

Carmand Ltd

Emerald House

Inspection report

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09 October 2018

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 8 and 9 October 2018 and was unannounced.

Emerald House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Emerald House accommodates up to six people with a learning disability, autism and/or mental health needs across two separate units, each of which have separate adapted facilities. At the time of our inspection four people were using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a manager in post who registered with CQC in May 2018. 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 management of medicines was not robust and meant medicines were not administered to people as prescribed by their GP. This put people at risk of harm.

Newly appointed staff had not received appropriate training to enable them to effectively and efficiently carry out their job roles and duties. Meetings with staff to discuss work performance (supervisions) had not been carried out in line with the providers policy meaning some staff had not received any. This meant people's health and well-being was at risk of harm.

The quality of the record keeping varied and some care records we looked at were not personalised and were inconsistent or incomplete. This meant staff did not have an up to date record of people's care and treatment. The assessment, monitoring and mitigation of risk for people who used the service was not robust and care was not updated in respect of their changing needs.

The quality assurance system within the service was not being operated effectively. Audits completed by the provider and the registered manager failed to identify shortfalls in records, repairs required to the environment, medicines management, safeguarding reporting, risk management and care planning.

We found breaches of Regulations 12, 17 and 18 during this inspection in relation to; safe care and treatment, good governance and staffing. You can see what action we have asked the provider to take at the

back of this report.

There were sufficient staff to meet people's needs and staff recruitment processes were robust. Observations showed staff were compassionate, kind and caring and had developed good relationships with people using the service. Staff knew people well and promoted their dignity and respected their privacy.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, policies and procedures in the service supported this practice. People received care and treatment when necessary from their GP and had access to healthcare professionals when required.

A range of in house and community based activities, including work placements were available for people to participate in. People were supported to maintain relationships that were important to them.

The provider had a procedure for receiving and dealing with complaints. Staff spoken with were fully aware of their responsibilities in supporting people if they needed to complain about the service they received. People using the service had access to an advocate.

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.

People were at risk because appropriate arrangements were not in place to manage and administer medicines safely.

The assessment, monitoring and mitigation of risk was not sufficiently robust to ensure people's well-being and safety.

Carpets throughout the service were in need of a deep clean and items of furniture were in need of repair or replacement.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Not all staff had received appropriate training to ensure they had the skills, knowledge and abilities to deliver care in line with people's needs. Supervision with staff to discuss their work performance was not taking place in line with the providers policy and timescales set.

Staff were aware of the requirements of the Mental Capacity Act 2005 and the principles were being followed when people lacked the capacity to make their own decisions.

People received appropriate healthcare support from specialists and healthcare professionals.

Is the service caring?

Good ●

The service was caring.

Staff were observed as having a kind, caring and patient approach and people spoken with confirmed this.

Staff treated people with respect and ensured people's privacy and dignity was maintained. Staff maintained confidentiality and stored people's personal and medical information securely.

Is the service responsive?

The service was not consistently responsive.

People's care plans were not sufficiently detailed to ensure person centred care was being delivered.

The provider had a complaints policy and procedure in place. The procedure was available in an easy to read format to make it accessible for people who used the service.

People who used the service were encouraged to take part in activities of their choice including work based placements.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

There were shortfalls in the overall governance of the service and support and guidance for the registered manager. The quality monitoring system to help identify shortfalls, to learn from incident, to survey people's views and to develop action plans to address issues had not been fully developed.

There were shortfalls in recording which meant there was not accurate and up to date information about people's needs, which could place them at risk of not receiving appropriate care and treatment.

Requires Improvement ●

Emerald 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 the 8 and 9 of October 2018 and was unannounced on the first day. The inspection team consisted of two inspectors on the first day of inspection and one inspector on the second day.

We used the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service, which included notifications sent to us since our last inspection as these would tell us how the provider managed accidents and incidents that affected the welfare of people who used the service.

Prior to our inspection we reviewed information we held about the service and requested feedback from other stakeholders. These included the local Healthwatch, the local authority safeguarding team and local authority commissioners and contracts department. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care.

