

Emmanuel Care Services Ltd

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Inspection report

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Date of inspection visit:
07 March 2019

Date of publication:
04 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Emmanuel Care Services Limited is a care home which provides care and accommodation for up to three people with learning disabilities and mental health needs. At the time of this inspection three people were using the service.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support because of the promotion of choice and control, independence and inclusion.

However, people were not always supported with person centred care including the support to communicate effectively and develop their skills through activities. People did not always experience care and support with dignity and respect and were not always referred to by their preferred names.

Risk to people and their health and safety was not always identified, assessed and had appropriate management plans in place to manage risks safely. Medicines were not stored safely with appropriate records maintained. People were not always supported to live in a clean and safe environment. Cleaning products were not always stored within the requirements of Control of Substances Hazardous to Health (COSHH).

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

The systems in place to assess, monitor and improve the quality of the service and to drive improvement was ineffective. Staff knew how to recognise abuse, report abuse and protect people from abuse and neglect.

People were supported to maintain good health, eat healthily and access healthcare services where required. People and their relatives were involved in making decisions about their care and support needs and their privacy and dignity was respected, and their independence promoted.

The provider had a policy and procedure on how to make a complaint; however, no one had made a complaint since our last inspection in August 2016. Relatives told us they knew how to make a complaint if they were unhappy.

No one using the service required end of life care and support; however, there were systems in place to ensure that people had access to end of life care when required.

Feedback from people, their relatives and staff was used to develop the service. The service worked in partnership with key organisations to ensure people's needs were met. Staff said they enjoyed working at

the home and felt supported in their role.

Rating at last inspection: Good (Last report published 18 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection, we identified breaches in regulations.

Enforcement: Please see other 'actions we have told the provider to take' section towards the end of the report.

Full information about CQC's regulatory response to the more serious concerns found in inspections is added to reports after any representations and appeals have been concluded.

Follow up: This service will be kept under review and where necessary another inspection will be conducted within a further six months. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe

Details are in our Safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring

Details are in our Caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Emmanuel Care Services Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by an inspector and an inspection manager.

Service and service type: Emmanuel Care Services Limited is a care home. People in care homes receive accommodation and 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection:

This inspection was carried out on 7 March 2019 and was unannounced.

What we did:

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. We also contacted the local authority that commissioned the service. We used all this information to help plan our inspection.

During the inspection, we spoke with one person and a relative to seek their views about the service. We spoke with three members of staff including the registered manager, deputy manager and a support worker. We reviewed a range of records including three people's care plans, risk assessments and medicines records and two staff files in relation to recruitment, induction and supervision and five staff training records. We also looked at records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

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

People were not safe and were at risk of avoidable harm. Some regulations were not met

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of avoidable harm. Risks to people were not always identified, assessed and had appropriate management plans in place. At our inspection, we found conflicting information relating to people's health conditions and behaviours. For example, the registered manager informed us about one person who displayed behaviours that challenged and required constant response from staff. However, their care records including their daily notes stated their mental state was 'stable and calm'. For another person their monthly reviews stated they displayed behaviours that required a response, but their daily notes consistently mentioned they were in good mood and their mental state was stable. Accident and incident records did not reflect people continuously displayed behaviours that challenge and there was no behaviour management chart to identify and analyse trends and to ensure appropriate support was in place for people.
- Some risk management plans about behaviours that challenged had not been reviewed since 2017 and did not reflect best practice guidance such as positive behavioural support and de-escalation techniques.
- Appropriate guidance was not always in place for staff to identify risks and to manage them safely. For example, we found that one person had a history of epileptic seizures, there was no guidance for signs staff should look out for and appropriate actions they should take to ensure the person's safety.
- The front door was under key control and when the key was not in use it was kept in a cabinet. During our inspection, we noted only one key was available and when this was being used by the registered manager to access her office a member of staff on duty could not open the front door. Therefore, in the event of a fire or an emergency, people would be trapped in and put at risk of harm.
- The service had a general evacuation plan in place for staff to use in the event of an emergency. However, each person did not have a personal emergency evacuation plan (PEEP) to provide staff and emergency services appropriate guidance on the level of support they would require evacuating safely in the event of a fire or emergency.
- Environmental risk assessments had been carried out but had failed to identify specific risks in the bathroom. For example, sharps such as razor blades were not stored appropriately and was easily accessible and pose a risk to people, staff and visitors.
- Cleaning products were not always stored within the requirements of Control of Substances Hazardous to Health (COSHH); the service did not have a COSHH folder. Therefore people were placed at risk of harm as a result of poor COSHH practices as they could easily come into contact with such harmful substances.

