

The Emmie Dixon Home Limited

# The Emmie Dixon Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 29 January 2018 and was announced. The service was rated Good at the last inspection in April 2015. The Emmie Dixon Home accommodates twelve people who have a physical and/or learning disability who need personal care. The home is located in a residential area of Crewe, close to shops, pubs and other local amenities, local transport and road networks.

At this inspection we found the service remained good, however had achieved a rating of requires improvement in the safe domain. We found medication procedures at the home were mainly safe, however we identified a recording problem regarding medication.

The home has 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.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We spoke with the people who lived in the home and relatives who all gave positive feedback about the home and the staff who worked in it. The service had a relaxed and homely feel and people could move freely around the service as they chose. People were supported to have maximum choice and control over their lives and participate in activities they enjoyed.

Care plans and risk assessments were person centred and detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. Care plans showed that people's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. We saw the service had responded promptly when people had experienced health problems.

The registered manager used different methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and long standing. The providers were also heavily involved in the running of the service.

Staff were recruited safely and there was evidence that staff received a proper induction and suitable training to do their job role effectively. All staff had been supervised in their role. Staffing levels were consistent and were adapted to meet people's needs.

Further information is in the detailed findings below.

## 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 always safe

Medication records were not always correct.

People were protected from harm and received support from staff who safeguarded them.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Risks to the health, safety and well-being of people were assessed and managed in a personalised way.

**Requires Improvement** ●

### Is the service effective?

The service remains Good

**Good** ●

### Is the service caring?

The service remains Good

**Good** ●

### Is the service responsive?

The service remains Good

**Good** ●

### Is the service well-led?

The service remains Good

**Good** ●

# The Emmie Dixon Home

## 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 checked 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 comprehensive inspection was carried out 29 January 2018 and was announced. The provider was given 48 hours' notice because the location provides care services for people with learning disabilities who are often out during the day; we needed to be sure that someone would be in.

Before the inspection we contacted Cheshire East Council Contracts department. They told us that they had no concerns about the service. We looked at all of the information that Care Quality Commission had received about and from, the service since the last inspection. This included notifications about issues that had happened in the service. The registered manager had completed a provider information return. A provider information return is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

During the inspection we spoke with the registered manager, representatives of the provider and four care staff. We spent time observing how people were cared for and their interactions with staff in order to understand their experience. We were able to speak to two people and one relative.

We spent time looking at records, including three people's care records, three staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation.

## Is the service safe?

### Our findings

We spoke with people who lived at the home and a relative and asked if they felt safe. Each person said yes and the relative said "I've no qualms whatsoever."

We looked at how The Emmie Dixon Home managed people's medication. We checked a sample of three people's medication administration records (MAR) to ensure they corresponded with the medication left in people's monitored dosage system. We found that people's MAR's showed that people's medications had been administered accurately. We found that the medication cupboard was locked and that controlled medications were kept securely. The temperature of the medication room was monitored with the use of a thermometer and the readings were in line with approved temperatures however this was not routinely logged. We found that staff had not always completed the documentation appropriately when booking in medication. This was brought to the registered manager's attention who took immediate steps to retrain staff and audit the medication management processes. The registered manager took these steps on the day of inspection. People we spoke with told us that there had been no problems receiving their medications. A visiting staff from another service that supported a person in the home told us "Medications have been fine".

Staff told us that they thought that people living in the home were safe. The registered manager maintained a clear audit trail of any safeguarding incidents and the required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. We were told that people are carefully observed by staff and challenging behaviours were well managed to minimise impact and risk. Staff told us that they were appropriately trained and experienced to deal with challenging behaviours and that strategies were in place as well as positive behavioural plans.

We looked at a variety of risk assessments and saw that risks were clearly identified and monitored. This included the risks associated with moving and handling, epilepsy, pressure area care and nutrition and that plans had been put in place to minimise risk. These were person centred, for instance we saw how one person had been risk assessed for pressure relieving equipment, such as a 'profiling bed'.

We looked at the records for accidents and incidents, we saw that appropriate action had been taken following each event. This meant people were monitored and health issues were identified and acted on in a timely manner.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We saw that the fire alarm system had been checked weekly and there was a fire evacuation plan that had been reviewed and updated. Personal Emergency Evacuation Plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required in the event of an emergency.

We looked at staff personnel files and all of the files we looked at included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment.

There was a disciplinary policy in place that had been followed when needed. We saw the registered manager looked at dependency levels of the people who used the service on a weekly basis and planned staffing levels according to their findings. There appeared to be enough staff on duty on the day of the inspection.