At the time of our inspection four people were living at Emerald House. We observed care and staff interactions with people in communal areas. We spoke with the registered manager, the care manager, a team leader, and three people who used the service.

Three people's care files and medication administration records were reviewed. The recruitment records, supervision, appraisal and training documents for four staff members were also looked at.

We looked at how the service was using the Mental Capacity Act 2005 to ensure when people were assessed as lacking capacity to make their own decisions, best interests meetings were held in order to make important decisions on their behalf.

A selection of documentation relating to the management and running of the service including; the staff rota, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management, policies and procedures and maintenance of equipment records were also looked at. We also completed a tour of the environment.

We gave feedback to a director, on the second day of inspection. The registered manager and care supervisor received feedback at the end of each day of inspection. We asked them to send copies of references that could not be located during inspection and this was received within our given timescale.

Is the service safe?

Our findings

We found people had not always received their medicines as prescribed and the systems for managing medicines did not always keep people safe. For example, we found 20 loose paracetamol tablets which staff attributed to one person. However, further medicines including two separate envelopes containing diazepam tablets, were unaccounted for. In addition to this we found a further five loose tablets in a box, which we could find no records for to identify what the tablets were or who they had been prescribed for. Staff must be vigilant when accounting for any unused medicines and at keeping stocks in the boxes they were dispensed in.

The service used 'when required' protocols to guide staff in the administration of when required medicines. However, we found these protocols did not provide detailed information to support staff. For example, one person was prescribed pain relief but there was no guidance in place to support staff on when this should be given and what dosage should be given. A second person was prescribed a medicine for anxiety and whilst there was a protocol in place, which stated medicines could be taken at 12 noon and two hours afterwards if needed, it did not detail if and when other medicine should be given as in line with their current regime of medication. This had led to the person being given additional medicines that were not in line with those prescribed more regularly. Another person had been prescribed a new 'when required' medication and the protocol had not been updated to reflect this.

Records for 'when required' medicines detailed that one person had been given 500mg of Lorazepam when the maximum dose prescribed was 2mg, this error had not been identified during the medication audit system. Weekly audits of medicines had not identified out of date stock which had led to one person being administered medicines that were out of date.

Records for the balance of medicines were not effective and had led to large amounts of unused medicines being returned to the pharmacy. Stock levels of medicines were not carried over onto MARS (Medication Administration Records) and medicines received by the service were not recorded, so accurate stock levels were not maintained.

Not ensuring the proper and safe management of medicines and people received their medicines as prescribed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found concerns in relation to how risk was managed within the service. For example, one person had risk assessments in place for the use of sharp implements and managing behaviours that may challenge the service and others. However, other identified areas of risk within their assessed needs for example, accessing the community, road safety and travelling in a vehicle, had not been completed.

We found carpets in the building to be stained. This included stair and landing carpets, the lounge and dining room carpets and the carpet of the lounge in the annexe. When we spoke to the registered manager about this they told us the carpets were due for deep cleaning the following week. Discussion with the

handyperson confirmed this work was planned. The registered manager and the care supervisor who assured us the cleaning schedule of carpets would be reviewed to ensure they were clean. A carpet had been purchased for the annexe to replace the stained carpet and the staff were working with the person to enable them to accept the planned change to their environment. Apart from carpets, the remainder of the building was clean, tidy and odour free throughout.

People we spoke with told us they felt safe and staff supported them to stay safe. One person told us, "Yes, I am safe and if I need any help to keep safe, staff will support me." Another told us, "If staff think that something I am doing is risky, then we will talk about it and finds a way of making it safer." Staff had been provided with safeguarding training and in discussions, demonstrated they were aware of safeguarding policies and procedures in alerting and referring allegations of abuse.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. People using the service were funded on an individual basis for staffing and staffing rotas reviewed showed that this level of support was provided.

Accidents and incidents were recorded and reviewed by the registered manager and senior management team to identify any emerging trends that may need further scrutiny.

Maintenance safety certificates for utilities and equipment was up to date and ensured premises were safe. People had personal safety documentation for evacuating them from the building in an emergency, including positive motivators to encourage their cooperation. Fire safety and equipment checks had been regularly carried out and staff had received fire safety training.

