

# Elizabeth Marland Children's Respite Care Limited

## EAM House

### Inspection report

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Date of inspection visit:  
06 September 2016  
07 September 2016  
12 September 2016

Date of publication:  
17 November 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection took place on 6, 7 and 12 September 2016 and the first day was unannounced.

The previous inspection took place October 2013 and we found at this time that the service had met all regulatory requirements.

EAM House is registered to provide residential and nursing care to children and young people, from birth up to the age of 18 years, with complex health needs. The service also provides respite care, which is planned or emergency care provided to a person in order to provide temporary relief to family members who are caring for that person. The home can accommodate up to eight persons at a time. At the time of this inspection, there were five young people living at the service, two of whom were away on holiday. There were also two young people staying at the home on a respite basis.

The service is located in a large detached house within its own grounds. On the ground floor, there is the kitchen, large lounge and dining area which leads into a conservatory that looks out onto well maintained and accessible gardens, greenhouse, and outdoor seating areas. The service has a sensory room on the premises which is separate from the main building. During our visit this room was not being used. The matron nurse and one of the administrative staff members told us the room was due to be cleaned up and should be ready again for use in the autumn and winter months. There are five bedrooms on the first floor and three on the first floor. Also on the first floor, is a toilet/shower room, the laundry and a small bedroom used by sleep-in nursing staff.

The service has a registered manager who has been registered with the Care Quality Commission (CQC) since July 2011. 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.

We found breaches in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. You can see what action we have told the provider to take at the back of the report.

Relatives told us the service was safe and we observed that people were at ease with staff and settled at the service. We found the service needed a more robust system of learning from the outcomes of fire evacuation drills undertaken to help ensure that young people were kept safe at all times. There were PEEPS in place however these were generic and did not always contain all relevant information to safely evacuate people from the premises.

We found appropriate health and safety checks for the environment and equipment were done and up to

date.

Staff were able to explain types of abuse and how they would protect young people from abuse. We were unable to tell if all staff had received training in safeguarding principles. The registered manager told us they were awaiting information from the local authority about this training.

Staffing levels were sufficient for the number of people living at EAM House during our inspection. . This meant that people's needs were safely and effectively catered for. We found the recruitment process could be more robust, for example, unexplained gaps in employment history and unverified references. This meant the service was at risk of employing staff who were unfit to work with this vulnerable group.

We saw that the provider ensured that induction and mandatory training was completed before staff started in their caring role. This meant that staff were skilled in meeting the needs of the children and young people at the service.

Young people developed good relationships with the staff and management at the service. We observed many instances of good rapport and positive interactions between people and staff and visiting relatives. We saw that staff understood the complex needs of the young people living at the service. This meant people were supported by staff who knew their characteristics and individual requirements.

Support plans were detailed and person-centred, and contained specific information about how each individual should be cared for and supported. This meant staff had clear and specific guidance on how best to support that person. The service operated a key worker system which meant that each person had a member of staff who was responsible for talking to them about their care needs and wishes including social needs, dietary preferences and medication. There were various activities done at the home such as crafts and outings into the community; these were being reviewed by the newly appointed activities coordinator. This should help to ensure that young people were involved in activities that improved their quality of life and maintained links within their community.

People told us the manager and staff were accommodating and helpful. We found the atmosphere at the home to be open and welcoming. We found the home's system of record keeping, quality checks and auditing needed to be more robust. This should help management have better oversight of operations and help to drive improvements within service. The provider had developed a set of policies and procedures to help guide staff in their caring role. We saw that staff were encouraged to read and sign these as required. Staff meetings were held and we saw that staff were able to raise service specific issues and training within this forum. This meant that staff were supported by management to do their caring role more effectively.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Relatives told us the service and the staff employed there kept their relations safe. We observed that young people looked settled and at ease. Staff were aware of what safeguarding meant, were able to identify signs of potential abuse. They said they would report to their manager and record the incident. However records of safeguarding training were not up to date.

Fire drills took place four times a year but it was not always clear what remedial action had been taken following these. Personal evacuation plans were in place but some of them were generic and did not contain specific details on how each young person should be evacuated.

