

Hextable Care Limited

Emerson Grange

Inspection report

Emerson Park
Rowhill Road, Hextable
Swanley
Kent
BR8 7FP

Tel: 01233224040

Date of inspection visit:
14 August 2019

Date of publication:
18 September 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service

Emerson Grange is a residential care home providing nursing and personal care to 40 people aged 65 and over at the time of the inspection. The service can support up to 85 people in one purpose-built building. Bedrooms comprised of single bedrooms, all of which had en-suite facilities, and 7 care suites which had a small kitchenette and lounge area. Rooms were spread over three floors. There was a lift to access the first and second floor. People had access to a number of communal areas, including quiet spaces and a garden.

People's experience of using this service

People said they felt safe and that their needs were met in a timely manner. Risks were assessed, identified, and risk management plans were in place to manage these safely. Medicines were safely managed, and people were protected against the risk of infection. Accidents and incidents were appropriately managed and learning from this was disseminated to staff. Sufficient numbers of suitably skilled staff were deployed to meet people's needs.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Staff were supported through induction, training and supervisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were encouraged and supported to eat a healthy and well-balanced diet. People had access to healthcare services when required to maintain good health.

People told us staff were kind, caring and attentive to their needs. They also said that staff respected their privacy, dignity and always asked for their consent before supporting them. People's independence was promoted whenever possible. Information was available to people in a range of formats to meet their individual communication needs if required. There was an effective system in place to respond to complaints in a timely manner. Staff understood the Equality Act and supported people without discrimination.

People were supported to maintain relationships with those that were important to them and participated in activities that interested or stimulated them.

The service was responsive to people's needs and preferences. Care plans holistically reflected people's needs in a personalised way and were very detailed. The registered manager ensured these were reviewed and updated when people's needs changed. People's end of life wishes, and needs had been considered.

There were effective systems in place to assess and monitor the quality of the service provided. The provider worked in partnership with key organisations to ensure people's individual needs were planned and met.

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

Rating at last inspection:

This service was registered with us on 28th August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Emerson Grange

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector carried out this inspection and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Emerson Grange is a 'care home'. People in care homes receive accommodation and nursing or 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 site visit took place on 14 August 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people and three relatives to seek their views about the service. We spoke with three

members of care staff, the registered manager and deputy manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for four staff members. We also looked at records related to the management of the service such as quality audits, accident and incident, and policies and procedures. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Staff were aware of the risks of abuse, the signs to look out for, and how to report any concerns should they have any. They were confident the provider would manage any safeguarding concerns effectively.
- The provider's systems, processes and staff training made sure people felt safe.
- People and relatives said that people felt safe.
- One person told us, "Yes I feel safe because staff are very concerned that you do not fall." Another person told us, "Absolutely I do feel safe living at the service because of the people and the staff. There is someone on call 24 hours, which has taken all my worries away."
- One relative told us, "Yes, I feel that he is safe here. They have put in pressure mats in his bedroom and they are all aware of his condition."

Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- Risk assessments and management plans were in place to help staff prevent or manage identified risks people might face. For example, care plans included risk assessments associated with people's mobility, their environment, pain management, use of bed rails, eating and drinking, skin integrity, management of medicines and behaviours that might challenge the service.
- Staff demonstrated a good understanding of the identified risks people might face and how to prevent or manage them. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or minimise the risk of people with mobility needs falling.
- Specialist advice from healthcare professionals was sought where necessary and acted upon. People who were at risk of developing pressure ulcers had special equipment in place to reduce the likelihood of their skin breaking down, such as special mattresses. Care records showed staff checked people's skin regularly, used prescribed skin creams when needed and supported people to change position regularly or maintain their mobility.
- There was clear guidance for staff to follow to help them deal with emergencies. For example, in relation to fire safety there were personal emergency evacuation plans in place to guide staff on how to evacuate people in an emergency. Staff demonstrated a good understanding of their fire safety roles and responsibilities and confirmed they routinely participated in fire evacuation drills of the premises.

Using medicines safely

- Staff followed procedures to make sure people received medicines safely, according to their needs and choices, and as prescribed. One person told us, "They are meticulous about your pills. The carer brings my pills dead on time and everyday sees that you take them."
- People received their medicines from trained staff who had their competency checked.

- Records relating to medicines were accurate, complete and up to date.
- Managers and nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly.

