

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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29 September 2021

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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 care home 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:

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People who used the service were supported to live as full a life as possible and achieve the best possible outcomes. People were given control, choice, and independence, they received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

People and their relatives told us staff were lovely and made them feel safe. Staff understood safeguarding and whistleblowing procedures. We found adequate staff were employed to meet people's needs. The recruitment process was robust to ensure only staff suitable to work with vulnerable adults were employed. The registered manager promoted a focus on openness and transparency. This ensured staff learned when things went wrong. Accidents and incidents were monitored to enable positive risk taking. People were protected by the prevention and control of infection. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed. Documentation to improve systems was implemented at the time of our inspection.

Staff were knowledgeable about people needs, people told us the care provided was person-centred and individualised. Staff said training was good and kept their knowledge up to date. Staff were supervised and supported. 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 who required support with meals were supported to be able to receive a balanced diet. People had access to health care professionals, staff worked closely with professionals to ensure people's needs were met. Professionals we spoke with told us the care provided was excellent.

People told us the staff were kind and caring. Where possible people were involved in their care planning to ensure their decisions and choices were reflected. People received care that was responsive to their needs. Staff understood people's needs, including social, cultural, values and beliefs.

There was a robust quality monitoring system in place to ensure continued improvements.

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

Rating at last inspection:

The last rating for this service was good (published 16 September 2019).

Why we inspected:

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

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 was carried out by one inspector.

Service and service type

St Paul's is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave short notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 29 September and ended on 4 October 2021. We visited the service on 29 September 2021.

What we did before the inspection

Prior to the inspection visit we reviewed information we had received about the service since they registered. The registered manager completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what they do well and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person who used the service and one relative via the telephone about their experience of the care provided. We spoke with three members of staff including the registered manager and care workers. We also obtained feedback from two health care professionals.

We reviewed a range of records. This included people's care records, medication records and daily records. 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

- People were safe. One person said, "I am safe." A relative said, "I am very happy, [relative] is very safe."
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.
- The provider promoted openness and transparency. Staff we spoke with told us they would not hesitate to report any concerns as they were confident, they would be acted on immediately.

Assessing risk, safety monitoring and management

- Risks were assessed and managed to keep people safe. Care plans contained detailed risk assessments including environmental risks, which were managed to ensure safety.
- People where possible were involved in their care planning and risk management. The care records detailed people's involvement.

Using medicines safely

- The provider had systems in place 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 safe storage.
- 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 received their medicines as prescribed.

Staffing and recruitment

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.
- There were enough staff employed to meet people's needs. People were supported on a one to one basis. Staff told us there was always staff on duty to support people safely and enable people to do activities of their choice.

Preventing and controlling infection

- The service had systems in place to manage the control and prevention of infection. Staff were kept up to date with government guidelines and requirements during the pandemic.

- Personal protective equipment was provided. Staff told us they always had a good supply of personal protective equipment, including, gloves and plastic aprons.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- The provider ensured there was an open culture in which staff were empowered to raise concerns as they were valued as integral to driving improvements.

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. People's diverse needs were met in all areas of their support and care was delivered following best practice and guidance.

Staff support: induction, training, skills and experience

- Staff received training to be able to provide effective care. Staff told us the training was good.
- Staff understood people's needs and delivered care in line with people's care plans. We observed staff supporting people they knew them well and clearly understood their needs.
- Staff told us they felt very supported. Staff said that the manager was extremely supportive and was always available at the end of a telephone.

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

- People's care files contained information about their dietary requirements. This included what they liked, disliked and any foods which should be avoided.
- People were given choices and staff encouraged independence, however, supported people with meals where required and ensured any concerns were highlighted and advice sought.

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

- Staff worked well with other organisation to ensure people's needs were met. Staff explained to us how they contacted and liaised with health care professionals to ensure people's needs were met. A health care professional told us that the manager had improved the care plans to ensure staff understood how to appropriately support people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We found the registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.
- We observed staff giving people choices and enabling them to make decisions. 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

- Staff were kind and caring. Staff spoke passionately and valued people as individuals. There was a strong visible person-centred culture. The manager was passionate to instil this ethos into the care staff.
- Through our observations, talking with staff and relatives, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's needs were clearly recorded in their care plans. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- All staff attended equality and diversity training and understood the importance of understanding people's needs, decisions and choices.

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

- Staff supported people to make decisions about their care. We observed staff waiting for consent before any support was delivered. A relative told us they always observed staff asked for people's consent before supporting them.
- We saw in care plans people's views were recorded and we observed staff involve people in making decisions.

Respecting and promoting people's privacy, dignity and independence

- We observed staff respecting people's privacy and dignity.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a very caring way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services 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 personalised care to ensure they made choices and had control to ensure their needs and preferences were met. People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the involvement of the person. The plans identified who was important to them. The provider told us how important it was to ensure the people they supported were empowered and valued developing their care plans and ensuring these were reviewed as people's needs changed. A health care professional told us, "The current manager appears to have a good understanding of the resident's needs and had made some positive changes to the care plans which was more reflective of people's needs."
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs.
- People were supported to follow their interests and take part in activities. We saw from daily records people had good access to the community and were able to choose what they wanted to do each day.
- The provider was committed to ensure people were not isolated. This was particularly important during the pandemic. The staff ensured any requirements were raised with the management and proactively advocated for people. A health care professional told us, "They supported people well during the pandemic to minimise any impact on them from the changes to their routines. They were responsive and considerate of people's needs to maintain close relationships with family making efforts to work within the guidelines to facilitate contact."

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 was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files for staff to follow.

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

- A complaints procedure was in place. People were involved in regular reviews of how the service could improve. Any concerns were investigated comprehensively, and feedback was given, and lessons learnt. The registered manager was passionate about learning from complaints and improving the service and outcomes for people
- 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.

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.

Planning and promoting person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager told us the ethos of the service was to ensure people received high quality care.
- The registered manager complied with their duty of candour responsibilities. Relatives we spoke with told us staff and management kept them informed of any issues and concerns and were open and honest. Regular communication was sent out to people to keep them informed and up to date.

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

- There was a registered manager who was supported by a team of staff. They had a good understanding of the requirements of their roles. They understood the current best practice in care and how to ensure information was accessible. They understood about people's rights and how to promote them while keeping people safe.
- Staff received regular supervision and appraisals of their performance. Staff were happy with the way they were managed. One staff member told us, "The [registered] manager, manages well. I feel comfortable to approach them at any time, they listen and explain things and are extremely supportive."
- The registered manager understood how to use quality assurance systems to improve practices and had action plans which were clearly recorded and implemented for all areas of improvement in the service. This included maintenance, some of which had already been completed and others which were in progress.
- The registered manager told us they received enough support from senior managers. They told us there was a consistent approach to ensure all staff were supported and well led.

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. This ensured feedback was obtained to drive improvements.
- Staff told us they felt appreciated by the management team and they worked well as a team.

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

- The registered manager understood their legal requirements.
- The registered manager and management team demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.