Detailed and specific risk assessments were in place and provided clear direction to support staff to manage identified risks and meet people's individual needs.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Relatives told us they felt staff had the right knowledge and skills to do their jobs effectively. We noted that staff had received specific training to effectively handle the complex needs of individuals who used the service.

Systems to monitor continuing training and professional support needed to be more robust to help ensure there were no gaps in staff's knowledge and development.

Premises at the service were adequately adapted to cater for the needs of individuals living or staying there. People's rooms were personalised to their own tastes.

**Requires Improvement** 

### Is the service caring?

The service was caring.

We saw that young people responded well to staff. Relatives told

**Good** 

us they found both the management and care staff at the service to be kind and caring.

We observed friendly and good-humoured interactions between young people using the service, nursing and care staff and the manager of the service.

Staff knew the young people using the service and were able give examples of their preferences and interests.

### **Is the service responsive?**

The service was not always responsive.

People's care and support plans contained detailed and person-centred information which helped care workers understand individuals' needs and deliver safe and effective.

People told us they knew about the service's complaints procedure if they needed to raise a complaint. We found the service did not have a robust system of recording and monitoring complaints; however, this was addressed during our visit.

The service had a feedback mechanism, an annual survey, through which individuals and relatives could give their opinions on what the service did well and identify areas for improvement. The service did not always keep people informed as to what actions had been taken in response to their feedback.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well led.

People spoke highly of the service and said that the manager and staff were accommodating and supportive.

There were some quality checks and audits in place but these did not effectively monitor the safety and quality of the service.

There were policies and procedures in place which supported staff in their caring role. The registered manager had systems in place to help ensure staff were up to date in their understanding of these.

**Requires Improvement** ●

# EAM House

## 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6, 7 and 12 September 2016 and the first day was unannounced. The inspection was carried out by one adult social care inspector. This service is also regulated by Ofsted (Office for Standards in Education, Children's Services and Skills). Ofsted inspect and regulate services that care for children and young people, and services providing education and skills for learners of all ages. The Ofsted inspector also conducted their inspection during the same time period.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We contacted Trafford Council's Commissioning and Safeguarding teams and Trafford Clinical Commissioning Group (CCG) for information they held on the service. We reviewed a monitoring report by Trafford commissioning team completed in April 2016 and other information from them highlighting various concerns including safeguarding. We also contacted Trafford Healthwatch. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services. We also reviewed information sent to us by the infection control lead, Trafford Pennine Care NHS Foundation Trust; their infection control audit had been carried out in April 2016.

We communicated with three young people using the service, the registered manager, the clinical matron and three care staff. We observed the way children and young people were supported in communal areas and looked at records relating to the service, including three care records, five staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, medication and infection control audits, accidents and incidents and policies and procedures. Due to their limited verbal

communication some of the young people living at the service, responded to our questions with "yes" or "no" answers.

The previous inspection took place in October 2013 and no concerns were identified.

# Is the service safe?

## Our findings

Relatives told us the service was safe. One relative told us, "Yes, definitely; it's safe." They added that if they did not feel the environment was safe they would not let their relation stay there. Another relative told us they had confidence in the staff and service at EAM House that they felt comfortable going abroad and leaving their relation there because they knew they could trust the service.

We saw that children and young people living permanently and on respite at EAM House had personal emergency evacuation plans (PEEPs). PEEPs help to ensure that in the event of an emergency, such as a fire, people would be safely removed from the premises. We saw PEEPs were reviewed every twelve months or as required. We found that PEEPs were, in the main, generic and did not consistently include specifics on how that young person was to be evacuated. For example, one young person had fluctuating mobility but their PEEP had not considered or included the possible use of the evacuation mat for their evacuation. In another person's PEEPs apart from the description of their disability, we saw no record of the equipment needed to mobilise them. We found the service needed to ensure that PEEPs contained all information relevant for the safe evacuation of people. We noted PEEPs were kept in individual's care files but would recommend storing all PEEPs in a separate folder. This would help to ensure that in the event of an emergency, staff would have all these documents to hand and could respond more quickly.

We saw fire evacuation procedures displayed strategically across the entire home, and we noted that four fire drills had been done during the period January 2016 to July 2016. However, we found that the actions and learning points from these were not clear and we saw no evidence of what remedial action would be taken. We raised this with the manager and health and safety lead and also that there was no record of the evacuation mat being used during drills. This meant though the service had taken steps to ensure young people's safety and wellbeing these needed to be more robust and fit for purpose.