We saw that staff had received infection control training and the home employed a domestic. We observed that home was clean with no offensive odours.

## Is the service effective?

### Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made in respect for each person living at the service in line with the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions. We saw that people were supported to make their own decisions when possible and their choices were respected. One relative told us "They [staff] are aware [person] can make certain choices".

A variety of nutritious food and drink was provided in line with people's preferences and dietary needs. Each care file contained a nutritional risk assessment and care plan that had been updated regularly. People's weights were also monitored. Records showed that people had been supported to see health care professionals when needed and that staff had supported people to follow any health care advice they had been given.

Staff had regular supervision meetings and a planned annual appraisal. Supervision meetings provide staff with the opportunity to discuss with their line manager their personal development and training needs. We looked at three staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first twelve weeks of employment. The staff were trained regularly and this was demonstrated by the records in staff files. Staff had training in all of the required areas the provider deemed was necessary and in additional areas to meet the needs of the people whom they supported.

The home was bright and cheerful. This created a friendly and homely environment and people were able to personalise their bedrooms' We saw that internal walls of the building were colourful and that people from a young person's charity had come in and worked with people living in the home to create a personalised mural.

## Is the service caring?

### Our findings

We asked the people living in the home and their relatives if the staff were caring in their approach. The people said 'yes' and one relative told us "Yes they are, they are lovely with [person]."

We observed that people made choices and decisions about their lives and staff respected these decisions, for example, people were able to choose what to wear, what food and drink they wanted, and if they wanted company or not. One person wanted to stay in bed and this was respected by the staff.

We observed the staff interacting with the people who lived in the home and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to respond to any issues accordingly. Staff and people living in the home laughed and joked together meaning the atmosphere in the home was happy and relaxed.

Confidential information was kept secure so that people's right to confidentiality was protected. People's dignity was also respected, we observed this as we walked around the home and saw staff knock on doors and close doors when people needed support with personal care.

Staff engaged with people and visitors in a warm and friendly manner. The relatives told us that there was always good communication between them and the staff and they were updated if necessary. We were told "I can phone any time" and "There's good communication."

We saw that people in the home all communicated in different ways and that the staff were able to explain certain processes to follow when they were engaging with the people who lived in the home.

We saw that the home had a 'Service User Guide' that was available for people to read and this was in an "easy read" format. This contained information that included facilities, services and staff. It also had information about advocacy services. We were able to see that people had been supported to access advocacy services.



## Is the service responsive?

### Our findings

We looked at care files for three people. The care files contained assessments that were reviewed monthly to monitor the person's health and welfare. This included assessments of their communication, dependency levels, positive behavioural plans and personal care needs. Where an assessment identified the person needed support, a plan was written providing guidance to staff on the support required. Regular reviews of care plans had been carried out. One relative told us "I wouldn't want [person] to move from here." Care records showed that staff had worked in partnership with the individual, their relatives and other professionals to develop a support plan outlining how people needed and wanted to be supported.

A copy of the complaints procedure was at the entrance of the home, we saw that this was available in an easy read version. This gave information on who to contact if people had a complaint. We asked people and relative if they knew who to complain to and if they were comfortable to do this and we were told yes. No one we spoke with had any complaints about the service. One comment was "I've no complaints, if I have any concern there's no issue."

The home had an activities programme and activities co-ordinator who ensured any activities that were happening was advertised on the main notice board in the dining area. We spoke with the activities co-ordinator who was able to discuss people's needs and preferences.

No one was receiving end of life care at the time of inspection, however the home had an end of life policy in place and the registered manager told us that they would work with individuals and their families to establish people's wishes on death and dying. They would also ensure relevant health and social care professionals would be involved to ensure they met people's needs and wishes at the end of their life.

## Is the service well-led?

### Our findings

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 home had a registered manager.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The registered manager and provider had systems available to them to monitor the quality of the service and drive improvement. Quality and safety audits such as staff training, health and safety, care plans, catering and infection control were completed regularly. Staff and resident/family meetings were carried out regularly.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services, healthcare professionals including General Practitioners, dentists and opticians.

We saw from the documentation in the care plans and other records that there was good communication with other professionals. Policies and procedures were in the process of being up dated and other documentation, such as, fire and other health and safety checks had been regularly completed and updated.

The service had been developed and designed prior to the development of the values that underpin the Registering the Right Support and other best practice guidance. These values included choice, promotion of independence and inclusion. However, we saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

There was a positive person centred culture apparent in the home and obvious respect between the registered manager, staff and people who lived in the home. Staff told us that they felt supported in their role and that the registered manager was approachable. This meant the home promoted an open culture.