

Westhill IOW Limited Emerald Agency

Inspection report

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27 April 2016

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection was carried out on the 27 April 2016. Forty-eight hours' notice of the inspection was given to ensure that the registered manager, staff and people we needed to speak with were available.

Emerald Agency provides support and personal care to people with a learning disability living in their own apartments or a shared house in Ryde. Not everyone required a personal care service and at the time of our inspection seven people were receiving personal care from Emerald Agency.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

The service was previously inspected in January 2014 when we identified medicines were not always managed in accordance with the provider's policies. At this inspection we found improvements had been made and people received their medicines safely.

There were enough staff to support people effectively and staff were knowledgeable about how to spot the signs of abuse and report it appropriately. People said they felt safe with care staff and were complimentary about the staff caring for them.

People said they were satisfied with the service. They told us care was provided with respect for their dignity. People said staff were caring and that they promoted a friendly atmosphere with them. Staff spoke about people in a kind and caring manner. Staff, and the registered manager, followed legislation designed to protect people's rights. They always asked for consent from people before providing care

People's care plans were personalised and their preferences were respected. Care plans were reviewed regularly and people felt involved in the way their care was planned and delivered. People were asked for feedback on the service they received and any concerns were addressed promptly.

Recruitment procedures ensured people had the opportunity to have a say about potential new staff. All necessary pre-employment procedures and checks were undertaken before people commenced working for the agency. Staff had completed training appropriate to their role and an ongoing plan of training was in place.

Staff worked well as a team and said the registered manager provided support and guidance as they needed it. Procedures were in place to investigate complaints and learn from any accidents or incidents.

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.

Medicines were administered safely and systems were in place to assess risks and manage emergency situations.

Recruitment procedures included all necessary pre-employment checks to help ensure staff were suitable for their role. There were sufficient staff to provide people with the care they required.

People said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

Is the service effective?

Good ●

The service was effective.

Staff completed training appropriate to their role. They were supported through formal and informal supervision.

Staff were aware of the Mental Capacity Act 2005 and how this affected the care they provided. People said staff always obtained their consent before providing care.

Staff knew people's needs and records showed people received appropriate care. When required support to meet healthcare and nutritional needs was provided.

Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and were encouraged to be as independent as they could be.

Is the service responsive?

Good ●

The service was responsive.

People told us the care they received was personalised and people's needs were reviewed regularly to ensure the care and support remained appropriate for the person.

The manager sought feedback from people and made changes as a result. An effective complaints procedure was in place.

Is the service well-led?

The service was well-led.

There were formal and informal quality assurance systems which ensured the service provided met people's needs.

Staff could access advice and guidance, worked as a team and felt supported and well-led.

Good ●

Emerald Agency

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.

The inspection was carried out on 27 April 2016 and was announced. Forty-eight hours' notice of the inspection was given to ensure that the people we needed to speak with were available.

The inspection was carried out by one inspector. Before the inspection we reviewed the information we held about the service. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with three of the people using the service, four care staff and the registered manager. We also spoke with three external health or social care professionals who had contact with the agency. We looked at care plans and associated records for three people and also looked at staff duty records, two recruitment files, training and supervision records, medicine administration records, the provider's policies, procedures and records relating to the management of the service.

Is the service safe?

Our findings

At the previous inspection in January 2014 we found medicines were not always managed safely and in accordance with the provider's procedures. We told the service they must make improvements. At this inspection we found the improvements had been made.

People received their medicines safely. People told us they received their medicines from staff and that they could request 'as required' medicines, such as paracetamol for a headache if needed. Medicines were administered by staff who had received appropriate training. The registered manager described the process for administering medicines and a person confirmed this was the procedure used. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Medicines were stored securely with each person who required medicines having a secure place to keep their medicines. There was an appropriate process for the ordering of repeat prescriptions and disposal of unwanted medicines. Audits were completed weekly of the medicines administration process and related records to ensure people received their medicines and that any errors would be promptly identified. The registered manager informed us in the Provider Information Return (PIR) that there had been nine medicines errors in the year preceding the inspection. They informed us these were mainly recording errors which were identified during the weekly audits. Care plans detailed the support individual people required with medicines and we saw scheduled time was allocated to each person who required medicines administration to ensure this was undertaken at the correct time.