We reviewed EAM House's health and safety records to check that the environment, equipment and vehicle were maintained and fit for purpose. We saw appropriate checks were done in line with manufacturers' instructions and best practice guidance for hoists, the lift and the minibus. We noted in the fire safety policy there was a named fire safety representative and that four fire drills were scheduled to take place every twelve months. We pointed out to the health and safety lead the policy referred to a 'daily shift/duty nominated fire officer,' but it was unclear to care staff who they would go to if needed. During our inspection the health and safety lead sourced and showed us a poster which would clarify the duty fire officer. They told us they would implement the use of this poster immediately. At the next inspection we will check to see if this practice has been embedded at the service.

We looked at EAM House's selection and recruitment processes to see whether these helped to ensure that appropriate staff were employed. We looked at six staff personnel files including five recent recruits. The staff files we reviewed contained appropriate recruitment documents including application forms, interview records, and references, proof of identity and Disclosure and Barring Service checks. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. We found examples of unexplained gaps in



employment history, unverified references, unsigned application forms, interview records that had not been signed by the interviewer and insufficient information about references. This meant the quality of the service's recruitment process was not robust and did not sufficiently ensure staff members employed were suitable to work with children and young people.

The lack of robust recruitment and fire evacuation procedures, and inconsistent and non-specific PEEPs were a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we spoke to staff about safeguarding they were able to explain what this meant and to identify and recognise the forms of abuse that children and young people using the service might be vulnerable to. They told us they would report any suspected abuse to a senior staff member or the manager and record the incident appropriately. We saw that EAM House had recently updated its safeguarding policy in June 2016 and from 'read and sign' records we noted most staff had read this update. We were satisfied that systems were in place to enable staff to raise concerns and that staff were able to identify, recognise and respond to symptoms of abuse to ensure the safety of people using the service.

We asked to see the service's record of safeguarding referrals made to the local authority and CQC. The clinical matron showed us an investigation of a complaint which involved a safeguarding incident that occurred in March 2016. We noted that the safeguarding referral had been dealt with in the appropriate manner. However, we did not see how the service kept track of safeguarding incidents. This meant the service did not have effective systems in place to record and keep track of safeguarding incidents. During our inspection, we noted that a system of recording safeguarding referrals was put into place.

We looked at how the service managed staff disciplinary actions and found this to be satisfactory. We noted that an incident regarding the inappropriate behaviour of a care worker had been highlighted in the Trafford commissioners' report. We discussed this incident with the manager to see what action they had taken and how lessons learnt had been shared. They told us and we saw that the staff member had been issued a warning letter which contained remedial actions they were expected to take; this included retraining in key areas such as safeguarding and dignity awareness. We also saw that the staff member was asked to prepare and deliver a presentation on dignity at a staff meeting. This demonstrated that the service took appropriate action when necessary to help ensure the safe provision of care and support to the young people living at EAM House.

We saw nursing staff's registration with the Nursing and Midwifery Council were up to date and that the service had systems in place to facilitate nurses' revalidation. Revalidation is the new process, effective from April 2016, which all nurses and midwives in the UK will need to follow to maintain their registration with the NMC; this process should help to ensure that nurses continue to practice safely and effectively.

During our inspection, we saw that staffing levels were appropriate to young people's needs and dependency levels. Relatives we spoke with told us there was always enough staff to support people's needs. The registered manager and the clinical matron told us that staffing levels and the staff mix depended on the needs of the young people and activities taking place. We asked the registered manager about this and they confirmed that the service assessed young people's needs and any risk factors and these helped to determine the number of staff required each day. From our conversations with staff and the registered manager, and from the review of staff files, we saw staff retention was good. This meant that EAM House was able to manage its current service provision and provide consistent care and support.

