Emerald Care Services

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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

Overall summary

We undertook this inspection over two days on 15 and 23 January 2015 and the inspection was unannounced, which meant the registered provider did not know we would be visiting the service. The inspection was planned to check whether the registered 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.

The service was last inspected on 23 November 2013 and was meeting all the regulations assessed during the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection. There was a manager registered with the Care Quality Commission (CQC); they had been registered since 10 0ctober 2013. A registered manager is a person who has

Summary of findings

registered with the Care Quality Commission to manager the service and has the legal responsibility for meeting the requirements of the law; as does the registered provider.

Emerald Care Services is a care agency. The agency provides personal care and support services to people living in North Lincolnshire. Services provided range from a few hours support several times a week, to 24 hour support every day. People who used the service included; older people, people with dementia, learning disabilities, autistic spectrum disorder, mental health needs, physical disabilities, sensory impairments and people who misused drug and alcohol.

People who used the service told us they had positive relationships with their carers and their care was delivered to a high standard.

Staff knew the people they were supporting and provided a personalised service. Care staff received regular training and were knowledgeable about their roles and responsibilities. They told us they felt they had the skills, knowledge and experience required to support people with their care and support needs.

Disposable gloves and aprons were provided by the organisation for all staff. Staff told us there were adequate supplies of these and where allergies to products had been identified, suitable alternatives were found and provided.

People were at the heart of the service and the agency did their upmost to organise care and support to suit their individual needs. For example, people who used the service who required a high level of support from the agency had a team of carers allocated to them in order to provide continuity. Some people who used the service had been involved in the staff selection process.

Staff knew how to protect vulnerable people from abuse and they ensured the equipment they used in people's homes was regularly checked and maintained. Risk assessments were carried out for known risks to people to ensure staff knew how to manage these safely and support people to make sensible decisions.

People's human rights were protected by staff who had received training in the Mental Capacity Act 2005. We saw where a person may not have the ability to make a certain decision an assessment was completed to see if they understood the choice they were asked to make. Where people were not able to make a decision we saw decisions had been made in their best interests by family members and professionals involved in their care.

The registered provider had policies and systems in place to manage risks, safeguard vulnerable people from abuse, recruit staff safely and for the safe handling of medicines.

Assessments had been undertaken to identify people's health and support needs. Care plans had been developed with people to identify how they wished to be supported and to provide guidance for staff, in order to meet their needs in their preferred way.

There was a strong leadership which put people first, set high expectations for staff and led by example. The service had an open culture, a clear vision and values which were put into practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people.

Staff were enabled to develop their skills through a process of continuous learning and development. This consisted of an in depth induction, training and appraisal. Staff were encouraged to reflect on their practice through regular assessment of their practice and supervision.

People who used the service were encouraged to raise concerns and report incidents. People's comments and complaints were responded to appropriately and there were systems in place to seek feedback from people and their relatives about the service provided. Incidents were reviewed regularly to establish if changes needed to be made and what worked well for people. Where changes were identified as being required, these were acted on and implemented.

The registered provider had a robust quality monitoring systems in place to monitor the quality of care.

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?

Good

The service was safe. The registered provider had systems in place to manage risks and for the safe handling of medicines. People told us they felt safe and the service was good.

Staff received training about safeguarding vulnerable people from abuse or harm to ensure they knew how to recognise and report potential abuse and whistle blowing concerns about the service.

Staff were recruited safely and there were sufficient numbers of staff available to meet people's assessed needs.

Is the service effective?

Good

The service was effective. Staff were trained to ensure they could meet the assessed needs of people.

Staff were aware of the requirements of the Mental Capacity Act 2005 to ensure people's human rights were promoted and upheld.

Staff received supervision and appraisal of their skills to ensure they had up to date information to undertake their roles and responsibilities.

People who used the service and their relatives felt staff were professional.

Is the service caring?

Good

The service was caring. People and the relatives we spoke with told us they were happy with the care they received; that staff were respectful of their privacy and treated them with kindness, compassion and respect.

Care files provided information about people's life histories and their preferences for how care should be carried out.

People were consulted about their support and involved in making decisions about how this was provided.

