

EMH Care and Support Limited

Springfield

Inspection report

School Lane
Ashby-de-la-zouch
LE65 2RW

Tel: 07736822253

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Springfield provides extra care housing in a gated community in the heart of Ashby-de-la-zouch. The service is registered to provide personal care for people who require care and support in addition to housing. At the time of our inspection, there were 69 people using the service, 11 of whom received the regulated activity of personal care.

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

People's needs had been assessed however care plans did not fully reflect key information relating to people's specific needs, including health conditions. Risks were mitigated as staff demonstrated they knew people well, though, on occasions, people were supported by staff who were not as familiar with their needs. Relatives felt improvements could be made to records where people required support to access meals. The registered manager told us they would improve and develop records to include key, personalised information, following our inspection visit.

People were supported to take their medicines safely. There was a process in place to report and investigate incidents and accidents. Staff followed safe procedures to manage the risk of infections for people. Sufficient numbers of trained staff were deployed to meet people's needs. 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. We have made a recommendation about reviews of people's mental capacity.

People were cared for by kind, compassionate and respectful staff. Staff understood the need to respect people's privacy and dignity and supported people to maintain their independence.

Staff were knowledgeable about people's needs, preferences and wishes as to how they wanted their care to be provided. People's communication needs were met. There was a complaints procedure in place and people were encouraged and supported to share any concerns about their care.

A new registered manager was in post and they had begun the process of identifying and implementing improvements and establishing consistency within the service. Staff told us they received good support and leadership in their roles. The provider's systems allowed staff to monitor the quality of the service and drive continuous improvements.

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

Rating at last inspection

This service was registered with us on 1 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always 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.

Springfield

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one 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 care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since registration with the Care Quality

Commission. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to share this information during this inspection.

During the inspection

We spoke with five people's relatives to gain their feedback on the care and support provided. We also spoke with six members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records and a sample of medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, staff recruitment information and policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to ensure people were safeguarded from the risk of abuse. These were supported by guidance and information for staff to raise awareness and understanding of abuse. Information was available to people in an easy read format to enable them to identify and report abuse.
- Staff had received safeguarding training and were knowledgeable of actions to take to help keep people safe from abuse.
- Staff had made referrals to other agencies where they were concerned about a person's welfare. This helped to ensure timely action was taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and reviewed to promote safety. Care plans and associated risk assessments were completed with people, or their representatives, if appropriate.
- Relatives felt their family members were safe due to the measures staff took to protect people from the risk of harm. For example, one relative told us staff had completed more regular checks and provided additional temporary support to their family member when they were unwell.

Staffing and recruitment

- The service had experienced high staff turnover since registering with the Care Quality Commission. This had had an impact on consistency in people's care and support due to staff changes, and reliance on agency staff who were not as familiar with people's needs as permanent staff.
- The registered manager had recruited to many staffing vacancies and was developing a recruitment strategy to attract and retain staff. They ensured there were sufficient numbers of staff deployed to meet people's needs.
- The provider carried out pre-employment checks with staff before they started to work at the service. This included Disclosure and Barring Service (DBS) checks. These provide information including details about any convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff completed medicine administration records (MARs) to record people had taken their medicines safely and as prescribed
- People's care plans included details of their medicines, how they liked to be supported to take them and any specific guidance. For example, body maps to ensure topical medicines, such as creams, were

administered correctly.

- Staff had completed training in administering medicines and were regularly assessed to ensure they followed safe working practices. The registered manager undertook frequent audits of medicine records to ensure these were completed accurately.