We saw risk assessments done for children and young people using the service were detailed, specific and

up to date. These assessments provided clear direction to care workers to manage identified risks and meet the person's individual needs. Risk assessments help to ensure that staff know how to support people to meet their needs while managing risk at all times. We saw risk assessments in areas such as moving and handling, nutrition and hydration and pressure relief. We noted that general risk assessments were also completed on aspects including environmental risks, fire evacuation and handling emergencies when away from the service. We saw staff had to complete 'read and sign' sheets for each assessment form; this should help to ensure that all staff were always aware of risks associated with providing care and support. However, we noted that not all staff had familiarised themselves with young people's risks. We raised this with the clinical matron and the registered manager. The clinical matron told us they would address this in supervision with the new care plan audit tool. During our visit we observed that staff were instructed to 'get up to date' with these operational documents and we saw them doing this.

We found generally that administration and storage of medicines were satisfactory. We saw medication was stored in a locked medication cabinet which was secured to a wall. We also noted there was separate and appropriate storage of controlled drugs. Controlled drugs are medicines where strict legal controls are imposed to prevent them from being misused, obtained illegally or causing harm. We checked the arrangements for the receipt, storage, recording and administration of all medication and found these were appropriately done. We also saw that fridge temperatures were checked daily and that these were within recommended clinical standards. We noted throughout our inspection the medicines fridge had a lock but this was not used. This meant the service in most respects took the necessary action to help ensure the safe storage and administration of medicines, but could be more vigilant. We saw that the service had a medication management for nurses and carers policy and procedure in place and this was updated in 2016. This should help ensure that care staff had appropriate guidance on how to administer medications safely

We received verbal assurance from the home's infection control lead and the NHS lead that all staff had received training in infection control. However, we highlighted to the manager that the training matrix did not reflect this. The manager assured us they would update the training matrix. We noted that the yellow clinical waste bin located in the courtyard at the back of the premises was not locked. While we recognised that access to that area was through an alarmed gate, the Department of Health guidance states that "where the waste is stored for any period (that is, up to 24 hours), it should be stored securely and access should be restricted to authorised and trained personnel."

We observed that the home was kept clean and well maintained, and free from unpleasant smells. We saw that handwashing facilities were in place and used and that staff observed good hygiene practices. For example, appropriate use of personal protective equipment such as aprons and gloves. The home had a small laundry room which was equipped with a washing machine, a dryer and irons. We found there was a system in place to keep soiled items separate from the clean ones. We saw that there were separate storage containers for people's clothes, small items, bedding and towels. We looked at the toilets and bathrooms across the home and found that these were clean and tidy. We reviewed the report from the NHS infection control lead which identified areas of good practice but also highlighted areas for improvement. We noted that the home had made some improvements such as staff training but that there was further action to be undertaken to improve their current infection control rating such as the completion of the sluicing facility and upgrade of the downstairs bathroom. The business operations officer told us work to complete the sluice and bathroom upgrade was due to start in September 2016.

From the NHS infection control audit report of April 2016, we saw the service was recommended to have a legionella risk assessment undertaken "as soon as possible. However at our inspection in August 2016, we found no evidence to demonstrate the service had actioned this recommendation. This meant the service had failed to identify and manage any risk of exposure to legionella bacteria that could potentially affect the

health and wellbeing of its residents. We found this to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We saw the service maintained an accident record book and we looked at incidents recorded since December 2015 to present. We noted less than ten accidents had been recorded in that time period and we were satisfied that the service was appropriately recording and acting on accidents that occurred on the premises.

## Is the service effective?

### Our findings

Two relatives told us they had confidence in the staff's knowledge and skills and that staff knew what they were doing. One relative said, "(Person's name) is well looked after ... they [EAM House] never let you down." Another family member told us her relative liked the staff and added "I'd never leave (Person's name) anywhere I didn't have the confidence in the place." In the home's compliments book we saw other comments made by relatives about the effectiveness of the staff and the service. These included: "We find the care team extremely professional and friendly and have no issues with the standard of care (person) receives"; "it is worth so much being able to leave our (relative) for respite knowing (they are) cared for so well"; and, "I feel that the care that my (relative) has received under EAM Care Group has been nothing short of exemplary in every possible regard; the staff who work with (relative) are very good at managing (their) medication and (their) condition."