Is the service responsive?

Good

The service was responsive. People had assessments, risk assessments and care plans that guided staff in how to support them.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action taken to address them.

Staff told us they were always made aware of any changes in people's needs.

Is the service well-led?

Good

The service was well led. The management team provided strong leadership and led by example.

The registered provider worked proactively in partnership with other professionals for the benefit of the people they supported.

Staff told us they felt they received a good level of support and direction from the senior management team.

Emerald Care Services

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 was planned to check whether the registered 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.

The inspection took place on 15 and 23 January 2015 and was unannounced. The inspection was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

The service was last inspected November 2013 and was found to be compliant with the regulations inspected at that time.

Prior to the inspection the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and the improvements they plan to make. We also requested and received information from commissioning teams with responsibility for people who used the service.

Prior to the inspection we looked at the notifications we had received from the registered provider. These gave us information about how well the registered provider managed incidents that affected the welfare of people who used the service.

We spoke with eighteen people who used the service, the registered manager, a director of the registered provider, and fifteen members of staff.

We looked at care records in relation to five people's care and medication. Records relating to the management of the service which included: staff recruitment, supervision, appraisal, the staff rota, records of meetings, staff induction records, staff training records, quality assurance audits and a selection of policies and procedures were also reviewed.

Good

Is the service safe?

Our findings

We spoke with eighteen people who used the service; they told us, "I feel as safe as if my own family were here." Another person told us, "I have no concerns what so ever when I am at work, because I know they are in safe hands." and "Our main aim is that they are happy cared for and safe. I have absolutely no qualms about leaving them as the carers are second to none."

The registered manager told us the agency works closely with the local fire service. When referrals were made, part of the initial assessment involved the completion of a fire risk assessment. Copies of these were provided to the fire service and kept on their system, so that in the event of a fire they had details of where the person can be located quickly, if they have any problems with mobility and evacuated. The registered provider also provided smoke alarms which were fitted free of charge and checked weekly by staff. People who used the service and are smokers were also provided with fire retardant blankets, particularly if they chose to smoke in bed.

The registered manager had policies and procedures in place to direct staff in safeguarding vulnerable people from abuse. Staff we spoke with were aware of the safeguarding policies and procedures and were able to describe the different types of abuse and the action they would take, if they observed an incident of abuse or became aware of an allegation. Staff told us they felt all staff within the team would recognise inappropriate practice and report it to a senior member of staff.

Training records seen showed staff had received safeguarding training during their induction and had further annual updates.

Care plans included assessments that identified a person's level of risk. These included a nutritional assessment, a falls assessment, a moving and handling assessment and a pressure care assessment. Assessments and risk assessments included information for staff on how to reduce the identified risks and we saw these had been regularly reviewed.

Senior staff regularly carried out 'spot checks' to ensure staff were following correct lifting and handling techniques and to check lifting and handling equipment was fit for purpose. Similarly, when staff had identified a change in need, senior staff would conduct a visit with them and complete a reassessment of the person who used the service. Any further action required from this was seen to be acted on immediately to ensure people's safety.

We checked the recruitment records for four staff. Application forms had been completed that recorded the applicant's employment history, the names of two employment referees and we saw a Disclosure and Barring Service (DBS) check had been obtained prior to people commencing work with the agency. We saw that one person had only one reference on their file. When we raised this with the registered manager they immediately contacted the referee and obtained a verbal reference for the staff member, which was followed up by a written reference. Rotas seen showed the staff member involved had worked in a supervised capacity at all times.

All staff were required to complete an induction programme, followed by a period of shadowing and mentoring before a final assessment of their competency. Records were seen which showed new staff had been assessed in their competency in the work place by a senior member of staff. Areas assessed included, their presentation, knowledge, practice skills, communication and record keeping.

There were sufficient numbers of staff available to provide a flexible service and meet people's needs. Staffing levels were determined by the number of people who used the service and their assessed needs. When needs changed staffing could be adjusted according to the needs of people who used the service. The registered provider liaised with commissioners to review staffing levels and we saw that the number of staff supporting a person could be increased if required.