People said they felt safe. They told us they were cared for by staff who took their time and provided care in a safe manner. One person told us "They always help me when I need to be helped". Another person said "Yes, I feel very safe, if I need anything I can contact them and they will help me". Everyone we spoke with said they would have no hesitation in speaking to the registered manager if they had any concerns about the care they received.

Staff knew what to do if they suspected abuse and had received relevant training as part of their induction as well as regular updates. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns internally and follow these up with the local authority or CQC if necessary. One member of staff said, "I would report any concerns to [the registered manager]. I know they would take it seriously but if they didn't I could contact you [CQC] or Social Services". Staff knew about procedures for raising concerns and were aware of their personal responsibility to report unsafe practices to the relevant authorities. The registered manager was aware of their responsibilities for safeguarding. They were aware of who to contact at the local authority if they had any concerns about people's safety. When safeguarding concerns were raised to the registered manager they had acted appropriately by informing the local authority and CQC. Action had been taken to investigate the concern and where necessary to take action in respect of staff involved.

The process used to recruit staff helped ensure staff were suitable for their role. People were able to meet applicants as part of the recruitment interview process. The registered manager said people's views were then considered when deciding if applicants should be offered a position. A full work history and

confirmation of the applicant's identity were available and a criminal history check and two references had been obtained. We spoke with a new staff member who confirmed the recruitment process and checks had been completed prior to them commencing employment. They also confirmed they had met with people as part of the interview process.

There were sufficient staff to provide the care and support people needed. Staff were always available at the main accommodation and people were able to access help in an emergency 24 hours a day. People said they always received the care they required, at the time they required it. Staff told us they had time to complete all planned care tasks and any extra actions people asked them for help with. We saw the daily scheduling plans which showed staff were allocated to work with named people for the designated time shown in their care plans. Staff told us they would undertake additional shifts if required to cover for colleagues on leave or unavailable for work due to ill-health. This meant people were supported by staff they knew and who knew their needs.

Individual risks were identified during the initial assessment process and action needed to mitigate risks was included in care plans. These included environmental risks and any risks due to the health and care needs of the person. Risk assessments were developed with people and the registered manager described how they included the person in the risk assessment. Where risks were identified there was guidance for staff as to how to reduce risks to people and themselves. One person told us how they had been provided with a seat in their shower to reduce the risk of their slipping or falling.

The registered manager had procedures in place to investigate and manage accidents and untoward incidents should these occur. These included a system whereby they could monitor and ensure appropriate action had been taken. Staff knew the procedure to follow in the event of an emergency. Staff were correctly able to describe the action they would take in a variety of emergency situations and confirmed they had received relevant training in first aid.

Is the service effective?

Our findings

People were confident that care staff had the skills to care for them effectively. One person said, "Everything is good. I get all the help I need". Another person said, "They [care staff] help me when I need it", adding, "They [care staff] are all nice".

Staff had completed a range of training appropriate to their role. A member of staff said, "My induction was very good, it covered lots of things I need to know or be aware of to do my job". There was a comprehensive induction training programme which covered all necessary areas either via e-learning, distance learning workbooks or practical sessions. The registered manager was aware of how to source the care certificate if a new staff member needed to undertake this. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. New staff had a period of shadowing more experienced staff before being included on the rota. The registered manager had a clear view of the training needs of the care staff and ensured these were met. They stated that should any specific additional training be required they had the resources to arrange this. With the exception of one staff member all staff had a recognised care qualification. There were systems to monitor training and records viewed showed that staff had completed all necessary training for their roles.

Staff were supported informally and via formal supervision. Individual supervision sessions were planned to be held at three monthly intervals. Records showed these meetings identified actions for the staff member and registered manager. Staff said they felt supported by the management team and that they could access support at any time if they had concerns or needed advice. They added that they had the registered manager's contact details and felt able to phone them out of hours and gave examples of when they had done so. The majority of people receiving a care service lived within a supportive living environment where the care office was located. This enabled the registered manager to observe staff as they worked with people. The registered manager identified this provided a good way to supervise care staff and ensure they were providing appropriate care for people. Appraisals had been held yearly. The process used was formalised and included an assessment of the care staff member's performance which was then linked to future pay awards.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Staff and the registered manager were aware of the Mental Capacity Act 2005 (MCA) and how this affected the care they provided. Everyone receiving a care service had the ability to make decisions themselves. This was recorded within care files. The registered manager was aware of the actions they would need to take if a person was not able to make a decision.