Staffing and recruitment

- There were sufficient numbers of suitable staff to support people safely according to their needs. The service used a dependency tool to identify the number of staff that were needed each day.
- The provider's recruitment process was robust, and included the necessary checks that candidates were suitable to work in the care sector. Nurses registrations were checked.
- The provider kept the necessary records to show recruitment processes were followed.

Preventing and controlling infection

- The service was clean, tidy and fresh smelling. A relative said; "The service is kept clean and tidy it smells beautiful when I visit."
- The provider had good systems in place to prevent and control the risk of infection. Staff were aware of infection control procedures, had access to protective clothing such as aprons and gloves to reduce the risk of the spread of infection.
- Staff had completed infection control and food hygiene training and followed safe infection control practices.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and investigated in a timely manner.
- There was guidance for staff to minimise future incidents. For example, when one person suffered a fall, the person was immediately checked, the person suffered no injuries. The registered manager reviewed the person's falls risk assessment and communicated how to minimise the risk of falls with this person and staff.
- When things went wrong, the registered manager responded appropriately and used this as a learning opportunity and learning was disseminated to staff during staff meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed, and people told us, staff obtained consent before giving care and support. One person told us, "They do always ask consent before they do a task."
- Staff had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. One staff member told us, "It protects the rights of people, everyone has a right to choose their way of living."
- Mental capacity assessments had been completed when needed and were decision specific. For example, the use of bed rails.

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

- Assessments of people's needs were carried out prior to them moving into the service to ensure that their care and support needs could be met appropriately.
- During these assessments, people, their relatives, care coordinators or social workers were involved to ensure appropriate information was acquired to develop appropriate care and risk management plans.
- Staff told us care plans contained the information they needed to support people according to their needs and preferences, contained clear instructions and reflected best practice guidance. For example, people has been assessed using the Malnutrition Universal Screening Tool (MUST). Which is a nutritional screening tool.
- People and their relatives told us they received effective care.
- One person told us, "The staff are great and my care reviews are certainly person centred."

Staff support: induction, training, skills and experience

- People received very good care from well trained, motivated and skilled staff. One person told us, "I think the staff we have are excellent and know what they are doing."

- Staff completed a thorough induction based on the Care Certificate, which is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The service's training matrix showed all staff, including housekeeping and kitchen staff, had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medication administration, first aid and health and safety. Specialist training was also provided for people's specific care needs, for example, dementia. Additional training was provided to the nursing staff working at the service. The care services manager, who was a trained nurse, had designed and delivered training that was specific to people who were living at the service.
- Staff told us they had access to ongoing training and development relevant to their roles.
- Staff had opportunities for regular supervision and appraisals and observations of their work performance. Staff felt supported, valued by the service's management team. One staff member said, "I feel valued, we are all part of a bigger team." The care services manager, who was a trained nurse, provided clinical supervision to the nurses working at the service.

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

- We saw people being offered a range of options for breakfast - including a cooked English breakfast. Tables were laid nicely with condiments and flowers. There were a range of small and larger tables, so people could choose who they wanted to share their mealtime with.
- People were able to choose what they wanted to eat at each mealtime. The menu was displayed in the dining room and staff supported people to make their choice.
- People told us meals were of a very good standard with many different choices offered every day. One person told us, "We get very nice food regularly."
- Staff supported people with their meals. Those who needed assistance were sensitively supported with their drinks and meals.
- The chef knew about people's dietary requirements and adapted meals to suit their diets.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies to maximise the support people received.
- The registered manager told us they worked in partnership with pharmacies, GPs and social workers to meet people's needs, we saw evidence of this in people's care files.
- Records in people's care files confirmed there was effective joint working and communication with other agencies to meet people's individual needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who knew them and their healthcare needs.
- People were supported to attend healthcare appointments where required.
- Staff were provided with information about people's medical conditions and how they impacted on them so they could support them effectively.
- The registered manager sought and acted on guidance from other professionals such as specialist nurses.
- There was a handover system in place, which contained details of any updates in people's health and care needs. This ensured staff provided consistent support that met people's changing needs.

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

- The service was a purpose-built building. It was over 3 floors. There were 2 dining rooms on each floor along with a range of communal spaces including lounges and quiet areas.
- The second floor was for people living with dementia. On this floor the bathroom doors were a different colour to the bedroom doors. There was quiet space for people to use and access to outside space. There were reminiscence objects around the floor such as old typewriters and dolls houses.

