

Emerald Care Services Limited

St Pauls

Inspection report

2 St Pauls Close
Laughton Common
Dinnington
South Yorkshire
S25 3PL

Tel: 01909517865

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21 August 2019

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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

St Pauls is a residential service providing accommodation and personal care. It accommodates up to 2 people over the age of 18 years old with a learning disability or autistic spectrum disorder.

People's experience of using this service and what we found

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People were protected from abuse by staff who understood how to identify and report any abuse concerns. The risks to people's health, safety and welfare had been assessed, recorded and plans put in place to reduce these. Staffing levels enabled people's needs to be met safely, and ensured people received consistent and reliable care. The provider and management team sought to learn from any accidents or incidents involving people. The service was clean and followed infection control principles.

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

People's needs were assessed appropriately, the service worked with other health professionals to ensure people's needs were met effectively. People were supported to maintain a balanced diet.

Staff were caring and treated people with dignity and respect. People's confidentiality was protected, and their information was stored safely. People who used the service and their family members knew how to report concerns, they told us they had confidence any concerns would be listened to by the service.

People and staff told us that the management team was approachable, and the service was well led. The registered manager had good oversight of the service and completed regular audits in order to drive improvements.

Rating at last inspection

Good (report published 28 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

St Pauls

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

The inspection consisted of one inspector.

Service and service type

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (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 unannounced and took place on 21 August 2019.

What we did before the inspection

We reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does 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 one person who used the service and their experience of the care provided. We spoke with

three members of staff including the registered manager, a team leader and a member of support staff. We reviewed a range of records. This included people's care records and medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and the ways to report this.
- Staff had an awareness of how safeguarding issues could be escalated to other agencies. Information on how to recognise abuse and report concerns was clearly displayed around the home.
- The provider's procedures gave staff guidance and steps on how to keep people safe. One person said, "I am always safe here."

Assessing risk, safety monitoring and management

- Staff had good knowledge of the people they supported. They were aware of risks associated with their care, how to monitor them and the action to take to reduce these risks.
- People's care records contained risk assessments which had been reviewed regularly. These related to a variety of needs, including their nutrition, mobility, behaviours and any specific health conditions.
- Care plans were updated regularly and reflected the actions identified from the risk assessments. Care plans were comprehensive and individualised to meet the person's needs. The combination of risk assessments and care plans provided appropriate guidance to staff about the action they should take to promote people's safety and ensure their needs were met.
- Equipment was managed in a way that supported people to stay safe. For example, regular maintenance checks took place of equipment, such as vehicles, water, gas and equipment within the home.
- A personal emergency evacuation plan (PEEP) had been completed for everyone to ensure that there were arrangements in place to support them to evacuate the building safely in the event of an emergency and these were reviewed regularly. Staff told us they understood them. We saw records of recently held fire drills.

Using medicines safely

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People kept their medicines in their bedroom, in secure cabinets that were temperature monitored, to ensure medicines remained effective.
- Staff were trained in medicine administration and their competencies assessed to ensure they worked in line with the provider's policies and procedures.
- Medicine administration records (MAR) were completed as required and people had their prescribed medicines available to them when they needed them.

Staffing and recruitment

- Our inspection of staff records demonstrated the provider had appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- People and staff told us they thought there were appropriate staffing levels to meet people's needs.
- Staff rotas indicated safe staffing levels were provided for both day and night time shifts.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection. There was an up to date infection control policy in place.
- The service was very well presented, clean and tidy throughout and there were no odours.
- Staff told us they were provided with personal protective equipment (PPE) and hand sanitisers were available for staff and people to use throughout the home.
- We noted one staff member wore false nails and a number of stoned rings. The registered manager told us this would be addressed through individual supervision.

Learning lessons when things go wrong

- Staff knew how to report and record accidents and incidents. The registered manager was responsible for the analysis of accidents and incidents to identify patterns and trends and prevent a reoccurrence. Learning from incidents was shared with the staff team, to drive forward best practice.

