Emerald Care Services Limited

St Pauls

Inspection report

2 St Pauls Close, Laughton Common, Dinnington,
Sheffield, South Yorkshire, S25 3PL
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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?	Requires Improvement

Overall summary

The inspection of St Pauls took place on 11 December 2014 and was unannounced. This meant that the provider did not know when we were inspecting the service. At the last inspection in October 2013 we found that there were no breaches of the legal requirements in the areas we looked at.

St Pauls is a two storey detached house situated in a residential area. It caters for up to two people over the age of 18 years old who have a learning disability.

There was a registered manager in post at the time of this inspection. 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 service was safe for people. Staff had a good awareness of safety. They followed procedures which reduced the risk of people being harmed and which protected their rights. This included following the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests when they lacked capacity. Training records we looked at confirmed that all staff had received safeguarding adults training.

Summary of findings

Care records contained risk assessments which were specific to the care needs of the individuals who lived at St Pauls. From the two care plans we looked at we saw that people had their health needs met. Staff we spoke with and our observations throughout the day, showed that staff were knowledgeable of how to meet people's needs and how people who used the service preferred to be supported.

Staff were seen to treat people with respect and preserve their dignity at all times. We saw staff knocking on people's doors and waiting for an answer before they entered, or saying who they were as they entered the room.

There was a complaints procedure in place and displayed in an easy read format. No formal complaints had been received since our last inspection in October 2013.

Records showed that appropriate pre-employment checks had been carried out to ensure that only suitable staff were employed to work with vulnerable adults.

We saw that quality monitoring was taking place however this was not always robust and some gaps were apparent. Quality was also measured by involving people who used the service, their relatives, and health care professionals. Staff received supervision although not at the bi-monthly frequency expected.

Summary of findings

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 safe. Staff followed procedures which reduced the risk of people being harmed. Staff received training so they would recognise abuse and knew what to do if they had any concerns about people. Staff were recruited following a robust process which included an application, interview, references and a Disclosure and Barring Service check. We found the service managed risk well whilst ensuring people led a full life.	**Good**
Is the service effective? The service was effective. People were supported by staff who understood their strengths and needs. Staff received training and guidance which helped them to do their jobs well. People had access to a wide range of healthcare services which meant their day to day health needs were met. People had individual plans which were detailed and set out the support they needed in different areas of their lives. They received support from health and social care professionals to ensure their needs were met. People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005.	**Good**
Is the service caring? The service was caring. Staff were aware of how people were feeling and supported people in ways which made them feel valued. There was a calm and friendly atmosphere within the home and staff helped people maintain their privacy. This showed people's dignity was protected and respected. People were encouraged to maintain and develop their independence. We saw relationships between staff and people were strong and supportive. Staff knew the people they were caring for well and communicated with them effectively. This showed staff were able to respond to people's needs.	**Good**
Is the service responsive? The service was responsive. Care plans were personalised and reflected people's individual needs. This meant staff knew how people wanted and needed to be supported and this was respected. People had access to a wide range of meaningful activities and were supported to be involved in their local community.	**Good**

Summary of findings

Staff were aware of what mattered to people and ensured those social needs were met.	
Is the service well-led? The service was not always well led. Quality assurance systems at the home were not always robust and some gaps were apparent. This required improvement to ensure risks were identified and quickly rectified. Staff received supervision although not at the bi-monthly frequency expected by the provider. Verbal and written comments from staff, service users and relatives told us the manager was approachable if they had any concerns or suggestions. We found there was an open and positive culture within the home. The views of people connected with the service were actively sought out and people told us they felt listened to.	**Requires Improvement**

Care Quality Commission

St Pauls

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 inspection took place on 11 December 2014 and was unannounced. The team consisted of an adult social care inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed notifications we had received from the service. A notification is information about important events which the provider is required to tell us by law.

On the day of the visit we spoke with one of the two people who were living at St Pauls, one member of care staff and the registered manager. We observed people being supported in the home and saw a range of records including two care plans, policies and procedures, staff records and records of the homes quality assurance systems.