A failure to ensure risks associated with people's care and health and safety was assessed and had management plans to mitigate such risks was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised all these issues with the registered manager. Following our inspection, they sent us an epilepsy

seizure plan, PEEP and a home risk assessment document. We will review this at our next inspection.

- Other health and safety checks such as portable appliance tests, gas safety and legionella testing had been carried out.

Using medicines safely

- Medicines were stored in a locked medicines room and staff told us they took daily room temperatures to ensure medicines were effective when used.
- Medicines were not stored safely. The medicines room was cluttered with staff belongings and other unused items. There was no available space in the medicines room to safely prepare medicines. This increases the risk of medicines going missing causing further medicines errors.
- Some prescribed medicated creams were kept in an unlocked cupboard in the bathroom. All prescribed medicines should be stored safely to prevent the risk of harm to people.
- Each person had a medicines administration record which included their photograph, list of medicines, frequency and dosage. However, the MARs or care plans did not include how people would like their medicines taken or the reasons for taking them. This meant people were at risk of receiving care and support that did not meet their need because appropriate guidance was not in place.
- The number of medicines in stock matched the numbers recorded. However, there were gaps in one person's MARs, the registered manager told us this was because the medicine was being given by the day centre. There were no systems in place to prevent for example, the risk of a medicine overdose.
- People's medicines were not always prepared safely. We found that all medicines were prepared together before staff administered them. In line with best practices medicines should be prepared, administered and recorded for one service user at a time.

A failure to ensure the proper and safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where people were prescribed 'as required' medicines there was guidance in place for staff on when this medicine could be administered.
- People were supported to have their medicines reviewed regularly with appropriate healthcare professionals.
- A relative told us, "[My loved one's] medicines are being reduced and we are all very happy about that."

Preventing and controlling infection

- The provider had an infection control policy in place and all staff had completed infection control training.
- Staff told us they used personal protective equipment such as gloves, aprons and wash their hands regularly to prevent the spread of diseases. They also told us all waste were disposed of in line with the local authority's recommendations. Staff also used different colour coded chopping boards during food preparations.
- However, the home environment was not consistently clean; this included the bathroom and the kitchen. For example, the bathtub was discoloured, looked pink in colour and had dirt accumulated in it.
- A relative told us they were concerned about people's appearance and hygiene levels and would appreciate it if the service did more to support their loved one.
- We found that people's clothes were washed together, although some people were incontinent; this increases the risk of cross contamination.
- The service had two washing machines kept in the kitchen with one being used for soiled clothing.

Washing soiled clothing in an environment where food was prepared increases the risk of cross contamination.

The failure to prevent, detect and control the spread of infections was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Staffing and recruitment

- The registered manager told us staffing levels were planned based on people's assessed needs. A staffing rota we reviewed showed the number of staff on shift matched with the numbers planned for. Where people required additional staff support for example for appointments or activities, additional staff support was arranged. A relative told us, "There is always a staff member around."
- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed before staff were employed. However, we noted that a full employment history had not been attained for a member of staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they and their loved ones were safe living at the home and they did not have any concerns of abuse or discrimination. A relative commented, "[My loved one] is safe in there, I have no concerns about their safety."
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew of the types of abuse and what to look out for. They told us they would report any concerns of abuse to their manager and the community learning disability team (CLDT).
- The registered manager knew of their responsibility to protect people in their care from abuse and to report any concerns of abuse to the local authority safeguarding team and CQC.
- Staff did not know about the provider's whistleblowing policy; however, they told us they would report any concerns to the registered manager or to care coordinators. They said there had not been any issues of concern that required reporting or escalating.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager told us people had capacity to make day-to-day decisions for themselves and that there had not been the need for MCA assessment because it was not required. Where decisions were made on behalf of people for example with their medicine or for receiving care and support, we could not find consent forms or mental capacity assessments or best interest decisions in place to evidence this requirement.
- The registered manager's knowledge and understanding of MCA and DoLS was not always consistent and in line with the principles of MCA.
- Staff had completed MCA training and told us they sought verbal consent from people, but their knowledge about MCA was poor.
- Where people were deprived of their liberty for their own safety for example to access the local community independently, a DoLS authorisations was in place and kept under review.