Is the service effective?

Our findings

The staff training matrix showed that all staff except for two newly recruited staff, had received regular training. This included for example; Respect (positive behaviour support), fire, infection control, medication, safeguarding and health and safety. Although the two new staff members had received a basic induction and had signed to complete National Vocational Qualifications [NVQ], neither had been provided with what the provider considered to be mandatory training. The Support Plans offer guidance for interventions and, if planned physical intervention is needed, then this can only be done if staff are trained to do so. The new staff were booked for this training but unforeseen circumstances resulted in cancellation and therefore their training has been delayed.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Each staff member had signed a contract which identified supervision would take place on a three-monthly basis. When we checked supervision records we found that this was not taking place and new staff members had not received formal supervision. This meant staff did not have the opportunity to discuss their individual performance or any work issues or training needs they may have. The registered manager and care supervisor acknowledged that these aspects of practice needed some development.

These findings evidenced a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Health action plans were in place detailing specific health needs and guidance for staff about monitoring people's health and well-being. However, we found that information in these documents needed to be updated to reflect the changes that had been made in people's medication.

We found records maintained in relation to access to healthcare professionals to be inconsistent. Some records showed people had good access to healthcare professionals such as dentists, opticians and other healthcare professionals. In one person's records we were unable to find if identified health checks and screening had been carried out following a best interests meeting. When we spoke with the care supervisor, they confirmed arrangements were in place for the screening to be done, but were unable to find the records to support this. The provider later supplied information regarding health intervention from a GP for this person, following a particular health issue, and information from their multi-disciplinary team meeting about monitoring their mental health, but neither of these evidenced that their annual healthcare checks were planned and carried out.

The service consisted of a spacious Georgian house with a separate annexe to the rear of the building. We found a schedule was in place for the redecoration of identified areas. Although records showed repairs were completed in a timely way after being reported, further work was required to ensure all areas of the environment and furnishings were well maintained. For example, we found one fire door did not close, a kitchen door and drawer front in the annexe kitchen had fallen off and a toilet seat in the downstairs bathroom was missing. When we spoke with the registered manager about these issues, they told us they were unaware of the issues. Further issues included a settee in the lounge where the springs had broken

causing it to sag, this had been propped up with various cushions and pillows. Lighting in the lounge and dining room appeared to be dark and when we checked light fittings we found bulbs were either missing or not working.

You can see what action we have asked the provider to take about these issues in the well led section of this report.

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 made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the service was following the principles of MCA and where needed applications for DoLS had been made by the registered manager. Staff understood about MCA and DoLS and were aware of which people in the service were subject to a DoLS authorisation.

People who were not subject to a DoLS authorisation had their own key to the service and were able to come and go as they pleased.

People using the service told us the food was good and they were involved in the planning of menus for each day's meals. Staff promoted people's nutritional requirements. One person did their own shopping and prepared their own meals in preparation for more independent living.

People using the service and staff we spoke with confirmed people were supported to access healthcare appointments and annual health checks. One person told us, "If I am unwell then the staff will help me to make an appointment with my doctor, the same goes for the dentist or optician."

Throughout the inspection we saw information was available in a variety of formats for people, including the use of pictorial documents. Care plans detailed people's preferred method of communication and guided staff in how to promote effective communication.

Is the service caring?

Our findings

People told us staff were kind and caring and respected their privacy and dignity. People told us, "The staff always knock on my door and wait to be asked before coming in." Another commented, "I like [Name of staff] we always have a laugh and joke, they cheer me up when I feel low and help me to talk things through so I feel better. I like all of the staff."

Staff were mindful of respecting people's privacy and dignity and gave examples of how they achieved this without breaching confidentiality. They described in detail how they respected people's individuality and how they supported and enabled them to stay in touch with their family and friends and to maintain their interests.

People using the service told us there were no restrictions on visiting times and people were also supported to visit family and friends in their homes too.

The provider had a policy and procedure for promoting equality and diversity within the service. Staff completed training in equality and diversity and demonstrated an understanding of discrimination or prejudice-free support. They showed a positive regard for what was important to people and mattered to people.