People said they were always asked for their consent before care was provided. One person said, "They ask me if I'm ready for my shower". Staff said they gained people's consent before providing care. One staff

member said, "We always ask first, it's their choice every time". When asked what they would do if a person refused personal care, staff were clear they would not force the person. They said they would "encourage" the person and explain "why it would be a good idea". They added that if a person repeatedly refused care they would inform the registered manager.

Staff knew people's needs and described how to meet them effectively. Staff recorded the care and support they provided and people signed to confirm they had received the care. A sample of the records viewed demonstrated that care was delivered in line with people's assessed needs, risk assessments and care plans.

People's health needs were met. People told us they were supported to attend healthcare appointments. Records showed people attended chiropodists, dentists and opticians as well as GP's and hospital appointments. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Care plans showed care service commissioners had allocated people either a quarter or a half hour per week for health care needs. Care plans showed this time was 'saved for when medical appointments occurred'. Where people required health care this was arranged in a timely manner. One person said, "When I was ill they helped me sort out seeing a doctor". Discussions with the registered manager showed they were aware of how to access external healthcare professionals. An external healthcare professional told us about their involvement with the agency. They said staff had been fully aware of the person's health needs and had supported these to be met appropriately.

None of the people using the service required assistance to eat their meals. People received allocated support time to help them plan, shop and cook individual meals. Care plans contained information about any special diets people required. Care staff said they would encourage healthy eating but also support the person's choices. One person had diabetes and their care plan detailed the need for suitable meals. Care staff involved in the preparation of food had completed food hygiene training.

Is the service caring?

Our findings

People said staff were caring. One person said, "They are really nice, all of them". Another person told us "I like them [care staff]". A third person nodded their head indicating agreement when we asked them if the care staff were nice to them. We observed care staff speaking respectfully with people, offering them choices and informing them of any changes to their usual routine. This showed respect for people and that staff were mindful they were in people's home and not a workplace. We spoke with three external professionals who had contact with the home. They all confirmed care staff were kind and caring.

Care staff said they always kept dignity in mind when providing personal care for people. People said this was how care was delivered. One person said, "They always make sure the door's closed". A care staff member described how they ensured people's dignity by asking people before providing care and ensuring they had all the necessary items before supporting people with personal care. Some people had their own bathrooms within their apartments whilst others shared a communal bathroom. We saw shared bathrooms had locks on the doors and signs reminding people not to enter if the room was in use. Staff confirmed that bathroom doors were always locked before supporting people to undress and shower or bathe.

The registered manager was mindful that some people may have gender preferences regarding who supported them with personal care. They told us that staff of the preferred gender were always allocated to undertake personal care tasks with people. The registered manager ensured people were involved in making decisions about elements of the care package, such as the timing of personal care. For example, if a person liked to have a lie in then personal care would be scheduled at a time suitable for them.

People said care staff consulted them about their care and how it was provided. Care staff knew what person-centred care meant and could relate how they provided it. They knew people's likes, dislikes and preferences. They were knowledgeable about people's individual needs and how to ensure these were met. One care staff member said, "Each person is different. I treat them as individuals". Care plans were sufficiently detailed and showed people were involved in the planning and reviews of their care. Care plans stated how much assistance people needed and what they could do independently. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. For example, when supporting people with showering they would only assist where people were unable to reach or manage, such as backs and hair washing. Care staff were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely.

All records relating to people were kept secure within the office with access restricted to staff who should have need of access. A condition of living at the supported living accommodation was that people received any required care and support from Emerald Agency. The registered manager explained that people were made aware of this prior to receiving a service. They added that this meant only their staff had access to the accommodation units enhancing people's privacy and confidentiality.

Is the service responsive?

Our findings

People received individualised care that met their needs. People we spoke with were very happy with their care and the way it was planned and delivered. One person said, "They always ask if I need any other help". Another person said "I'm very happy here". Where people requested a change to their care, the registered manager said this would be scheduled in. They added that if a person's care needs changed they would contact care service commissioners and arrange a review of the care and support hours purchased for the person.

People were aware of their care plans and shared these with us. People confirmed they had been involved in planning their care and in reviews of their care plans. They told us their keyworker read the plans to them and talked about these each week in a meeting with the person. A keyworker is a named staff member with particular responsibilities for ensuring the person is receiving the care and support they require. This supported people to make decisions about how their care needs would be met. One person said "That's my folder, it's about me". Care plans were well organised and provided detail about the individual care and support each person required. Care plans detailed what people could do for themselves before identifying the support people may require. There was a system that care plans could be reviewed and updated as needs changed or on a regular basis. People had signed their care plans and reviews to confirm their agreement with them.

