

Emerald Care Services (UK) Limited

Emerald Care Services (UK) Limited

Inspection report

Langport House
Overton Road
Brixton
London
SW9 7HN

Date of inspection visit:
13 September 2018

Date of publication:
02 October 2018

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

Emerald Care Limited - is a domiciliary care agency. It provides personal care and support to people in their own homes. Not everyone using Emerald Care Limited receives the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service was providing personal care to thirteen people.

This inspection took place on 13 September 2018. We gave the provider two days' notice of the inspection as we needed to make sure the manager would be available. At our last inspection on 26 and 29 January 2016 the service was rated Good. At this inspection we found the service remained Good. The service demonstrated they continued to meet the regulations and fundamental standards.

The service had a registered manager in post. 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 had safeguarding and whistle blowing procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff available to meet people's needs. Risks to people were assessed to ensure their needs were safely met. Peoples medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. Staff were aware of the steps they needed to take to reduce the risk of the spread of infections. There were system's in place for monitoring, investigating and learning from incidents and accidents.

People's care and support needs were assessed before they started using the service. Staff had received training relevant to 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; the policies and systems in the service support this practice. People were supported to maintain a balanced diet. People had access to a GP and other health care professionals when they needed them.

Staff treated people in a caring, respectful and dignified manner. People and their relatives, where appropriate, had been consulted about their care and support needs. People were provided with information about the service. People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. Staff had received training on equality and diversity. Staff said they would support people according to their needs. People received appropriate end of life care and support when required.

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. They carried out spot checks to make sure people were being supported in line with their care

plans. Notifications were submitted to the CQC as required. The provider took people, their relatives and staff views into account through satisfaction surveys. The registered manager had analysed the surveys feedback and developed action plans for improving the service.

The registered manager and staff worked closely with health care professionals to make sure people received good quality care. The registered manager also attended meetings with a local authority commissioning team and regularly attended a registered managers forum. They used some of what they had learned at these meetings to make improvements at the service. Staff said they enjoyed working at the service and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

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 remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Emerald Care Services (UK) Limited

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 site visit activity started and finished on the 13 September 2018. One inspector carried out the inspection. We visited the office to see the manager and staff; and to review care records and policies and procedures. We gave the provider 2 days' notice of the inspection as we needed to make sure the manager would be available. Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we looked at three people's care records, three staff recruitment, supervision and training records and records relating to the management of the service such as audits and policies and procedures. We spoke with two people using the service and three relatives to understand their views about receiving care. We also spoke with the registered manager and two staff about how the service was being run and what it was like to work there.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe with my carer. We know each other well and I feel happy with them." There were appropriate safeguarding and whistle blowing procedures in place to protect people from abuse. The registered manager demonstrated a clear understanding of safeguarding and reporting procedures. Staff we spoke with understood the types of abuse that could occur, the signs they would look for and who they needed to report any concerns to. Training records confirmed that all staff had completed training on safeguarding adults from abuse. A member of staff told us they would report any safeguarding concerns to the registered manager or to the local authority if they needed to. They also told us they would use the providers whistle-blowing procedure to report poor practice.

There were enough staff on duty to meet people's needs. One person said, "My carer lives locally and is always on time and if they are delayed, they ring me." A relative told us, "The carer is always on time, sometimes earlier. They've never been late." Another relative commented, "On rare occasions at weekends if staff have turned up late or there has been a mix up with the staff rotas we have contacted the registered manager and they have sorted things out." The registered manager told us staffing levels were arranged according to people's needs. A member of staff told us, "I live in the same area as the people I support so it's easy for me to get to calls on time." Another member of staff said, "There is always plenty of staff available to meet people's needs."

Appropriate recruitment checks took place before staff started work. We looked at the personnel file of three members of staff that had started working at the service since our last inspection. We saw completed application forms that included references to previous health and social care work experience, qualifications and employment history. The files included two employment references, proof of identification and evidence that criminal record checks had been carried out.

Action was taken to assess any risks to people. People's care files included risk assessments for example, on moving and handling and falls. The assessments included information for staff about action to be taken to minimise the chance of any accidents or incidents occurring. Risk assessments had been carried out in people's homes relating to health and safety and the environment. There were systems in place for monitoring, investigating and learning from incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends. Where trends had been identified we saw that people's care records had been updated to reduce the likelihood of the same issues occurring again.

