was scheduled to start at the end of June 2018. Following our site visit, the registered manager contacted us to say end of life /palliative care training was ongoing.

People were supported to maintain previous interests and education and encouraged to try new activities if they wished. On the first day of our inspection, one person told us they had been out to the shops and that they were going to the local café later that day. Two people we spoke with showed us their activity planners which they had created themselves with staff's support. Staff told us this planner was just a guide and that if the person wanted to do another activity they were free to do so. There were a wide range of activities and entertainment available for people. These included games, arts and crafts, music and sensory therapy and gardening. Photographs evidenced that throughout the year the provider put on a variety of events at the home to commemorate national and international events such as the Royal Wedding in May 2018 and the World Cup football competition. We found people had access to a vehicle, which meant they could access the community more often. We saw from photographs that trips had been arranged to access activities such as wheelchair dancing, hydrotherapy pool sessions and walks in Sale Water Park. Relatives were complimentary about the range of activities on offer at EAM House. Their comments included: "Very happy with the amount of activities that take place" and "There's always lots of fun things for [person] to do."

Relatives we spoke with said they knew how to make a complaint but no one we spoke with had done so. The provider had a complaints procedure in place which gave advice on how to raise concerns and informed them of what they could expect if they did so. We saw that the registered manager had a system to document any complaint and the actions taken to investigate and resolve them. Since our last inspection in October 2017 the provider had received no formal complaints. We found however concerns raised in the annual survey though resolved had not been documented here. This meant that the provider did not have a thorough oversight of concerns identified. We raised this with the registered manager who updated their complaints records to include informal concerns raised.

The provider kept a compliments book, but we saw relatives and professionals had sent thank you cards and letters expressing their opinions about the service. The main themes of their comments were the level of care provided, confidence in staff's abilities and knowledge and the caring nature of the service.

## Is the service well-led?

### Our findings

At the last inspection in October 2017, we found the provider had not taken sufficient steps to ensure they had an adequate overview of the training, skills and competencies of staff. This was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In March 2018, these concerns were also raised at the coronial inquest. At this inspection we looked at the systems in place to monitor the overall quality of the service and found sufficient improvements had been made to meet the regulation.

The provider had reviewed how training was managed and monitored to ensure they had a thorough oversight of the staff's skills and competencies. We found the provider simplified their training matrix to demonstrate they had an overview of what training and competencies were required and when these needed to be refreshed. A competency framework was in place and this helped to ensure the provider could identify the skills required and demonstrate that staff were able to perform the task. This meant the provider had taken necessary steps which helped to ensure staff recruited and deployed had the right skills and competencies to safely and effectively care for people.

Other quality checks carried out to ensure the provider had oversight of the quality of the service provided included the management of medicines, care plans, environment and equipment and infection control. We found actions identified from these audits were followed up by the registered manager or the clinical matron.

There was a registered manager who had been in post since July 2011. They were also a registered nurse. They were supported in the day to day running of the service by a clinical matron, also a registered nurse. The provider had recruited a care manager in June 2018 to take over the daily running of the home from the current registered manager. The new care manager told us and our internal checks confirmed they were in the process of registering with CQC.

Relatives we spoke with were positive about the service and the staff. Comments included: "Always feels like home", "Staff are very welcoming" and "The atmosphere is warm, positive and happy."

We observed staff's interaction with each other and their managers and found the culture was an open, inclusive and supportive one. Relatives we spoke with confirmed this. Comments from staff included, "I can always go to [name of registered manager] if I have a problem. [Registered manager's] door is always open" and "I enjoy working here and working with the people. The staff team are great. It's a good atmosphere." This meant staff were more likely to raise issues about service delivery or any other matter likely to affect people using the service.

There were systems in place to help ensure people and their relatives could provide feedback and share ideas about how the service was provided. We saw evidence that people were encouraged to give their opinion about how they were supported, including feedback on the employee of the month. Where required, visual cues were used to support people in their responses. Relatives told us and we saw the

provider sent out an annual survey. Responses from the most recent survey, June 2018, were positive, and we saw where one minor concern had been identified the provider had addressed this immediately.

The provider had a range of policies and procedures in place to provide guidance and support to staff in carrying out their role; these included safeguarding, training and development, medication management and the mental capacity act. Following on from the actions identified at the coronial inquest, referred to earlier in this section, the provider introduced new policies and procedures. These included managing serious and untoward incidents, duty of candour and completion of documentation for new admissions to the home. We saw staff had to sign that they had read and understood the provider's policies and procedures. This meant staff had the necessary resources to support their practice and knew how to implement these to help people protected from harm.

Staff we spoke with told us the provider had good staff support systems in place, including staff handovers, training and regular staff meetings that helped to ensure they were always kept up to date on the young people using the service and any other aspects that they needed to know about. Records of staff meetings showed these were held monthly and gave staff the opportunity to highlight and discuss matters relating to the care provision with their colleagues and senior managers. The registered manager used these meetings to review and discuss topics such as safeguarding and equality and diversity. This meant that staff had appropriate resources to ensure the service continued to provide safe and effective care.