One care staff member said "The care plans are very good, everything is there that needs to be to provide care." Another care staff member said, "We are each a keyworker for one or two people. This means that each week we spend some time with them checking that everything is ok and planning things for the next week such as menus or activities." They added that wherever possible it was the keyworker who supported a person to attend health appointments. Care plans reflected people's individual needs and clearly stated the level of care and support each person required. The registered manager explained how they developed the staff rotas. The forms seen detailed any health or social appointments people may have and ensured staff were allocated to meet these needs.

The registered manager sought feedback from people through monthly house meetings. People confirmed these occurred and they were able to discuss things or meet individually with the registered manager if they preferred. People were involved in aspects of the service such as when new staff were recruited. They were provided with the opportunity to meet applicants and give their views about who they would like to be employed. People also had the opportunity to meet other people who were going to move into the complex. The registered manager identified that this was important as "it's their home and they should have a say".

Staff knew how to deal with any complaints or concerns according to the service's policy. No formal complaints had been received since the previous inspection. The registered manager described how they would record and investigate any complaints. This would involve providing a written response to the person making the complaint. The registered manager felt that as they were in very regular contact with people they were able to deal with any minor issues before they became formal complaints. Information on how to make a complaint was included in information about the service provided to each person. A person told us

"I'm not frightened to speak up. I would say something." Another person said they would "tell [the registered manager or named keyworker]". This view was confirmed by everyone we spoke with. People were confident that the registered provider took their concerns seriously and took appropriate action in response.

Is the service well-led?

Our findings

All the people we spoke with expressed a very high level of satisfaction with the service they received from Emerald Agency. They all told us they liked the staff, who they said were "very nice". People were on first name terms with the registered manager and also named the nominated individual for the organisation. The nominated individual is a person who, like the registered manager has a legal responsibility for ensuring the service is well run. People expressed satisfaction with the way the service was organised and run. They said the registered manager was friendly and would sort out any problems. One person said "You can say anything to [the registered manager] and she will sort it out". The registered manager introduced us to people and it was evident from the reactions of people that they knew the registered manager well and felt relaxed in her presence. Discussions with the registered manager showed they were fully aware of the needs of all people and had regular contact with them. One person described how the registered manager was helping them access extra support hours to meet increasing care and support needs. They were very appreciative of the support the registered manager gave them.

The registered manager described their values and vision for the service. They said they wanted to ensure "everyone is safe and happy", that people received "the right level of support" and to "promote independence and skills development in a person-centred way". Staff identified similar values. One said the service's goals were to "promote people's independence, to support people but not to just do things for them". The registered manager related this to their own experience of working for the organisation. They described how they had worked for the provider for 19 years. When they had first started work they had been a part time cleaner but had been supported to progress, gain qualifications and become the registered manager. The registered manager was proud that their deputy manager had now moved to another service and was now the registered manager there.

Staff were very positive about the registered manager who they described as "very approachable" and "very supportive". Staff said they "loved" working for the agency and enjoyed coming to work. Staff said the registered manager was "firm but fair". The registered manager described the action they had taken when they identified that a staff member was being disrespectful to people. This was discussed during supervision and additional monitoring put in place. This showed the registered manager was willing to tackle difficult issues for the benefit of people. The registered manager felt they provided good leadership by having an open door policy for both people and staff.

Quality monitoring systems were in place, including monthly full medicines audits and weekly checks of medicines stock levels and administration records. Care files and financial records were also audited monthly. The registered manager was in daily contact with people and care staff and worked some shifts providing care and support. They identified that this was a good way to informally monitor the quality of the service provided. There were more formal systems in place to monitor training completed and required by staff and care files. There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. These helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The provider's nominated individual also monitored the service. The registered manager told us the nominated individual visited every two weeks and kept in contact via telephone and emails. The registered manager said the nominated individual always spoke with people and staff and viewed various records during their visits.

Appropriate policies and procedures for the agency were in place and followed. Staff identified where the policies were located and that they could check these whenever they needed to do so. Business continuity plans were in place with information for staff as to the action they should take in a variety of situations.