A failure to ensure care and treatment was provided with the consent of the relevant person and in accordance with the 2005 Act was a breach of Regulation 11 of the Health and Social Act (Regulated Activities) Regulations 2014.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were decorated and personalised to their individual needs.
- The home environment was in reasonable condition but appeared dated and required some refurbishment and renovation to bring it to the required standards. The bathroom and the kitchen required

new fittings and the toilet seat downstairs was broken and this placed people at risk of harm.

- The stairways were narrow and there were no handrails to support people mobilise safely and this placed people at risk of falls.
- An under stairs storage used to archive records was incomplete and this required improvement.

A failure to ensure all premises and equipment was properly maintained and suitable for the purpose for which they were being used was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

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

- Before people moved into the home, their physical, mental and social care needs were assessed by the registered manager to ensure they could be met.
- The initial assessment along with referral information from the local authority were used to develop people care and support plans.
- Where required other health and social care professionals such as care coordinators were involved in these assessments to ensure care and support was suitable and would meet individual needs.

Staff support: induction, training, skills and experience

- All new staff completed a comprehensive induction programme including the Care Certificate which is the benchmark set for the induction standard for new care workers. New staff shadowed experience members of staff and were placed on a three-month probationary period where their performance was monitored, assessed and found competent for the role.
- Staff were supported through the provider's mandatory training and other training relevant to people's needs such as mental health, dementia, learning disability, autism awareness and managing violence and aggression.
- Staff were supported through regular supervision in line with the provider's requirements. Staff told us they felt supported in their role to deliver an effective care and support.

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

- People had choice and access to food and drink in sufficient amounts for their health and wellbeing.
- Staff supported people to prepare their food and make healthy choices where possible.
- Staff we spoke with knew the level of support each person required to eat and drink safely, they told us they would report any concerns of poor nutrition or dehydration to their managers or to other health and social care professionals.
- A relative told us their loved one had put on a lot of weight as they enjoyed unhealthy food. However, the registered manager had assured them that their loved one was eating a variety of healthy food.

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

- People were supported to access healthcare services and had been registered with the GP. People had also received care and treatment from other healthcare professionals such as opticians, dentist, chiropodists, speech and language therapists (SALT) and occupational therapists where this was required.
- The service shared information with relevant healthcare services. For example, each person had a hospital passport which provided hospital and emergency teams relevant information about their health, communication, behaviour, likes and dislikes.
- Staff worked in partnership with health and social care professionals to plan and deliver an effective service. Records showed that staff liaised with other professionals when they had concerns about people's health and care needs.

- During our inspection, we saw a member of the district nursing team visited the home to provide people with the additional support they required.

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

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- One person told us they were happy living at the home and staff treated them well. A relative told us, "My love is taken good care of."
- Despite this, we could not confirm people were always treated respectfully. During our inspection, the registered manager continuously referred to people by their gender rather than their names. There were many times we had to clarify with the registered manager the name of the person they were referring to.
- When we asked the registered manager about how they ensured staff delivered a service that was caring. They told us staff were caring because they gave one-person food despite they needed urgent support with their personal hygiene needs first. The registered manager also mentioned, staff "pity" one person.
- When discussing people's communication and behaviour needs, the registered manager stated, "sometimes if the person wants to make life miserable for someone [staff]." This statement showed people were not always treated with compassion and empathy.

A failure to ensure people were treated with privacy and dignity was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives were consulted and involved in making decisions about the care and support needs.
- People's preferences including their likes and dislikes were recorded in their care and support plans. People were provided with choice, so they could make day to day decisions for example about the food they ate and/or clothing they wore. Staff told us they respected people's choices.
- Key worker sessions were used to encourage and support people to make decisions about their care and support. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.
- We found that where people had complex communication needs, there was not enough evidence to demonstrate adequate support was in place to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People said their privacy and dignity was respected.
- Staff told us they promoted privacy and dignity by ensuring doors and curtains were shut during personal care and they knock on people's doors before entering. They also said information was kept confidential and was shared on need to know bases.
- Staff told us they promoted independence by encouraging people to do things for themselves. We found

that one person could prepare hot drinks for themselves and could access the local community independently.

- People were supported to maintain relationship with those close to them. Where relatives were involved, they were updated about people's wellbeing. Relatives could visit people and one person recently found their family member on social media and they were being supported to maintain a relationship with them.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care or support plan in place which provided staff guidance on how their needs should be met. Care plans included information on people's medical conditions, preferences and the level of support they required.