People were supported where required to take their medicines. The registered manager told us that most people or their relative looked after their own medicines, however some people needed to be reminded or prompted by staff to apply creams and take medicines. Where people required support to take their medicines we saw that this was recorded in their care plans. We saw medicine administration records (MAR) completed by staff confirming that people had taken their medicines. We also saw audited MARs in people's care files held at the office. These confirmed that people were supported to take their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on the administration of medicines and each member of staff's competence in administering medicines had

been assessed. This ensured that staff had the necessary skills to safely administer medicines.

The provider had infection control procedures in place. We saw records confirming that all staff had completed training on infection control and food hygiene. A member of staff told us that personal protective clothing such as gloves, aprons and foot covers were always available to them when they needed them.

Is the service effective?

Our findings

People told us staff understood their care and support needs. One person told us, "My carer knows me and they know what I want doing. They seem competent." A relative commented, "The carer is experienced with my [relatives] disability. They understand when my [relative] needs something."

Assessments were undertaken to identify people's care and support needs before they started using the service. These assessments were used to draw up individual care plans. Initial assessments covered areas such as people's medical needs, their religious and cultural preferences, dietary requirements, communication methods, mobility and moving and handling needs. The assessments we looked at included information from family members and health care professionals.

Staff had the knowledge and skills required to meet the people's needs. Staff told us they had completed an induction when they started work and they were up to date with their training. The registered manager told us staff were required to complete an induction in line with the Care Certificate and training relevant to the needs of people using the service. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. We saw certificates held in staff files confirming they had completed training the provider considered mandatory. This training included moving and handling, administering medicines, infection control, food hygiene, safeguarding adults, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff had also completed training relevant to people's needs for example, dementia and equality and diversity. Staff told us they received regular supervision. We saw records confirming that all staff were receiving regular formal supervision and, where appropriate, annual appraisals of their work performance.

Staff were aware of the importance of seeking consent from people when supporting them to meet their needs. A relative told us, "They always ask my [relative] if they want their help; they respect my [relative's] wishes." A member of staff told us, "I would not do something for someone unless it was okay with them. I wouldn't make them do something if they didn't want to."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager told us that people had the capacity to make decisions about their own care and treatment. If they had concerns regarding any person's ability to make specific decision they said they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

People were supported to maintain a balanced diet. Where people required support with eating and drinking this was recorded in their care plans. A relative told us, "I get my [relative's] meals ready and the carers heat them up in the microwave. I'm happy with their support." The other people we spoke with told us they cooked for themselves or their relatives cooked for them.

People or their relatives told us they arranged their own appointments with health care professionals and GP's. A relative told us, "We sort all of my [relatives] health appointments out so we don't need any support from carers for that. However, I am sure if my [relative] wasn't well the carers would recognise this and call the GP for help and let us know." Staff told us they monitored people's health and wellbeing, if there were any concerns they would refer people to appropriate healthcare professionals. One member of staff told us, "If someone wasn't well I would call their GP or an ambulance if I thought I needed to. I would let the registered manager and the persons relatives know too."

Is the service caring?

Our findings

People spoke very positively about the care and support they received from staff. One person told us, "The staff are kind and caring." A relative said, "The carers are exceptional, they would do anything for my [relative]. They are very caring and very committed. They have a very good relationship with my [relative] and our whole family." Another relative commented, "The staff are caring. I had recommendations from friends about the service. They treat my [relative] like their own." □

People and their relatives told us they were consulted about their care and support needs. Care records included people's views about how they wished to be supported. A relative said, "When our [relative] started using the service the registered manager came to my [relatives] home and asked us lots of questions about what my [relative] needed. They drew up a care plan and staff follow the plan. Everything is stable at the moment but if there are any changes to be made we would speak with the registered manager and they would update the care plan so it can meet my [relatives] needs." Another relative told us, "They encourage my [relative] to be independent and to do what they can for themselves. For example, tying their laces and getting themselves dressed."

People told us that staff treated them with dignity and respect. A relative said, "The staff definitely treat my [relative] with respect. They let us know when they are providing my [relative] with personal care so we don't disturb them." Another relative commented, "The staff listen to what my [relative] wants and they respect their wishes." Staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. One member of staff told us, "I tell people what I am doing for them as I go along. I cover them up with a towel when I provide personal care so that their dignity is maintained. If family members are around I politely ask them to leave the room before I start providing personal care."

People were provided with appropriate information about the service in the form of a 'Service user's handbook'. The registered manager told us this was given to people when they started using the service. The guide included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect.

Is the service responsive?

