

Peter Warmerdam

# Emerson Court

## Inspection report

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### Ratings

## Overall rating for this service

Good



### Is the service effective?

Good



### Overall summary

At the last inspection on 28 April 2015 we found the service was not always effective. We found staff had not received training in epilepsy and mental capacity assessments were not carried out for some people who might lack capacity. We stated that this could put people at risk of not receiving appropriate care.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Emerson Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Emerson Court is a privately owned care home without nursing for 21 older people. The service is registered to accommodate a maximum of 21 people. At the time of this inspection there were 18 people using the service and one person was in a hospital. The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission

(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.

People told us staff were good and they were happy living at the home. We observed staff were kind and attentive to people's needs. Staff told us they had a range of training opportunities and were well supported by the registered manager and deputy manager.

Each person had a care plan and risk assessment which were reviewed and updated regularly. We noted people and their representatives were involved in the review of care plans. This ensured that people's wishes were included in their care plans. Records showed people had access to appropriate healthcare and staff had guidance that they were advised to follow to care for people with medical conditions such as epilepsy.

# Summary of findings

The service had systems in place so that the requirements of the Mental Capacity Act 2005 were implemented when required. This legislation protects people who lack capacity to make informed decisions in their lives. We noted that best interest meetings had

taken place and Deprivation of Liberty Safeguards (DoLS) applications made to authorities as required. DoLS applications are authorised to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

# Summary of findings

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

We always ask the following five questions of services.

### **Is the service effective?**

The service was effective. Staff received support, training and guidance to provide appropriate care to people who use the service.

People were supported to have access to healthcare services and care plans and risk assessments were reviewed. This ensured that people's needs were identified and healthcare interventions were promptly made as required.

Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected through use of the Deprivation of Liberty Safeguards.

**Good**



# Emerson Court

## 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 was undertaken to check that the provider had made improvements to meet legal requirements after our 28 April 2015 inspection. We inspected the service against one of the five questions we ask about services: Is the service effective? This is because the service was not

always effective. Staff had not received training in epilepsy and mental capacity assessments were not carried out for some people might lack capacity. This could put people at risk of not receiving appropriate care.

This inspection took place on 25 November 2015 and was unannounced. It was undertaken by one adult social care inspector.

Before our inspection we reviewed information we held about the service and the provider such as the action plan the provider submitted setting out how they would become compliant with the breach identified at the previous inspection. During the inspection we spoke with three people, one visiting healthcare professional, one care staff, an administrator, the deputy manager and the registered manager. We also observed people interaction with staff and reviewed three care files, staff training matrix, staff rota and the provider's policies and procedures.

# Is the service effective?

## Our findings

At the last inspection on 28 April 2015 we found staff had not received training in epilepsy and mental capacity assessments were not carried out for some people who might lack capacity. During this inspection we noted the registered manager had taken various actions to improve the quality of the service people received. People told us they were "happy [living in the home]" and staff were "good". We observed staff were friendly, kind and gentle when interacting with people. We saw staff offered choices and asked people how they would like to be supported.

The provider's training records showed that nine staff had completed first aid training. Discussions with the registered manager and records showed that there was one person who had an incident of epileptic seizure. The registered manager told us that this had occurred only once since the person had been admitted to the service and all staff had been given guidance and shown the actions they should take if there was an incident of an epileptic seizure. We saw a copy of the guidance and there was evidence in the staff meeting records that this was discussed with staff.

Each person had a care plan and risk assessment which outlined how people's needs should be met. We noted people and their relatives were involved in the review of care plans. This ensured that people and their relatives were listened to and appropriate care was provided.

Staff told us they received support from the registered manager and deputy manager. They told us they worked as a team and they enjoyed supporting people. One member of staff said they had "lots of training" and had previously

attended training on epilepsy. They gave us examples of training they attended and said these included first aid, dementia, end of life care, moving and handling, food hygiene, Mental Capacity Act (2005), adult safeguarding, and keeping records of people using the service. This showed that staff received support training relevant to their roles.

Staff told us they received regular supervision. They told their supervision and annual appraisal gave them an opportunity to discuss their learning needs and to share information about their practice. Staff records and the registered manager confirmed that supervision took place at least once every three months and annual appraisals were completed for staff.

People told us and records confirmed that people had access to a number of different health care professionals. For example, people were visited by GP's, physiotherapists, and district nurses. We noted that staff sought medical help when and as needed. This ensured that people received appropriate healthcare.

There were systems in place so that the requirements of the Mental Capacity Act 2005 were implemented when required. This legislation protects people who lack capacity to make informed decisions in their lives. We noted that best interest meetings had taken place and Deprivation of Liberty Safeguards (DoLS) applications made for five people to the authorities as required. DoLS applications are authorised to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.