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.

At the last inspection this key question was rated as Good. At this inspection this key question continues to be rated as Good. This meant people's outcomes were consistently good, and feedback confirmed this.

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

- People's needs and preferences were assessed and recorded. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed.
- We saw that information was available to staff on noticeboards to enable them to keep up to date with best practice guidelines and meet people's needs effectively.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services, if required. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Staff support; induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Staff told us they received an induction when they started work which included working alongside an experienced member of staff. The provider's induction procedures and ongoing training provided staff with the skills and competencies to carry out their role effectively.
- Staff told us the training was good and relevant to their role; they felt well supported to deliver good standards of care.
- Staff received regular supervision and appraisal to review their individual work and development needs. Observations and competencies were carried out to ensure staff continued to meet the required standards.

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs were met. People were provided with a nutritious and balanced diet with a choice of meals and drink. Additionally, a range of snacks and drinks were available for people to help themselves to throughout the day.
- People were positive about the food on offer. One person told us, "I like the food here [staff member] is the best cook."
- We observed the breakfast experience and found that people enjoyed their meal and were supported in a positive and appropriate way. People were offered a choice of what and where to eat.
- Staff were aware of any professional guidance, people's likes and dislikes as well as any medical requirements or allergies.

Staff providing consistent, effective, timely care within and across organisations

- Care plans showed people's needs had been assessed and monitored in conjunction with various healthcare professionals.
- Where people's needs had changed, staff consulted with GP's, social workers and other relevant healthcare professionals.
- If people needed to be admitted to hospital, they had a hospital passport. This provided staff with essential information about the individual's communication needs and how best to support them to feel at ease.

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

- People had appropriate space to socialise with others, eat in comfort, receive visitors or spend time alone if they wished to.
- People had individually decorated bedroom doors with photos or objects important to them. One person was in the process of having their bedroom redecorated. They had chosen paint colours and a mural to cover an entire wall. They had also chosen new bedroom furniture. They spoke enthusiastically about being at the heart of the process.
- The home provided people with a secure and safe outside garden area and patio area.
- Staff had sourced and provided an alarm clock with the capability of video messaging. This was used in a person's bedroom to prompt toileting. Both staff and the person said it was effective.

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.

- Where people lacked capacity to make certain decisions for themselves, this was referenced in their care records and capacity assessments had been carried out. These had associated best interest decisions recorded which reflected other professionals input
- DoLS authorisations were in place or had been applied for when people required them. No one had any conditions associated with their DoLS authorisations.
- Staff were aware of the need to ensure people were supported to make their own decisions and understood how to apply the principles of the MCA. Staff knew who had a DoLS authorisation in place.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services, if required. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 told us they felt staff were caring and that they were listened to. One person said, "They [staff] are all nice, we laugh together."
- Staff were aware of the need to treat people as individuals and respect their beliefs and lifestyle choices. The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. Staff recognised people's diverse needs and there were policies in place that highlighted the importance of treating people as individuals. The provider ensured staff received training in dignity and respect; person centred care and equality and diversity to aid their understanding.
- The atmosphere in the service was warm and friendly with staff observed to give individual attention to people when needed.
- Our observations of staff interactions with people showed that people were treated with kindness, compassion, dignity and respect. People were clearly relaxed and comfortable in the company of staff.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. When people required support, staff did so respectfully and discreetly.
- Staff spoke about people kindly and demonstrated commitment to treating people respectfully.
- We observed staff supporting people to eat by promoting independence. They treated people with dignity and respect. Staff also ensured people's clothes were protected from any spillages.
- Staff told us they enjoyed their roles supporting people and knew them well.
- People's information was stored securely and staff had good knowledge of data protection principles.
- People told us they were aware of their care plans and were involved in drawing them up. They said they were able to express their wishes and preferences and they said they were able to make day to day decisions about their care and support.