Our findings

People received personalised care that met their needs. One person told us, "My carer knows what my needs are and does everything well." Another person said, "I tell the carers what to do and they do it automatically. They have no objections with anything I want doing." A relative told us, "The carer knows a lot about my [relatives] needs and they support them the right way."

People had care plans and risk assessments in place. These were developed using information from initial assessments carried out with people, their relatives and health care professionals. The care plans and risk assessments outlined how people's care needs were to be met and included information and guidance for staff about how they should be supported. Care files included call times and duration of calls. We saw that care plans and risk assessments were reviewed regularly and kept up to date to make sure they met people's changing needs.

People's care files also included information about their diverse needs and there were care plans in place for staff to follow to support people with these needs. For example, staff removed their shoes when entering the one person's home. They were aware that the person liked to listen to music that reflected their cultural background. The registered manager and the staff we spoke with told us they would always respect people's differences and would support any person to do whatever they wanted to do. Training records confirmed that staff had received training on equality and diversity.

The registered manager told us that people could communicate their needs effectively and could understand information in the current written format provided to them, for example, the service users handbook. They said that if any person was not able to understand this information they could provide it in different formats to meet their needs for example in large print, Braille, easy read versions or in different written languages.

People and their relatives knew about the provider's complaints procedure and told us they would tell staff or the registered manager staff if they wanted to make a complaint. They said they were confident they would be listened to and their complaints would be investigated. The registered manager showed us a complaints file that included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They told us they had not received any complaints about the service. If they received a complaint, they would write to the person making the complaint to explain what actions they planned to take and keep them fully informed throughout.

The registered manager told us they occasionally supported people with end of life care. Where this was the case this was recorded in the persons care records. The registered manager said they worked closely with GP's and the palliative care team to support people with end of life care when it was required. Training records showed that some staff had received training on supporting people with end of life care.

Is the service well-led?

Our findings

People spoke positively about the leadership at the service. One person told us, "I don't have any problems contacting the manager to discuss any issues I have." A relative said, "I think the service runs very well. Anytime I have had a problem I have contacted the manager and we have sorted things out."

The service had a registered manager in place. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the office and on their website. Staff told us they were well supported by the registered manager and there was an on-call system in operation that ensured management support was available when they needed it.

Staff said they enjoyed working at the service. One member of staff told us, "I love working here. The registered manager is very good with the staff. She encourages me personally, through training and support, to do a good job." Another member of staff said, "It's good working for this company. We get good support from the registered manager and office staff."

The provider had effective systems in place to regularly assess and monitor the quality of service that people received. We saw regular audits had been carried out in relation to medicines, people's care files and staff training and supervision. The registered manager carried out unannounced spot checks on staff to make sure they attended calls at the right time, administered medicines and completed paperwork properly and supported people in line with their care plans. A member of staff told us, "We never know when the spot checks are going to happen, they just turn up. They watch how I support people to make sure I am doing things the way I'm supposed to. They also talk with people to see what they think about how I care for them."

The service had systems in place to monitor missed and late call visits. We saw a log book that recorded calls from people or their relatives and staff reporting late calls. The log recorded the action taken by office staff to make sure people received their care on time. We noted that there had been a missed call in August 2018. We saw a letter of apology from the registered manager in this person's care file. The registered manager told us that staff punctuality and attendance was monitored and action was taken if required. For example, the member of staff that did not attend the missed call had been suspended following the missed call and had received additional supervision when they returned to work.

The provider took people, their relatives and staff views into account through satisfaction surveys. We saw that the registered manager had analysed people's feedback and developed action plans for improving the service. For example, feedback received from people and their relatives in May 2018 indicated that a small percentage of people felt that when they started using the service, no one explained to them the services that were available to them. The action plan recorded that people were now being provided with a service users handbook that included the services they provide. A small percentage of staff felt their training needs were not being met. The action plan recorded that staff training was now discussed during formal

supervision sessions.

The registered manager worked with external providers and organisations. We saw evidence in people's care records confirming the registered manager and staff team worked closely with health care professionals when planning people's care. For example, we saw GP's, district nurses, physiotherapists and occupational therapist's involvement in planning for people's care and environmental needs. The registered manager also attended meetings with a local authority commissioning team and regularly attended a registered managers forum. They told us they used some of what they had learned at these meetings to make improvements at the service. For example, they had recently attended a session on the General Data Protection Regulations. They had also attended a registered managers forum where a member of the CQC had delivered a session on the CQC regulations.