Good

Is the service safe?

Our findings

During our visit we spent time in the communal areas with people and staff. One person who used the service told us, “I like it here, people are nice and I feel safe.”

We were not able to speak with any relatives during our inspection however we reviewed the relatives annual questionnaire responses that had been sent out by the provider during 2013. The responses were positive and comments included, “(service user) seems very happy, settled and enjoys all things provided in the home.”

External healthcare professionals had also submitted questionnaire responses. Comments included, “The standard of care is very good and the support team maintain this standard at all times.”

Training records showed that all care workers had received safeguarding training; staff we spoke with confirmed that they had completed this training. The home made the local authority’s latest safeguarding procedures available to all staff. Staff had a clear understanding of their responsibilities with regard to protecting the people in their care. They were knowledgeable about the signs of abuse and what would constitute a safeguarding concern. They described how they would deal with a safeguarding issue, including reporting issues outside of the organisation, if necessary.

People were supported by sufficient numbers of staff on duty. The registered manager and staff told us that staff numbers were always one to one but could be increased to address changes in risk or changing support needs. Staff rotas we looked at supported this.

A notice board in the kitchen displayed posters on reporting abuse, fire evacuation, whistleblowing and complaints. These posters was in an easy read format.

People’s care plans included risk assessments for individuals. Risk assessments incorporated support guidelines. These gave staff detailed information about how to support people in a way that minimised risk for the individual. Identified areas of risk depended on the individual and included areas such as daily living skills, emotional or behavioural support and social skills. Specific risk assessments were developed for any special activities such as going on holiday and swimming.

The registered manager conducted monthly and weekly checks. These checks covered the areas of health and safety, fire equipment and evacuation and the use and availability of personal protective equipment for staff. We looked at a sample of health and safety maintenance checks which were up-to-date. Examples included daily fridge and freezer temperature checks and weekly emergency light testing.

Medicines were stored securely in a locked cabinet. The service used a monitored dosage system (MDS) to assist them to administer medicines safely. MDS means that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) we looked at were accurate and showed that people had received the correct amount of medicine at the right times.

There were guidelines in place for people who had medicines prescribed to be taken as and when required (PRN). Staff were able to describe clearly when PRN medicine would be given for pain relief. However, contrary to good practise, we found that an ‘opened on’ date was not apparent on creams. Some creams advise that the product should be used within a certain time period once opened to avoid spoiling.

We looked at three of staff files. These showed that there was a robust recruitment system to ensure that prospective employees were safe and suitable to work with people who live in the home. We saw that the service received references, checked people’s identity and asked for a criminal records check prior to their appointment.

Good

Is the service effective?

Our findings

People told us that they liked living at St Pauls. One person told us, ‘‘I like it here, I make lots of choices.’’

Training records showed that all staff had received Mental capacity Act 2005 training; this included understanding Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm, ensuring the least restrictive option is taken. The registered manager and other staff demonstrated their understanding of consent, mental capacity and DoLS.

Care plans included how people could be assisted to make decisions, what the best way to present choices was and at what times people were able to make their decisions. Examples included eating and drinking, finances and medication. There were clear guidelines to inform staff of how best to promote people’s independence. One person who lived at St Pauls had recently had their bedroom redecorated. They told us, “I chose the bed and the colours for the walls.”

During the inspection staff were interacting and talking with people at all times. People were encouraged to be involved in all conversations. Staff helped people to express themselves and encouraged them to make decisions. People were asked for their permission before care staff undertook any care or other activities. Care plans included detailed communication plans which described the way that people communicated with each other and with staff. We saw that staff were skilled in communicating with people and used the communication methods described in the care plan.

The home developed a menu with people. Menus were well balanced included healthy fresh food and reflected people’s tastes and choice. We saw there was plenty of fresh fruit available for people. The people who lived in the home did not have any specific needs related to nutrition.

People were supported to make and attend healthcare appointments when necessary. For example dentist and optician appointments.

