

Carmand Ltd

Emerald House

Inspection report

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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

Emerald House is a care home providing personal care for 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 three people were using the service.

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's experience of using this service and what we found

Everyone we spoke with was positive about Emerald House and the changes that had been made since the last inspection. We observed people and staff had developed good and caring relationships built on trust and mutual respect.

The provider had systems in place to safeguard people from abuse. Staff understood how to keep people safe. They recognised and reported any safeguarding concerns. Risk assessments were in place and medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to mitigate risks.

Staff were recruited safely and had the appropriate skills and knowledge to deliver care and support to people in a person-centred way. Some staff had worked at the service for a long time and this provided consistency for people.

Care plans contained relevant information about how to meet people's needs and were regularly reviewed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems supported this practice.

People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks. People were treated with kindness and supported to express their opinion wherever possible.

People had access to a varied and balanced diet. Where required, staff monitored people's weights and worked with healthcare professionals to make sure people received medical attention when needed.

People and staff spoke positively about the registered manager. They felt able to raise concerns and were confident these would be addressed. Staff told us they were well supported by the registered manager and

senior management team.

Checks of safety and quality were carried out to ensure people were protected from harm. Work took place to support the continuous improvement of the service and the registered manager was keen to make changes that would impact positively on people's lives

No one was in receipt of end of life care however, staff had developed positive professional working relationships with healthcare professionals and told us they would make the necessary arrangements to enable people to remain at home at this time, should the need arise.

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

Rating at last inspection

The last rating for this service was requires improvement (published 19 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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 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.

Emerald House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector on both days of the inspection.

Service and service type

Emerald House 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 was unannounced on the first day of inspection and announced on the second day.

What we did before the inspection

We reviewed information available to us about this service. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider sent us a provider information return prior to the inspection. This is information we require providers to send us 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 two people who used the service about their experience of the care provided. We spoke with the registered manager, the head of care, a team leader, a member of staff and the maintenance manager. 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.

We reviewed a range of records. This included one person's care records and multiple medication 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the electrical installation certificate and spoke with one professional.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management, using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people and the safe management of medicines. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were supported to take positive risks to aid their independence.
- Staff received, stored, administered and disposed of medicines safely. The registered manager and staff were aware of the health campaign to stop the over use of psychotropic medication to manage people's behaviour and ensured people had regular medication reviews.
- Protocols were in place for medicines prescribed for use 'as and when required' to guide staff when these medicines were required.

Systems and processes to safeguard people from the risk of abuse, staffing and recruitment

- People were safeguarded from the risk of abuse. Staff demonstrated a good awareness of safeguarding procedures; they knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager knew to liaise with the local authority if necessary. Any incidents had been managed well. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information.
- The registered manager described how staffing levels were considered during the assessment process and provided in line with people's assessed needs. Staff confirmed there was always enough staff on duty.
- Staff were recruited safely; appropriate checks were carried out to protect people.

Preventing and controlling infection

- Staff followed good infection prevention and control practices. They used personal protective equipment to help prevent the spread of healthcare related infections.

Learning lessons when things go wrong

- Accidents and incidents were responded to appropriately; trends and patterns were monitored and used

for learning purposes. Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience, Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to provide appropriate training and supervision to staff to enable them to carry out the duties they were employed to perform. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff received supervision and appraisal; they had appropriate skills and knowledge to meet the person's individual needs.
- The registered manager had systems in place to monitor which staff required refresher training and supervision. Staff told us they had enough training to enable them to carry out their roles.
- Following the inspection extensive repairs, maintenance and redecoration had been completed. Damaged furniture and carpets had also been replaced.
- People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. People had access to the large garden.
- One professional told us, "The annexe is very personalised, and the layout works really well for my client."

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

- People's nutritional needs were assessed, and professional advice and support was obtained when needed.
- People were supported to maintain a healthy balanced diet and were supported to be involved in menu planning, shopping and meal preparation. People told us they enjoyed the food provided.
- People were protected from the risk of poor nutrition and dehydration and staff had knowledge of people's likes and dislikes.

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

- Guidance and support from healthcare professionals was obtained and followed. Information was shared with other agencies when people needed to access other services such as the hospital.
- Staff sought medical advice promptly when people were unwell and helped people to manage their

healthcare appointments. People were encouraged to attend appointments and had the option to have their GP visit them. When hospital admissions were detrimental to people's wellbeing, staff worked with healthcare professionals to ensure alternative healthcare could be provided for people at home.

- The provider worked to make it easier for people to access healthcare services. There was an emergency hospital admission sheet which contained key information on people's health backgrounds and support needs. Where people were identified as requiring more support in hospital settings, including people with learning disabilities, the provider had introduced hospital passports. This contained more detailed information on people's support needs and wishes to help hospital staff support people effectively.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where people did not have capacity to make specific decisions or consent to their care, records showed decisions had been made in people's best interests.
- Applications to deprive people of their liberty had been made and systems were in place to monitor these.