We looked at the systems in place for the safe handling of medicines and found the registered provider had arrangements in place for managing people's medicines safely. Senior staff conducted weekly medication audits, including the Medication Administration Records (MAR) charts, to check that medicines were being administered appropriately. Staff checked the MAR charts at each visit to identify any errors or omissions so these could be dealt with immediately.

Staff received training in medication and this was followed by a competency assessment for medication handling and administration. This included checking staff's knowledge of

Good

Is the service safe?

correct medicines handling and administration policies, managing topical medicines and situations where medicines were declined. All staff received training in medicines and different levels of training were provided based on the level of responsibility and involvement in the handling of medicines the staff were involved with.

Staff were seen collecting disposable gloves and aprons from the office during our visit. Members of staff spoken with and people who used the service told us; aprons and gloves were always used by staff and disposed of correctly. Records seen showed staff had spot checks to establish if they were using good infection control practices. Where action had been identified as requiring improvement we saw this had been implemented. Staff training records showed they had received training in infection control.

Good

Is the service effective?

Our findings

People who used the service told us, “The staff are all great professional people who put you at ease” and “The staff are so well presented, trained, polite and caring. I am lucky to have them.” Other people told us, “Nothing is too much trouble for them” and “Life before Emerald was very hard, life is so much better as a family since we went to them, we have our lives back. They make everything perfect, they are 110% outstanding.”

People were supported by staff who had the knowledge and skills to meet their needs. The registered provider had a comprehensive training programme in place. We looked at training records and saw staff had access to a range of training both essential and specific. Staff confirmed they completed essential training such as fire safety, basic food hygiene, first aid, infection control, health and safety, Mental Capacity Act 2005, safeguarding and moving and handling. Records showed staff participated in additional training to guide them when supporting the physical and mental health care needs of people who used the service. Some of this training was facilitated by health professionals involved in people’s care and treatment. Staff had the opportunity to complete further training for example nationally recognised qualifications in care and management.

New staff undertook a detailed induction programme in accordance with the requirements of good practice induction standards. They had a three month probationary period and were regularly assessed to check they had the right skills and attitudes in their role. Staff confirmed they completed an initial two day induction where they were allocated a member of staff who was to mentor them. We saw the initial two day induction schedule included an overview of policies and procedures and a range of topics such as documentation, expectations, customer care and staff roles.

Staff confirmed they had supervision meetings and appraisals with their line manager. Records seen confirmed this. This assisted staff and management to identify training needs and development opportunities. Records were kept of these checks and a record of the feedback to the individual. We saw that where action had been identified, this had been undertaken; for example further moving and handling training. Staff told us, “It is the best company I have worked for, we are always thanked for our work and we are listened to” and “If I need any advice or help with anything, the seniors are straight there to assess the situation and support you. Even if we think it is something minor we are always listened to and it is acted on.”

The registered manager and staff told us about a recently introduced initiative, where they were given personal feedback from the registered manager face to face, when people who used the service had complimented them on their practice, or they were considered to have gone ‘over and beyond’ the call of duty. Staff had welcomed this, they told us they had always felt valued but this added, “The personal touch.”

The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. Although DoLS are not currently applicable in domiciliary care settings, in such situations a court of protection order would be applied for. The registered manager told us they had worked closely with the local authority safeguarding team to identify any potential deprivation of people’s liberty. We found staff demonstrated a good understanding about the principles of the Mental Capacity Act (MCA) 2005 and DoLS and how this was put into practice. Staff were able to give examples of situations this may need to be considered within a domiciliary care setting.

Staff had received training in the Mental Capacity Act 2005 and followed the basic principle that people had capacity unless they had been assessed as not having it. In discussions with staff they were clear about how they gained consent prior to delivering care and treatment. Staff said, “We always ask people. Most people have capacity for making decisions and others have capacity that fluctuates. We can still hold things up or show them things to help them to make their own choices.” People who used the service told us staff consulted and involved them in making decisions about their support and that staff took their time and engaged with them well to ensure their personal wishes and feelings were met. Staff were able to give examples of when advocacy services had been used to support people.