Preventing and controlling infection

- Staff received training in infection prevention and control and COVID-19 and were supported to follow best practice outlined in the provider's infection and prevention policy.
- Staff completed rapid COVID-19 testing in line with guidance. Staff had access to personal protective equipment (PPE) and told us they had good supplies.
- People's care plans included guidance on disposal of clinical waste and cleanliness.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong, and information was shared with the staff team.
- Incidents, accidents and near misses were recorded, analysed and measures identified to reduce the risk of further occurrence. The registered manager sent monthly statistical information to the provider to enable further analysis of themes and patterns across services.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs had been assessed however care plans did not fully reflect key information relating to people's needs. For example, we found one person's care plan referred to a health condition that would require staff intervention in an emergency. Their care plan did not include information to guide staff on early warning indicators should the person experience a health crisis, and what staff response should be.
- A care plan audit undertaken on 23 March 2022 identified this as a concern but key information had still not been included in the care plan by the audit target date of 31 March 2022.
- A person's care plan referred to visual and cognitive impairments but did not provide guidance for staff on how to support the person effectively on a day to day basis. There was no information around a person's fluctuating day to day abilities and how staff should adapt care and support to meet this need.
- Staff who knew the person well were able to describe their interventions and responses. However, the person was periodically supported by staff who did not know them so well and would not be aware of this key information. This meant there was a risk they would not be able to respond effectively to meet the person's needs.
- The registered manager told us they would ensure this key information was included in the person's care plan following our inspection visit.

Staff support: induction, training, skills and experience

- People's relatives felt staff were well trained overall, though felt turnover of staff had had an impact on the experience and knowledge of the staff team.
- Staff described a positive induction and training programme that combined on-line learning with face to face tuition.
- Staff felt supported by their immediate line managers and felt able to raise concerns, seek guidance and advice through formal and informal supervision.
- The registered manager was in the process of reviewing and developing the training provision to ensure staff were sufficiently skilled to meet people's needs. Some staff felt they would benefit from more in-depth training in supporting people living with dementia. We have fed this back to the registered manager to address as part of their review.

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

- People were supported with meal and drink provision where this had been assessed as required.
- Relatives provided mixed feedback on the quality of support people received with meals. A relative described how staff had worked in partnership with the on-site bistro to support their family member to eat

safely. Other relatives felt their family member would benefit from a food monitoring system to provide assurances the person had eaten sufficient amounts, where they were not able to provide these assurances this independently.

- The registered manager had recognised improvements were needed to meal provisions and was taking action to address people's concerns.

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

- Staff worked in partnership with people, their relatives and other health professionals to support people's health and welfare. One relative told us, "Staff are very good at ringing the hospital or GP and they respond well when [Name] falls; they come quickly".
- The registered manager had developed well-being checks for people which helped to identify if people needed additional support throughout the day.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had signed to consent to their care and support, People's care plans included day to day decisions they were able to make and people who should be involved in decision making, such as relatives with legal authority.
- Care plans did not clearly reflect people's mental capacity had been reviewed where there were changes to their memory or cognitive functioning that may affect their ability to make decisions and choices.

We recommend the provider consider current guidance and practice within the MCA to ensure people receive consistent support to enable them to make their own decisions.

- Staff had completed MCA training and understood the importance of gaining consent and supporting people to make decisions. One staff member told us, "I always communicate to make sure people are happy with what I am doing. I communicate with team leaders and relatives if I have any concerns."

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.

This is the first inspection for this newly registered service. This key question has been rated 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; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who treated them with kindness, respect and dignity. People were encouraged to maintain their independence as much as possible. One relative told us, "There are very positive interactions (between staff and people) as staff seem to know what [Name] needs and want to help [Name] get it. They care and go the extra mile for people." A second relative told us, "[Name] is very happy with the care they receive and the staff that look after them."
- People's care plans focused on people's abilities and the level of support staff needed to provide to enable them to maintain these.
- Staff were respectful of people's lifestyle choices and preferences; these were detailed in people's care plans.
- Staff told us they enjoyed getting to know and supporting people. One staff member told us, "You have to read and understand people needs; understand why someone is doing what they are doing. Above all, the most important thing is to give people time and patience."