Each person had a health plan which described their health needs. It also clearly noted healthcare appointments and any necessary follow up actions. The health plans were regularly reviewed, a minimum of yearly but more often if needs changed. Hospital passports had been developed. These clearly described people’s needs so that hospital staff knew how to appropriately treat and care for them, if a hospital admission became necessary.

Staff we spoke with told us about their induction and training. They told us the induction and training was, “Comprehensive” and covered a wide range of topics. There was a period of shadowing more experienced staff prior to working alone. They told us they had felt confident and competent to start supporting people when the induction period was completed. However, We noted that not all staff had completed first aid or fire safety training.

Documents we looked at showed that staff supervision (one to one meetings with a line manager) should occur at a bi-monthly frequency. Staff we spoke with told us they received regular supervision every six to eight weeks and annual appraisals. We saw supervisions covered training needs, individual professional targets for the staff member, any concerns regarding working practices or individuals using the service and ideas for progressing the individual development of people. However three staff files we looked at showed that no supervision had taken place between May 2014 and September 2014.

Good

Is the service caring?

Our findings

People received support from staff who respected them as individuals and treated them kindly. During the inspection we observed that staff looked at people, used humour and smiled as they explained to them how they were going to be supported. People told us “Staff are very good, we talk about my favourite things.”

We saw that staff interacted positively with people at all times. People were encouraged to voice their opinions and participate in discussions about daily events. We saw that staff treated people with respect and dignity.

People were helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. Transport was provided for people if their relatives were unable to visit them.

It was evident there were good relationships between the staff and people who used the service and we saw they were treated with respect. During the inspection staff came on and went off duty. When they came into the service they greeted each person by name and said, "Goodbye" when they left. The interactions between people and staff were friendly and respectful. People were called by their first names, as was their preference, and recorded in their care records.

Staff knew the likes and dislikes of each individual person and their preferences in relation to their care and support. Each care plan contained a one page profile of the person. This included information such as, ‘What is important to me’, ‘How to support me.’ And ‘What people like about me.’ It was therefore evident that people were looked after as individuals and their specific and diverse needs were respected. Support plans set out how the person wanted to be looked after and detailed what was important to them.

We looked at support plans that had been developed with the person and also other health and social care staff who were involved with their care. There was sufficient information in the plans to ensure the staff team knew how to look after them, what support they needed and their personal preferences. People were supported with those tasks that they may not be able to achieve on their own, for example personal care tasks or daily living activities. A healthcare professional said, on a returned questionnaire, “Communication from St Pauls is open and honest.”

Staff paid attention to people’s appearance. All of the people who lived in the home required support with their personal care and people looked well cared for. For example people were wearing clothing that matched and had their personal hygiene needs, such as nail, hair and shaving needs met. Staff were also aware that sometimes people could compromise their own dignity due to their lack of understanding. All the staff we spoke with were aware of how to ensure that people’s privacy and dignity was respected, for example when bathing or attending to other elements of personal care.

Good

Is the service responsive?

Our findings

People had a full assessment of their needs prior to moving into the home. They and their families, friends, advocates and social workers were involved in the assessment process. A care plan was written, with the individuals, from the information included in the assessment. Care plans were reviewed monthly and these reviews were discussed at an annual review. The annual review was attended by relevant professionals and the individuals themselves.

Each person had individualised plans which described how they were to be involved in their care planning and how they should be supported to make as many choices for themselves as possible. Care plans described the best way to present people with choices. One person showed us their room and explained that it had been newly decorated to their chosen colour scheme. We observed people being given choices throughout our inspection. They included choices about food, activities and staff assistance. Staff told us they spent time reading people's care plans and demonstrated a good knowledge of individual's needs.

People's care was planned in response to their expressed preferences and interests and not just on practical tasks that had to be completed in relation to their care. One person told us that they liked music and we saw a trip to the shops arranged to buy a new cd. They told us, "I like to get a new cd every week. Staff take me and I like that."