We looked at two care records in detail and we saw consent documents were in place in one of the care records; these had been signed by relatives and signed documents in relation to sharing information. However this was not the case in the other care record and could potentially mean this person was receiving care or support where consent had not been obtained in the appropriate way. This was a breach of Regulation 11(1) and 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From organisation records and conversations with the clinical matron and the registered manager, we noted that the service developed its own materials for induction. The registered manager told us all new starters had an induction, received mandatory training and worked with an experienced colleague before working unsupervised. We saw training included record keeping, safeguarding awareness, infection control, moving and handling and fire safety. Care staff we spoke with confirmed they received an induction and relevant mandatory training prior to starting their employment at EAM House. The registered manager said they had considered using the care certificate but felt their induction covered the main content of the care certificate. The care certificate is a nationally recognised set of standards to be worked towards during the induction training of new care workers; it is not mandatory, although services that choose not to use it must demonstrate that their induction of workers new to health and social care delivers similar outcomes. We also noted from training records and conversations with staff that the service provided service-specific training for example in Gastrostomy (artificial external opening into the stomach for nutritional support), Oral Suction, De-escalation techniques, Epilepsy and Buccal Midazolam administration. Buccal Midazolam is an emergency rescue medication for the control of prolonged or continuous epileptic seizures. We saw records of staff's competency being checked before they were allowed to work with young people and we saw evidence where staff were required to retrain before being allowed to work with young people who may require that care. This meant that staff were equipped with the right training and skills to meet the complex health needs of children and young people living at EAM House.

We noted the training matrix was not up to date but we were able to corroborate from training certificates, staff meeting minutes and speaking with staff that some staff had accessed training. We could not be certain that all staff were fully trained in all key areas such as safeguarding and fire safety. Staff we spoke with told us they had monthly supervisions and we saw a supervision chart which showed that nursing and care staff

received monthly supervisions; these included clinical supervision and reflective practice. We asked the manager about their own supervision and we noted that administrative staff also did not benefit from regular supervision. The manager told us that currently they did not receive formal supervisions but was able to discuss practice and service specific issues with the clinical matron. They told us they intended to pursue possible options for themselves as well as administrative staff in the coming months. We asked about annual appraisals and the business operations officer told us these were currently being done. We saw a list of those staff members who had had appraisals but no schedule of when the other staff members would have theirs. We found that the service needed to ensure that both staff and management's professional development needs were being supported and reviewed appropriately so that they could remain effective in their roles. The lack of robust systems to ensure continuing professional support and staff training was a breach of Regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that each young person's care records contained information about their health care needs, the professionals involved in their care, and records of scheduled appointments. We also saw each individual had a "Hospital Passport"; this contained critical information such as any medical conditions, allergies, and medicines. We found this document was easily accessible to all staff in the event the young person had a medical emergency. This meant the service was proactive in helping to ensure their residents received the right medical attention when required.

We found the premises at EAM House to be well adapted to accommodate the needs of young people living or staying there. We noted that young people's bedrooms were personalised to their own tastes with personal effects and ornaments. We saw that EAM House had an accessible garden and outdoor sitting area. We were also shown a room, separate from the main building, which had been converted into a sensory area. The room was not currently in use but restoration was scheduled to have the room back in use for autumn 2016. This meant the service had adapted the environment to help improve the quality of life and wellbeing of the young people in their care.

## Is the service caring?

### Our findings

During our inspection, we observed the interactions between young people and staff. These were positive and supportive. Several of the young people living at EAM House had limited communication. We asked one young person if they enjoyed spending time at EAM House and they told us, "Yes". One relative who used EAM House for respite services told us "(Relative's name) always seems happy to come here [EAM]."

Staff told us they read young people's care plans and got to know what they liked and disliked. While at the service, we saw that the registered manager and staff knew each young person well. When we asked they were able to tell us about individual's personal histories, their likes and their dislikes, and what interests they had. For example, care staff told us about two young people's interest in sports and how they supported this by acquiring season tickets and taking them to matches during the season. For another young person, we were told they enjoyed sewing and during our inspection we were able to see them doing what they enjoyed. This meant that the staff knew people well and were supporting them according to their individual needs.

We observed that young people were listened to and we saw staff involving young people in making decisions about daily activities and their welfare throughout the day. This mainly involved what activity they wanted to do that day. During our inspection, we saw that staff engaged with young people in a variety of ways such as beauty care, arts and crafts, and listening to music.