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

- People and representatives, where appropriate, were involved and supported to make decisions about the care provided.
- Staff described how they left communication notes for relatives where this had been agreed to ensure they were informed and involved about their family member's care.
- Relatives described how they were involved in people's care and, with their family member, were able to make changes to how the care and support was provided.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Relatives told us they and their family members were involved in planning and reviewing their care. One relative told us, "The admission was good and [Name] seemed to settle really quickly despite the circumstances and leaving their home."
- People's care plans did not reflect they had been involved and consulted in reviews of their care. The registered manager told us they would develop records to ensure they reflected people's contributions.
- Staff told us they took time to get to know people and understand their personalised choices. One staff member told us, "I take time and learn to get to know people and how they like things. I want to give care how I would like care given to me."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager told us they were able to provide information in alternative formats to meet the needs of people. This could include large print, pictures or language translation. We saw a person's information had been transcribed into large print in line with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager was in the process of developing interests and activities which had stalled as a result of COVID-19 and staffing issues. People were able to access day trips and interest groups in addition to in-house activities, such as armchair exercise.
- A member of staff had been engaged to organise and co-ordinate in-house activities and social groups. Staff supported people to access these, including people who were at particular risk of social isolation.
- People were supported to maintain relationships with relatives and people who were important to them.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and an open culture that encouraged and supported people to raise any concerns or complaints.
- Relatives told us they felt able to raise concerns about their family member's care and support and felt the

service had made some improvements as a result.

End of life care and support

- At the time of our inspection, there was no-one who needed end of life support. Staff had access to end of life training to enable them to support people and work with other agencies when this was needed.
- People had the opportunity to discuss their end of life wishes as part of their care planning.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Continuous learning and improving care

- The registered manager and staff understood their roles and undertook quality performance activities to ensure safe and good quality care was provided.
- The service had experienced management changes which had resulted in some inconsistency in service provision. A new registered manager was in post at the time of our inspection. They had completed a review of the service provision and undertaken quality assurance processes to identify and prioritise where improvements were needed.
- The provider monitored and reviewed the quality of care provided to people using a variety of processes, including comprehensive audits undertaken by a quality audit team. The registered manager had an action plan in place to support and drive continuous improvements.
- The registered manager had identified improvements to staffing as a priority. This had resulted in improvements in recruitment, training and support for staff. Staff spoke positively about these improvements. Comments from staff included, "Communication is much better now. I can approach team leaders or the registered manager if I need advice or have concerns. It is an open door policy. It is a new scheme and things are still developing, it takes time to grow a service but it is getting there," and "We have had a period of unsettlement and change in management. I am optimistic that things will stabilise and settle down now."
- The registered manager was supporting staff to ensure target dates for improvements identified through audits were realistic and achievable, and standard of records and documentation was improved.

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

- Staff felt supported in their roles. One staff member told us, "I get support from team leaders. If I have an issue, I can go to the team leaders and this is resolved."
- Staff felt the impact on inconsistent management and staffing had had a negative impact on developing the culture of the service into a supportive community. They were optimistic that new stability in leadership and staffing levels would improve the community feel of the service to achieve positive outcomes for people.
- Relatives were generally optimistic around improvements in the service. One relative told us, "The new manager rang me to introduce themselves and ask me if I had any issues. I think things are improving, and the team leaders are lovely. There is a way to go yet." A second relative told us, "I want to say staff are brilliant and I will give them a 5 star review."

- The registered manager was enthusiastic about good quality care based on people's individual needs and was committed to providing good care to the people they were supporting. They had already begun to make improvements and create positive experiences for people using the service.

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 was open and honest throughout the inspection and was keen to address any issues raised.
- The provider understood their responsibility to be open and honest when things went wrong. They ensured they made appropriate notifications to the Care Quality Commission (CQC) and other agencies, when required.

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

- Relatives told us they experienced regular communication with staff and were involved in their family member's care.
- People and relatives had been approached to provide feedback on their care and the service. This included resident meetings and surveys, in addition to more informal approaches. We saw responsive action was taken by the registered manager in response to any concerns. This included staffing levels, access to management and new equipment and activities within the service.
- Staff told us they felt able to make suggestions and felt involved in the service provided. One staff member told us, "I have raised issues with the registered manager. The staff meetings are about sharing information and updates about the service."

Working in partnership with others

- The registered manager told us, and records confirmed, staff worked with external organisations, such as clinical commissioning groups, the local authority, GP's and district nurses. This helped to ensure people received effective joined up care, and support, which met their needs.