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 now remained the same. 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; respecting equality and diversity

- People were treated with kindness and they were positive about the caring attitude of staff. One person told us, "Yes, they are kind, I love them, they are my friends."
- 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. They used this knowledge to foster good relationships and care for people in the way they liked. Staff showed genuine concern for people.
- People's equality, diversity and human rights were respected. 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.
- A professional told us, "Staff work very well with them, they know them (person using the service) well and have built up good and trusting relationships with them. They have developed so much in the time they have been there and have a much better quality of life."

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

- Staff supported people to express their views and be involved in making decisions about their care and support. People told us, "We talk with staff before our meetings and talk about the things I want to do when I'm better."
- Staff and people were involved in the care planning process. People's preferences and choices were clearly documented in their care records.
- The registered manager told us advocates were used by people to support them with decision making. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. People were directed to sources of advice and support or advocacy when this was required.
- Staff knew people's communication needs well and we saw people made decisions about how they spent their day. We observed staff respected people's wishes and their preferred routines.

Respecting and promoting people's privacy, dignity and independence

- Respect was embedded in the service, including the respect for privacy and dignity. Staff provided examples where impact on people's dignity had been considered, for example, ensuring a female only workforce for one person.
- People told us carers supported them to be independent. Support plans were in place for supporting people with independent living skills. These records described what people could do for themselves and

what they required support with.

- A carer told us the person they supported had consistently raised a personal goal but had been reluctant to engage in achieving this. They told us by breaking down the goal into smaller sections, they had been able to extend the person's activities and community access and work towards achieving their personal goal.

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 requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure governance and record keeping processes were effective in, assessing and mitigating risks to people and maintaining an accurate, complete and contemporaneous record in respect of each person using the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- People received personalised care. Staff were knowledgeable about people's individual needs and had a good understanding of their preferences and interests.
- Care plans were reviewed regularly and as people's needs changed. Staff told us the information provided supported them to understand people's needs and deliver care in line with people's preferences.
- One professional told us their clients views were always sought prior to any meetings to review their care and although the person was often reluctant to attend meetings, their views were well represented and recorded in their own words.

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.

- People's communication needs were understood and supported. Information shared with people met their communication needs.
- Staff were knowledgeable about how people communicated and information such as complaints and surveys was provided in ways people could understand.

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 were supported to take part in activities they enjoyed in the local community, this included shopping, going to cafés, eating out and visiting local pubs.
- People were supported to maintain their relationships with families and friends.

End of life care and support

- End of life was considered as part of people's care and support. The registered manager told us staff had previously supported one person with end of life care needs. Discussions had taken place with some people about their future wishes.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider's quality assurance systems were not robust and had failed to identify issues we found in relation to the management of medicines, lack of risk assessments, lack of training and supervision for newly appointed staff and lack of collation of feedback from surveys or action plans to address issues raised. Environment issues had also not been identified this meant the provider's systems were not always effective in ensuring potential risks posed by the service environment were assessed and mitigated. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- Systems were in place to ensure the service was consistently monitored and quality was maintained. Regular checks ensured people were safe and happy with the service they received.
- The service was organised and well-run and the registered manager understood their legal responsibilities to ensure regulations were being met. Staff turnover was low, and staff told us they enjoyed working at the service and felt valued. The registered manager was accountable for their staff and understood the importance of their roles.
- The culture of the service was open, honest and caring. The manager acted promptly to address any concerns. One staff member told us, "It used to be like a winters day working here, all doom and gloom. It's not like that anymore, staff morale is so much better."

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

- The provider demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Records showed staff engaged with a range of health and social care professionals involved in people's care and treatment. Staff and the registered manager involved people and their relatives in discussions about their care.

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 notified agencies such as the local safeguarding team and the Care Quality Commission when incidents occurred which affected the safety and wellbeing of people who used the service.
- The provider and management team were aware of the need to admit when things went wrong, to attempt to put things right and to offer apologies. Staff performance was managed appropriately in line with the providers processes; this ensured standards were maintained in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Staff told us they felt listened to and that the registered manager and higher management were approachable. They said they worked as a team to provide person centred care. Staff meetings were planned and well attended.
- There was a quality monitoring system which helped to identify shortfalls, so action could be taken. The registered manager completed a monthly management governance tool, which assessed a different area of the service each week, for example health and safety and care records.
- Accidents and incidents were recorded and analysed to enable lessons to be learned.

Working in partnership with others

- Meetings were held for people who used the service and for staff. Records showed people participated in the meetings and there was engagement in discussions.
- There were questionnaires for people, their friends and relatives and for staff. Following the results of surveys, 'You said, we did' information was posted on notice boards, which showed people's views were listened to.
- Staff within the service had built up good relationships with a range of health and social care professionals. Professionals told us they had a good relationship with the registered manager and staff and they communicated well with them.