Care plans included a section detailing routines. These described the individuals preferred routines including those of morning, evening, bathing, oral hygiene, toileting and activities. These were detailed descriptions of the individual's preferences and that they were comfortable and happy. They included the amount of time staff needed to spend with people to help maintain their independence. All aspects of these routines were risk assessed to ensure safety and prevent injury, for example shaving.

Each person had their own activity plan which took account of their ability, preferences and interests. People accessed the local community according to their interests. One person told us, ''I like to go to town or walking with staff."

People's handbooks and their individual care plans included information about how to raise a concern or make a complaint. The information was provided for individuals in a way that they may be able to understand. One person told us that they would talk to any staff or tell the manager if they were unhappy. The home had not recorded any complaints since 2012. There was a robust complaints procedure for staff to follow when a complaint was received. This included reporting any complaints received and the actions taken with regard to the complaint to head office. Complaints and concerns formed part of the service's and provider's quality auditing processes.

People's views on the service were sought. People had been consulted about their experience of the service. The feedback from questionnaires by people who used the service, family and healthcare professionals was positive. The provider held service user meetings. These are meetings for all people who receive a service to be able to express their opinions about the service and the staff. Although these meetings should be held monthly only two meetings had been held in 2014.

Staff told us that there was a positive culture where they could raise any concerns either directly with the manager or at staff meetings.

Requires Improvement

Is the service well-led?

Our findings

People told us that the service was well led by the registered manager. Staff said that they felt well supported by the manager. People told us that the providers visited regularly. The registered manager was visible in the service and people felt managers and the provider were accessible to them.

Staff told us there was a positive culture which supported communication and allowed them to express their views freely. They also told us that staff morale was good and they felt supported. Regular staff meetings were held. We saw that a recent meeting had included a presentation on whistleblowing. Staff were aware that the purpose of the service was to empower and enable people to live fulfilling lives. Staff understood and demonstrated the values of the service. These values were behaviours the provider sought in staff to enable them to work effectively with people to promote their independence and empower them.

People were cared for by staff who felt safe to raise issues that might impact on people's safety or quality of care. Staff were encouraged to express their views through talking with the manager, supervision, staff meetings and feedback to the provider.

The registered manager confirmed that they covered some shifts which allowed them to work alongside staff and enabled them to speak with people and observe staff interactions.

There were arrangements in place to regularly assess and monitor the quality of the service. The provider carried out various checks and audits covering aspects of the service. These included checks relating to health and safety, for example emergency lighting, water temperatures, fire evacuation and an inspection of the internal and external safety of the property.

The monthly health and safety checks had not been completed between May 2014 and August 2014. There were also numerous gaps in the audits for October 2014 and November 2014. Other audits were focussed at the service. We saw audits carried out for service user finances, medication and petty cash. The most recent monthly medication checklist stated yes to the question, "Are bottles and creams dated when opened?" However our inspection of medication found creams in use that did not have an 'opened on' date. This meant the audit was not effective in identifying issues which required improvement and may compromise the safety and well being of service users.

Not all quality assurances systems were up to date to help guide practice, plan improvements or implement changes. This was a breach of Regulation 10 (1a) (1b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We did not see a dedicated care plan audit therefore the issues we found regarding omissions in people's care plans went unaddressed. For example one person had a support plan relating to their MP3 player. The plan was stated it was due for review in April 2014. This had not been done. A risk assessment relating to a person's vulnerabilities was due for review in February 2014. This had not been done. This meant that any change or potential risk had not been assessed and recorded in a timely manner.

Incidents that had impacted on people's safety had been recorded and analysed. For example, staffing had been modified due to a person's behaviours towards female members of staff. Details of incidents had been collated, analysed and plans implemented to reduce the risk of reoccurrence. The outcome of the analysis had been discussed with staff and healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Regulation 10 (1) The registered person did not protect service users, and others who may be at risk, against the risks of inappropriate or unsafe care and treatment, by means of the effective operation of systems designed to enable the registered person to – (a) Regularly assess and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and (b) Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.