- People's rooms were personalised, and they were able to have them decorated to their taste. People had personal belongings and family photos in their rooms.
- One person told us, "There's always people around but there is also places to go if you want some quiet time."
- The service had been adapted with specialist equipment to cater for people's needs, such as, specialist bath/shower rooms. Doorways and hall areas were wide enough to cater for wheelchairs. Décor and signage had been changed to support people who may be living with dementia. One person told us that that when they first moved into the service they were unable to use the toilet as it was too low. They told us that the service quickly responded to this and raised the toilet so that they could use it.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us that the staff who cared for people were kind and caring.
- One person told us, "I do feel the staff care because they are always there if you need them." Another person told us, "All the staff are excellent, lovely and caring."
- One relative told us, "I find that the staff are very caring. They are respectful and courteous."
- People's individual needs, preferences and beliefs were respected by the service. Any specific requirements were catered for where possible, such as having a vicar visit the service support people to access the church.
- The service had a calm atmosphere and people and staff positively interacted with each other.
- Staff knew and understood people's individual needs, for example, their individual interests. One staff member said, "One person really enjoys reading the morning papers which are delivered to the service daily."
- People's care plans included their life histories, their preferences and their likes and dislikes.
- Staff showed patience when supporting people and ensured people were comfortable throughout the day. For example, we heard staff regularly asking people if they were okay and if they needed anything.
- People were supported to maintain relationships with their families and friends. People told us there were no restrictions on visitors and they were supported to spend time in their own room if they wanted privacy.
- The registered manager promoted equality and diversity within the service. A lesbian, gay, bisexual, and transgender forum took place within the service. This was open to staff, people and their relatives.

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

- People told us staff asked them what they needed before they provided support. One person said, "They always ask me what I want and how I want things." Another person told us, "I am able to decide what to wear and I can dress myself."
- Staff encouraged people to make choices in the way they received their care and people's choices were respected. They showed patience, giving people time to answer questions about the support they wanted.
- Staff understood people's individual methods of communicating and support plans were in place to give staff guidance on the most effective way to help people express their views.
- The provider ensured people and their families could feedback regarding the service in a number of ways to gather people's views on the service provided. This included face to face with an open-door policy, or through residents meetings.
- The provider had acted on feedback to improve the service and to meet people's needs. Changes made included to the menu and activities.

Respecting and promoting people's privacy, dignity and independence:

- People, relatives and staff confirmed that people were treated with dignity, respect and that their independence was promoted as much as possible. One person told us, "They do encourage you to do things for yourself e.g. to walk more and we have exercises every day."

Staff were extremely proactive in encouraging people to maintain and improve their independence. Care plans provided detailed information on how to involve people in their care. Staff described how they encouraged and supported people to do as much as they could for themselves, whilst at the same time recognised that people had good and bad days.

- Staff told us how they promoted people's independence and respected their privacy and dignity. One staff member told us, "We close doors and curtains and cover people up when giving personal care. We always explain what we are going to do and ask if that's ok."
- People's information was kept confidential in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff knew their likes and dislikes. One person told us, "They know everything that I like."
- People and their relatives were involved in the planning and reviewing of their support. This ensured people were supported in line with their changing needs and wishes. One person told us, "I have been involved in a care plan they come round and do it with me."
- Staff knew people well and supported people in line with their preferences. Support plans detailed people's preferences and diverse needs which were followed by staff. One staff member told us, "We want to do everything possible to meet peoples need."
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which are age, disability, gender, marital status, race, religion and sexual orientation. For example, people were supported to attend religious services. All people supported by the service were respected and there was no evidence of any discrimination in the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider complied with the Accessible Information Standard. The provider gave information in a format that people could understand, such as pictures of food on the menu to choose through sight instead of reading.
- Some people were not able to communicate verbally. One person used a white board to communicate. They wrote down what they wanted, and staff responded to this. Staff made sure that the person had their whiteboard with them throughout the day so that they were able to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed taking part in the activities provided. One person told us, "I take part in many activities we have flower arranging, chair exercises, cooking, gardening in pots, clay making and art. They got me a small bike, which I can use on the floor, as my legs wouldn't reach the one they have in the gym." Another person told us, "I never feel lonely or isolated in the home."
- Daily activities were planned and displayed on the noticeboards around the service and in the monthly newsletter. We observed the activities, which people enjoyed, and staff ensured everyone was happy to be involved.