People were supported to live according to their wishes and values and had access to advocacy services. People were supported to live according to their wishes and values and had access to advocacy services. These included Independent Mental Capacity Advocates (IMCA) and Independent Mental Health Advocates (IMHA). An advocate acts to speak on a person's behalf who may need support to make sure their views and wishes are known.

Staff interacted well with people and consulted them about their daily lives and decision making about their care and support. People using the service told us staff sat and spoke with them about their care plans and what they wanted to raise at their care meetings and how they supported them to achieve this. People told us, "We talk with staff or [Name of care supervisor] about how we are getting on, if we want to change anything, so it can be raised in our meetings." Another told us, "We have meetings about what we want to do or eat, if there is anything that needs to be changed and if everything is okay."

Staff demonstrated an in depth understanding of each person as individuals, describing in detail their personalities, qualities, attributes, how they communicated and expressed themselves, their strengths and the areas they required support in to promote their independence.

We observed staff were attentive and there was positive interaction between them and people using the service. Staff were observed interacting with people and providing explanations to people prior to completing tasks. We saw staff were patient and used encouraging and positive language with people, engaging in discussions with them about how they were feeling, their plans for the day and if there was anything they could support them with. We observed one person ask staff mid-morning for a cooked

breakfast and staff began preparing this for them consulting with them throughout the process to ensure they had everything they wanted.

Staff we spoke with were aware of the need to ensure information as kept confidential at all times. People's health and care files and medication administration records were held securely. Staff completed telephone calls and discussions about people's healthcare needs in private. Staff records were also held securely.

Is the service responsive?

Our findings

The service was not responsive around some aspects of care. We found that people's care plans and other care documents did not always clearly describe their needs or record the care being given.

We looked at three care files, associated risk assessments and additional care records. We found people with specific healthcare needs did not always have care plans to guide staff in giving appropriate care. For example, we saw records detailing blood pressure monitoring, the person's care plan contained no information as to why their blood pressure was being taken or what was considered the normal range for the person. There was no information to guide staff in when to contact the GP when symptoms were presented.

Care needs and potential risks identified during the assessment process were not all included in care records and risk assessments for one person using the service. For example, a care plan for supporting the person with personal care was not in place although a need for this had been identified. Potential risks identified in accessing the community had not been planned for.

Care support plans were not person centred and did not detail people's preferences for care, daily routines and their likes and dislikes. Behaviour support plans were not detailed and did not provide staff with clear information in how to support people when they became agitated. For example how staff should approach people, details of behaviours people may demonstrate at each level of arousal and how staff should respond to these.

We asked staff about how community outings were planned for one person with complex needs. They told us decisions were made based on a 'colour chart' which determined whether the person was settled in their behaviour and could be safely supported to go out. The person's behaviour support plan made no reference to this document or how staff could assess the person to determine what activities were appropriate for the person on the day and how the decision making process was determined. The 'colour chart' document described by staff could not be located.

These issues meant that staff did not have important information about people's needs, how to deliver person centred care and how to respond to changes in need.

Prior to monthly multi-disciplinary team meetings, people were supported to raise items or issues they would like to discuss at these meetings. These items were documented in people's care files, but there were no records to show what actions or decisions had been made in relation to these. We were later told that MDT meeting information (records) are archived after three months and we did not see the most recent ones, as they had yet to be typed. This meant that we could not be assured that people's views and wishes in relation to their care had been considered.

When we spoke with the registered manager about this they told us that outcomes from the meetings were maintained at head office and acknowledged the need for copies of these records to be made available for

people. We also asked them about the missing information we had identified in care records, they told us that all records had been maintained electronically, but there had been a recent issue with the files being corrupted.

Not having systems in place for good governance is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People spoken with told us they were well supported and staff responded to their needs. One person told us, "I am hoping to get a flat of my own. Staff here are helping me to gain the skills I need to live more independently."