We observed people’s care files contained signed consent to care plan agreements that had been developed from their individual assessments of need, to enable their

Good

Is the service effective?

personal choices and independence to be promoted and encouraged. When we reviewed care records we saw the service supported people with eating and drinking. Care plans contained detailed information and assessments of people's dietary needs, their likes dislikes and preferences. Further information was also in place about any cultural or religious requirements where this had been identified.

The registered manager told us the service worked with external health care professionals including Speech and Language Team (SALT) and dieticians where required .In these situations staff recorded food and fluid intake on specific monitoring charts.

During discussion with staff they told us any changes in people's food intake for example; difficulty with swallowing, loss of appetite or weight loss were also recorded and appropriate referrals were made to specialist services or their GP.

Records showed a number of people received their nutrition through other means, including percutaneous endoscopic gastrostomy (PEG) tube systems. We saw from records that all staff who provided care to these people had received appropriate training in this and had been assessed for competency following this. Policies and procedures were also in place to ensure current practice guidelines and good hygiene systems were in place for staff to follow, when they were involved in this procedure.

Evidence in people's care files of information about their health and nutritional status, together with guidance for staff about action to take, to ensure people's needs and preferences were appropriately maintained. Information was also in place to identify triggers for example how staff could encourage eating and drinking and when poor appetite should be reported and additional help sought. We saw that food safety training was provided to ensure staff were aware of safe food handling techniques. Staff spoken with had a good understanding of food storage, preparation, nutritional needs and how people's culture may affect their diet.

Two visiting professionals provided information to us about how the staff from the service met people's health care needs. They told us they received, "Good quality information and staff kept good records, which were always available on request" and "The agency provided good care to people with complex care needs."

People who used the service had access to health care professionals including; dentists, chiropodists, GP's and opticians. A senior staff member was available daily to arrange visits from doctors and other health professionals when a need for this was identified by staff during their visits. We were told by people who used the service they were supported to attend appointments from staff and they arranged transport for them.

Good

Is the service caring?

Our findings

People who used the service told us they were very happy with the care they received. Comments included, “The staff went way beyond all of our expectations, they listened to everything and took it all on board. My relative could be demanding and they knew what they wanted. In the two and a half years they have been supported the staff have never wavered, I can’t put into words how outstanding they were” and “They are just exceptional, the staff are so compassionate and the whole company care.” Other people told us, “Nothing is too much trouble” and “The Queen couldn’t get better.” Relatives also gave examples of the professionalism of staff in their dealings with other health professionals.

There was evidence people who used the service were provided with information about the service to enable them to know what to expect and who to contact in emergency situations if this was required.

Care files provided information about people’s life history and their preferences for how care should be carried out. People who used the service told us they had been involved in their assessments and their plans of care and some had been supported by their relatives during this process. This had involved the development of their care and support plan and identifying what support they required from the service and how this was to be carried out.

Staff we spoke with were knowledgeable about people’s individual needs, able to describe people’s life histories and clearly knew people’s preferences. They confirmed during discussion that care plans provided them with sufficient information about people as individuals, their needs and their care preferences.

People who used the service told us, “You can’t beat it; I know she is getting the best care possible” and “The whole family think they do a fantastic job with their care. They listened to what they wanted and met regularly with them to ensure that everything was alright.”

Staff confirmed they read care plans and information was passed onto them in a number of different ways. A handover was completed twice daily to pass on important information and a communication book was available in each person’s home for staff to share further information. Changes made to care plans were brought to the attention of staff and they were expected to sign these when they had read them.

People told us staff were respectful of their privacy and maintained their dignity. Staff told us they respected people’s privacy whilst they undertook aspects of personal care. One staff member said, “I treat people the way I would expect to be treated, with respect. I always check with them how they want things done and they have everything they need to make them comfortable before I leave.”

Relatives and people who used the service told us they were encouraged to express their views about the quality of service provision. Senior staff rang and visited them regularly to ensure the care delivery was to their satisfaction and if changes were needed to be made this was accommodated whenever possible.

The registered manager told us they did not accept referrals for fifteen minute calls as they did not feel that a good standard of care could be provided within such short period of time.