- People were set outcomes, for example to promote their independence or maintain hygiene levels. However, people were not always supported appropriately to achieve these outcomes and staff may require additional professional support to ensure people achieve their goals.

- People's communication needs were not always met. We found that for one person a language therapist had collated pictures and made it into a book to promote and improve their communication. However, this was not used for communication, the registered manager informed us the person only liked to look through the book. Despite this other staff told us they promoted communication by using repetition, objects, and pictures and we saw that information such as the menu was in pictorial format.

- Staff told us people were supported to attend a Church service on Sundays where they wish to practice their faith. People were provided with food from their cultural background and could watch television programmes in their native language. However, the registered manager told us that one person cries when watching such programmes. Both staff and the registered manager do not understand the person's native language and therefore we could not confirm whether the television programmes were appropriate and supporting their emotional wellbeing.

- People were supported to participate in activities that interest them and were supported to access various activities in the community including the day centre. The service had some in-house activities, an activity planner we looked at showed activities such as watching television, listening to the radio/music, flicking through magazine, spelling and art and crafts.

- A relative told us, "[My loved one] does not seem to have enough activities and is sitting at home most of the time, sometimes not doing much affect their behaviour."

A failure to ensure care and treatment was planned and delivered to meet each person's need was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint if they were unhappy about the quality of the service. A relative told us they had not made any complaints but had raised some concerns which the registered manager was acting on.

The provider had policies and procedures on how to make a complaint and what people or their relatives should expect in response to complaints.

- The service had not received any complaints since our last inspection. The registered manager told us they would address all complaints and concerns by following their complaint policy and procedure.

End of life care and support

- At the time of this inspection, no one using the service required end of life support. The registered manager told us where required, they would ensure they worked with the person, their relatives and health and social care professionals to ensure the person was supported and their end of life wishes met.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The systems and processes in place for assessing and monitoring the quality of the service was not always effective and did not always drive improvement. Regular monitoring checks were completed in areas including health and safety, infection control, medicines and care files. However, these checks did not identify all the issues we found at our inspection in relation to health and safety, risk management, infection control and medicines storage.
- Records were not always consistent with information the registered manager shared with us. For example, the registered manager could not confirm with us if they had carried out MCA assessments or not.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems would potentially not pick up issues effectively. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. They had displayed their last inspection report rating. However, the registered manager failed to notify CQC of DoLS authorisation for two people. Following our inspection, the registered manager sent us a notification for DoLS authorisations for one person. They told us the second person's authorisation was being reviewed by the local authority.
- The provider had an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values and told us they upheld these values when supporting people.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager demonstrated a commitment to provide meaningful, person centred and high-quality care by engaging with everyone using the service and other stakeholders. However, their knowledge of the Health and Social Care Act 2014 and best practices in health and social care was not always up to date and this required improvement.
- Staff told us they could speak in an open and transparent manner about the service and their views were listened to and used to improve the service provided.
- The registered manager knew of their responsibility under the duty of candour that they had to be open, honest and take responsibility when things went wrong.

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

- People's and their relatives views were sought both formally and informally to provide feedback about the service. People and their relatives completed a survey. The last survey was carried out in January/February 2018. The response to three survey questionnaires we reviewed were all positive. For example, people said they were happy with the support they received at the home.
- Residents meetings and key worker meetings were also used to gather information from people and to improve the service delivery. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.
- Regular staff meetings were held to update staff on people's needs, health and safety and staff training and development. Staff told us these meetings were useful and gave them opportunities to feedback about the service.

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide joined up care. The local authority informed us they had not received any negative intelligence about the service.
- The service had good links with other resources and organisations in the local community including the day centre and cookery classes to support people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people received care and supported that was personalised to their needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The provider had failed to ensure that people were treated with dignity and respect at all times.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had failed to act by seeking consent from people in line with the requirements of the Mental Capacity Act 2005 (MCA).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment People were put at risk of harm because the provider had failed to ensure the premises was properly maintained.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA RA Regulations 2014 Good governance

The lack of robust quality assurance meant people were at risk of receiving poor quality care.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks relating to the safety and welfare of people was not always assessed and mitigated. The risk of infection was not properly assessed or controlled. Medicines were not always managed safely.</p>

The enforcement action we took:

We issued a warning notice requiring the provider to be compliant with Regulation 12 by 16 August 2019.