- People accessed the community independently where they were able to do so, and other people were supported by staff to go shopping or take a trip to the local café.
- The service had two vehicles. A people carrier and a mini bus. This allowed people to access activities within the community. The vehicles allowed people to do activities as small or larger groups.
- Details of what activities people enjoyed taking part in was recorded in their care plan. There was an activities coordinator in place and they spent time asking people what activities people wanted to take part in.
- The service had a monthly activity meeting. This was open to people and their relatives. The meeting objective was to listen to suggestions for new activities and projects and look at how these could be implemented.

Improving care quality in response to complaints or concerns

- The provider had an effective system in place to handle complaints effectively. People, relatives and staff were aware of it. One person told us, "I am confident that if I have a complaint or concern that something would be done."
- Complaints had been logged and investigated and the outcomes of the investigations were recorded. The service used the complaints to improve the service. For example, food had been added to the residents meeting agenda following comments made about food colours.
- People and their relatives were offered the opportunity to meet with the registered manager and care and quality manager to discuss any concerns that they had and work together to find a solution.

End of life care and support

- Staff allocated to provide end of life care had received specific training in this area. Staff were supported by managers to deliver end of life care and this was tailored to each individual person.
- People's end of life wishes were recorded to ensure they were supported in the way that was important to them. Records included people spiritual and cultural beliefs and any specific medical requests. For example, one person was donating their brain to medical science. Guidance about what needed to be done following the persons death was recorded.
- People's families were given emotional support during and after their loved one's final days.
- The registered manager had formed good links with the local hospice who provided advice when required. They had arranged for nurses from the hospice to visit the service to speak with families and staff.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff consistently told us the service was well-led. There was a warm and 'family' like culture within the service with a clear drive to provide high quality care. One person told us, "The managers are very much accessible. They are very much involved in what is going on. I think it is a brilliantly run home."
- The registered manager told us, "The provider has a focus on providing good quality care to people. This is a high priority at operational meetings." One person told us, "The quality is excellent."
- The registered manager and management team had an oversight of the service and understood the needs of people they supported. There was a strong emphasis on meeting people's individual needs and all staff demonstrated a good understanding of people's differences and individual preferences.
- Staff were very positive about the support they received from the management team. They told us they felt valued and were well supported. Comments from staff included, "It's a good place to work and we have a good team," "We have a good team with no conflicts," "I feel valued and we are part of a bigger team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood information sharing requirements. Records showed information was shared with other agencies, for example, when the service had identified concerns, and the manager sent us notifications about events which they were required to do by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well led. The manager had auditing systems in place to monitor the quality and safety of the service and used these to check all aspects of the service on a regular basis.
- The auditing systems were also overseen by the care and quality manager who had the responsibility to ensure the safety levels and quality of service in the service.
- The registered manager understood their legal responsibility to notify the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- The registered manager was also aware of their responsibility to display their rating when this report was published.

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

- In addition to day-to-day contact with people, surveys were given to people and relatives to gain feedback to improve the service.
- Residents meetings were held so people who use the service could discuss and request changes. We noted that menus had been changed following these meetings.
- The registered manager had implemented a 'You said, We did' report to ensure people and relatives were aware of how their feedback had been acted on to make improvements to the service provided.
- Staff were encouraged to provide feedback to improve the service during handovers, staff meetings and supervisions. Staff told suggestions they made were listened to and changes made to make improvements to the way people received their care.
- People said they would recommend the service to other people. One person told us, "It is a good quality home and I would recommend it to other people."

Continuous learning and improving care

- There were effective processes in place to monitor the quality of the service.
- Records showed regular audits were carried out at the service to identify any shortfalls in the quality of care provided to people. These included medicines, care plans, equipment, infection control and quality of care.
- We found an open and transparent culture. Comments, suggestions and complaints fed into the quality assurance action plan and that improvements were made. For example, around food choices and laundry arrangements.
- The registered manager was involved in meetings and forums with other registered managers to share good practice and ensure they continuously improved the service.

Working in partnership with others

- The registered manager had developed good working relationships with a range of external organisations and professionals. This ensured people received their support in a consistent way and enabled the plans of care to include a holistic view of people's needs.
- The service worked closely with the local community. They had recently attended the local parish meeting to talk about the service and the support they could provide. People from the local areas came into the service to ask for support with form filling and asked advice about planning care for the future. The registered manager told us, "We realise how important it is to be part of the local community" And, "It is important to be seen as an asset to the community and not just a business."