There was a complaints policy and procedure on display in the service in written and pictorial format. People we spoke with told us they would be confident in raising any concerns they had and they would be supported to do this should the need arise. One person told us, "If I am unhappy or worried about anything I can speak to staff and they will always help me to get anything sorted." Records maintained showed that when complaints or concerns were raised these had been investigated and dealt with appropriately.

People had individual activities programmes in place including work placements. This included a variety of activities people wished to participate in and completed individually. Staffing levels were provided on an individual basis for two people to enable these activities to take place.

People we spoke with told us staff were responsive to their needs and wishes. They said they made choices about their lives. They gave examples of going to garden centres, shopping, visiting local cafes and pubs and other areas of interest for them. During the inspection we observed people preparing meals, engaging in craft sessions, caring for pets and listening to music.

The registered manager was aware of the Accessible Information Standard (AIS), which sets out a specific approach to identifying, recording, and sharing and meeting information and communication support needs of people with disabilities, impairments or sensory losses. They acknowledged they needed to develop their approach in managing people's individual communication needs.

Is the service well-led?

Our findings

The registered manager had been working with the provider since 2017 and had registered with CQC in May 2018.

The registered manager managed three other services with the support of a care supervisor and a home coordinator at each of the services.

The audit systems in place did not evidence that the registered manager, visiting directors or other senior managers completed a tour of the building, checked relevant records, spoke to people who used the service, relatives and staff or completed audits to assure themselves of the quality of care provided to people.

The provider's quality assurance systems were not robust and had failed to identify the issues we found during inspection in relation to medicines management, risk assessment, environmental issues, recording, supervision and training for newly appointed staff.

Medication audits had failed to identify medicines that were out of date, errors in recording made by staff when administering 'when required' medicines and poor stock management of medicines.

Monthly evaluation of care records had failed to identify information was missing or in need of review and update. For example, one person's assessed needs identified potential hazards while the person travelled in a vehicle and when accessing the community. However, the registered manager could not show us any evidence that they had assessed the need for such measures in relation to these. Further issues identified in care records for example, outcomes of MDT meetings and out of date/missing health action plans had also not been identified through the current quality assurance system.

When we spoke with the registered manager and raised the issues we found in relation to the environment including; the dining room fire door not fully closing and a kitchen door and drawer front missing in the annexe kitchen, they told us they were unaware of these issues. This meant the provider's systems were not always effective in ensuring that any potential risks posed by the service environment were assessed and mitigated.

Audits had also failed to identify that new staff had not received essential training in a timely way and supervision had not been held with staff in line with the provider's policy.

An assistant psychologist working for the provider had been involved in completing a survey with staff, but had left before identified actions from the survey could be implemented.

Not having systems in place for good governance is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they felt supported by the registered manager and the care supervisor and felt

staff morale had improved. Staff told us, "We are always able to get in touch with senior staff now if we need them which hasn't always been the case previously." Another commented, "We have a really good team, we work well together, things run smoothly and everyone is treated with respect." Others commented [Name or registered manager and care supervisor] are very approachable and we are able to go to them at any time with any queries or anything we need to discuss." We observed during the inspection the registered manager promoted an open-door policy so that people using the service and staff could speak to them at any time.

The registered manager told us that staff meetings were held, but because there was a small staff team not all staff attended these. They told us, "Being a small company I spend a lot of time speaking to staff and use memos to share information with them." Records of meetings were maintained and available for staff.

Staff told us that communication within the service was good with shift handovers, memos and a communication book in place to share and update information.

The registered manager and care supervisor attended senior management meetings where best practice was shared. Incidents and accidents were discussed at senior management meetings and records from these meetings evidenced that actions were put in place following analysis of these. We reviewed the accident and incident records held for the service and found the service had notified the Care Quality Commission of notifiable incidents as required.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way for people using the service. Risks to people's health and safety and the mitigation of those risks were not sufficient to keep people safe from harm, including those around medicines management and staff competence.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance and record keeping processes were ineffective in monitoring and improving the quality and safety of the service, assessing and mitigating risks to people and maintaining an accurate, complete and contemporaneous record in respect of each person using the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Not all staff received appropriate training and supervision to enable them to carry out the duties they were employed to perform.</p>