We saw that staff understood how each person communicated and responded accordingly. Staff told us they familiarised themselves with each young person by reading their care plans so they would know the best way to support them. One care worker told us "I work closely with the kids, which I enjoy, and you get to know the children." One nurse told us as the key worker for one of the young people they did extra research on that individual's medical condition which was shared with the rest of the team. We saw this information within the person's care records. This demonstrated staff's knowledge and understanding of the young people they supported, helping to ensure their wellbeing needs were met.

We observed staff supporting young people in ways which maintained their dignity, privacy and independence. We observed staff knocking and announcing themselves before entering people's bedrooms. We saw that staff communicated clearly with people; they sought permission prior to carrying out any tasks and ensured people were in private if they required personal care. Staff told us they maintained people's dignity when providing personal care by ensuring doors were closed and curtains drawn. Also, we observed a staff member recognising non-verbal cues from an individual which indicated they wished to return to their room for a rest. We found that staff sufficiently demonstrated that they maintained individuals' dignity and independence in a caring and respectful way.

## Is the service responsive?

### Our findings

We looked at care plans for three young people who lived at EAM House. We were told and we saw that care plans were reviewed every six months, or sooner if there was a change in their care or support needs. We found that these were detailed and person-centred. We saw that plans included personal histories, interests, likes and dislikes, including hobbies and interests. Support plans also indicated any known triggers for behaviours that may challenge and ways to manage these, and clearly identified the support required according to the person's needs. When we spoke to relatives we were able to confirm that this information had been accurately recorded.

One relative complimented the service's support plans and wrote, "[Person's name] has a very detailed care plan and all the staff know (person) very well in terms of (their) needs and (their) personality and understand the things (person) enjoys and those (they do not)". This meant that staff had clear and specific information which ensured that staff knew how best to support that person. While the plans we looked at demonstrated relatives' involvement in the development of that young person's care and support, we found it was not clear to see, where appropriate, how much involvement the young person had had in their plan.

We noted in care plans that young people were allocated a key worker. The clinical matron explained that the key worker was responsible for communication with the family and social workers, and updating care plans. This should help ensure that the person's support, wellbeing and developmental needs are managed appropriately.

Throughout our visit we observed that care staff engaged young people in various arts and crafts activities and that care staff were responsible for coordinating these activities. We asked the clinical matron what other activities were organised to support young people's interests and involvement in the community. They told us that activities were based around people's interests. For example, we saw in one person's support plan they were a keen rugby supporter and that they were encouraged and taken to games during the season. We were told another young person expressed interest in learning to sew and we saw the service was facilitating this. The manager said that the service had recently purchased a vehicle which should help accommodate more activities away from the home.

During our visit we found there was no coordinated schedule of activities. The clinical matron told us the service had recently hired an activities coordinator to provide support to care staff in planning and involving young people in activities. We spoke with the activities coordinator about how they would involve young people in choosing which activities they wanted to do. The coordinator said they would use 'trial and error' to determine which activities were successful or not. They showed us a draft activity plan for the next four weeks and activity packs they had devised which contained plans and materials for art and craft and indoor activities. We found that EAM House already provided a selection of activities for its residents and was working towards improvements in this area. We will check on progress with this aspect at our next inspection.

The clinical matron told us the service held monthly house meetings with residents. We reviewed the notes

of these meetings and we found them to be more of a group activity rather than a structured forum in which residents and relatives could influence changes and drive improvements within the service. We felt in its current format these meetings were not fit for purpose and we recommend that the service review these.

We saw the service sought feedback from relatives about the care and support provided in the form of an annual survey. We noted that the 2016 survey was sent out to 15 families and six surveys had been returned, representing a 40 per cent response rate. We saw the service had identified actions to address some of the weaknesses identified by the feedback. This meant that people's relatives had the opportunity to help the service improve its provision and we saw that the provider and management had taken some action based on feedback received. However, the service did not provide any information with regards to the progress of current actions taken, nor did it evidence any timeframes for the completion of actions.

We checked and we saw that there was an updated compliments, complaints and concerns policy on file. Relatives we spoke with told us they knew how to make a formal complaint but had never had to do so. They told us they would call the service or visit if they had any concerns and that these were resolved to their satisfaction. The annual survey results we reviewed stated 50 per cent of respondents were unaware of the service's complaints procedure. From the service's completed PIR we saw there had been two complaints received during the last twelve months. We asked to see their records to look at how these complaints had been dealt with. We found that these records were not in good order and we were only able to look at one of the complaints raised. This meant we could not be sure complainants received satisfactory resolution to issues raised. During our inspection we saw improvements made in how the service recorded and monitored formal complaints received. We saw the service kept a compliments book which contained positive feedback about the staff and management at EAM House and the care provided.