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

- People were supported to be involved in decisions about their care. We observed several instances of people discussing their support and preferred routines with staff.
- People's preferences and choices were clearly documented in their care records. For example, preferred name, likes and dislikes, and choices regarding personal care routines.
- People were encouraged to maintain friendships and contact with their families. Contact with family members was clearly documented.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remains as 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 received care and support in a way that was responsive to their needs. This was achieved through having personalised care plans which people and, where appropriate, their families were involved in developing and reviewing.
- Care plans had a high level of detail including what a good day looked like for an individual.
- The registered manager and staff team continued to seek ways to ensure people's needs and preferences were honoured. They were working on plans including people's future wishes and aspirations.
- Staff knew people well. They were able to describe people's attributes and what their hobbies and interests were.

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 registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents and using pictures. We saw elements of people's care records were pictorial as well as displayed advice on complaints and fire procedures.
- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses and how they needed to be maintained.

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

- The service supported people to maintain contact with friends and family. We saw trips out with family and visits home were regularly recorded.
- Staff provided interactive group and one to one activities which people enjoyed.
- People told us, "I like helping with the vegetable growing," and, "I also like listening to music and when I go out to different places."
- People were supported to enjoy a wide range of activities both in and around the home as well as out in the community. Staff supported people to grow their own vegetables which they used in the meals provided.
- People were supported to access the local community and enjoy shopping, visiting places of interest and eating out. On the day of the inspection one person was attending a day centre whilst another was preparing to go shopping for a music CD.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. For most people at St Pauls, this concept would be difficult for them to comment on. Essential information such as who to contact in the event of illness and death were clearly recorded.

Improving care quality in response to complaints or concerns

- Staff involved people, healthcare professionals and relatives, as appropriate, in ongoing discussions and formal reviews which gave them the opportunity to speak on behalf of people and voice any concerns. Due to the open communication at the service there were no formal written complaints.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's needs were met through good organisation and delivery.

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

- Appropriate quality assurance systems were in place, various members of the management team conducted a number of audits to ensure quality of care and health and safety standards remained high. However, a comprehensive monthly audit was last completed in June 2019. Other audits covered the areas in the comprehensive monthly audit which meant any issues or areas of improvement would be picked up. The registered manager told us they would review the quality assurance tools used to promote efficiency and avoid duplication.
- There was a clear staffing structure in place, the registered manager and team leader operated a system whereby neither was on holiday at the same time to ensure staff always had access to managerial support.
- The leadership team had good knowledge of their regulatory responsibilities.
- It is a legal requirement that the overall rating from our last inspection is displayed. We saw the rating displayed within the home and on the provider's website.

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

- The atmosphere in the service was warm, friendly and welcoming. It was clear from our observations and discussions that there was an open and supportive culture towards people and staff.
- Staff were visible within the service and knew each person well.
- Staff and people spoke highly of the registered manager. Staff told us they could speak to them at any time. One staff member told us, "I think we have a good team with a supportive manager."
- Staff told us morale was good as they had a strong team who worked for each other.

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 registered manager demonstrated an open and transparent approach to their role. Staff confirmed the registered manager encouraged staff to reflect on their practice and learn lessons where these were needed.
- There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered persons had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.

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

- Staff meetings were held regularly and all aspects of the service were discussed, for example people's care needs, maintenance and staffing issues.
- Satisfaction surveys were undertaken annually for people who used the service, their relatives and relevant professionals. We saw the results from the most recent survey had been positive.
- Staff felt their work efforts were appreciated by the management team. A staff member said, "I always feel valued and part of the team."
- Staff had team meetings, supervisions and appraisals to enable them to communicate with the management team. One staff member told us, "There is constant communication. I never feel in the dark about anything."

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others.

Continuous learning and improving care

- There was evidence of the registered manager and provider learning from some incidents and putting systems in place to respond to what they found. For example, we saw analysis of one person's behaviours of concern had led to changes that had reduced the number of incidents.