The registered manager gave examples of how they offered support to relatives when their relations were admitted to hospital, ensuring that calls were increased or respite facilities accessed when they were unable to remain in their own home safely. Staff were made available to visit both parties and in doing so were able to ensure contact was maintained between them during their stay in hospital.

Good

Is the service responsive?

Our findings

People who used the service told us that their service was provided flexibly and at times that suited them or their family's needs. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

Individual assessments were carried out to identify people's support needs and care plans were developed following this, outlining how these needs were to be met. People who used the service told us staff involved them in making decisions about their support and engaged them in a friendly and meaningful way, providing them with choices about their support to ensure their wishes and preferences were considered.

Records seen showed staff were able to identify changes in people's behaviour and wellbeing quickly that indicated they were not well. Staff were aware that people needed different levels of support each day or at various times of the day, due to their fluctuating health needs.

Relatives told us the registered manager and the whole team were very obliging and responsive in changing the times of people's calls and accommodating last minute additional appointments when needed. One example given was to support a younger person with their preferred activities, which could be different each week. They told us staff were always made available to support their relative with these activities.

People who used the service told us they were aware of the complaints procedure. They told us they would not hesitate to contact the manager or any of the staff team with any concerns as the whole team was very approachable and responsive. We saw the service's complaints process was included in the information pack given to people when they started receiving care. At the time of our inspection we saw that one complaint had been received and this had been dealt with in line with the service's complaints procedure. Following the investigation and conclusion of the complaint, every effort was made to provide the same core group of staff in order to provide continuity for the people who used the service. However, this was not always possible where very small groups of staff were in place. In these situations the registered manager had explained this to the people who used the service and introduced additional staff members to work in the team to allow for cover during holidays, sickness and other absences.

Relatives and people who used the service told us they had regular contact with their care worker and the registered manager of the service. They told us, "The staff keep me informed, they are in regular contact with us and keep us up to date with everything." People told us they felt there was good communication with the staff at Emerald Care Services and there were opportunities for them to feedback about the service they received. People were given contact details for the office and who to all out of hours, so they always had access to senior managers if they had any concerns at any time of the day or night.

The registered manager told us they liaised with other agencies in order to share good practice and for the purpose of networking.

The registered provider informed the care quality commission and other agencies when incidents occurred that affected the safety and welfare of the people who used the service. This enabled us to contact the service to be assured that incidents were managed appropriately.

The registered manager told us they attended local and health led training and meetings which helped them keep up to date with current practice and enabled them to make contacts with other registered providers.

Good

Is the service well-led?

Our findings

There was a registered manager at the service. The staff told us, “She goes over and beyond the call of duty and is a good role model to us all” and “We work well as a team and are all valued regardless of what role we do.”

People who used the service told us, “We can ring her at any time; she is so approachable, compassionate and professional. She makes us feel empowered and that we are important.” The people we spoke with all referred to the registered manager by their first name and told us they would make home visits to them or telephone calls to obtain their feedback on the care they were receiving.

There was a strong senior management team within the service, who were closely involved in all aspects of care provision and supporting staff in their roles. Staff received regular support and advice from senior staff, this included spot checks, phone calls and face to face meetings. Senior staff also worked alongside staff on care calls. Staff saw this as a positive support network. They told us, “We can say if we need help and it will be provided, whether that is physical help or guidance. We are always listened to, we have very high standards and we work well together as a team, using the skills of the staff to offer the best we can.”

Staff told us, “The manager is always willing to support and will cover in emergency situations and is happy to accompany us on calls” and “She is always the first one to say thank you or well done.”

Satisfaction questionnaires, telephone calls and home visits were used to obtain feedback from people who used the service. Comments from previous surveys included; ‘The care was second to none’ and ‘The care and empathy is amazing and I could not thank Emerald enough.’

There was evidence of systems being in place to enable the quality of the service to be monitored. We saw this involved a series of audits and checks on different areas of the service provision and included: medication, records, staff performance, staff conduct and presentation, care records, safety and communication. Information was gathered regularly from questionnaires, audits, observations and from speaking to people who used the service. Records from these showed us action had been taken when issues were identified.

We saw records of staff meetings having taken place. The registered manager and senior staff within the organisation told us they networked with other agencies to share training and best practice.