## Is the service well-led?

### Our findings

Relatives told us they were satisfied with the care being provided at the home and complimentary about the owner and the care staff. Some of the feedback they gave included: "I want to say thank you to all the staff at EAM House for everything they do for [person's name]. (They are) so happy here and coming on so well. It's such a happy fun place to be" and "(Person's name) has been attending EAM House for many years and finds EAM a homely and friendly environment."

EAM House had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. In April 2016, the provider promoted one of the senior nurses to the role of clinical matron to provide clinical leadership to the nursing and care staff employed at the home. They would also be a part of the management team at EAM House.

During our inspection, we observed an open and supportive culture at EAM House. One senior care staff told us, "[Management] listen to staff; there is an open door policy" and another told us, "It's a nice place to work; it's like a home, very relaxed." This meant that staff were more likely to raise issues about service delivery or any other matter likely to affect people using the service.

We found the service had limited quality assurance systems in place such as medication audits. These checks help to ensure that the quality of service people receive is maintained. We did not see how the service monitored other key areas of its operation such as care plans, staff records and training. During our inspection, the clinical matron implemented a care plan audit which should help the service to identify any issues therein. The registered manager told us the service used the monthly monitoring reports produced by an independent professional who assessed the quality of the care provided. This was a requirement for Ofsted registration. However we found no evidence to demonstrate that current systems could identify areas for improvement noted during the inspection such as staff awareness of risk assessments, detailed PEEPs, health and safety processes – fire evacuation and training overview. This meant at present the registered manager did not have an effective way of knowing that the service individuals received was of a safe and good standard.

The lack of systematic analysis of documents and incidents and no clear action planning to address gaps and identify patterns though audit processes meant that the manager had no effective way of knowing that the service people received was of a safe and good standard. This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also found instances of poor record keeping, for example of safeguarding referrals and complaints. This meant the service did not always demonstrate good management of systems which could impact on ensuring the environment was safe for the people living there and protected their quality of life and wellbeing. This was a breach of Regulation 17(2)(d)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We checked our records and we found the registered manager had fulfilled their legal responsibilities in submitting appropriate notifications to the Care Quality Commission (CQC).

We looked at the service's records of staff meetings which we noted were held every month. We saw that staff had the opportunity to highlight and discuss matters relating to the care provision with their colleagues and management. This helped to ensure the service continued to provide safe and effective care. Minutes we reviewed confirmed staff meetings took place and topics of discussion included case discussions, record keeping, infection control, and training.

We saw that the provider had a wide range of policies and procedures in place to provide guidance and support to staff in carrying out their caring role; these included safeguarding, training and development, medication management and fire safety. We noted that these had been reviewed during the period May 2016 through to August 2016 and that it was the home's practice to have a staff signing sheet to help ensure all staff were aware of the service's policies and procedures. We noted that key policies such, as safeguarding, or any new or revised policies were discussed in supervision or at staff meetings. This should help to reinforce operational practice within the service.

Staff we spoke with told us they felt the provider had good staff support systems in place, including training and regular staff meetings that helped to ensure they were always kept up to date on the young people using the service and any other aspects that they needed to know about. This meant that staff had appropriate resources and motivation to develop and drive the improvement of services, thus creating better outcomes for the children and young people using the service.

We asked the registered manager about involvement with sector specific organisations. They told us that this was difficult given the nature of their service. However they told us they were exploring collaborative options with organisations in the health sector and had been invited to a meeting in the next few months. This should help to ensure the service kept up to date with and could share best practice.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care records were not signed by relatives / legal representatives of individuals to demonstrate that consent was obtained appropriately. Regulation 11(1) (3)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a lack of robust recruitment processes, fire evacuation procedures and inconsistent and non-specific personal evacuation plans for people in place. Regulation 12(1)</p> <p>The service failed to act on recommendations made in the infection control audit regarding ensuring risk of legionella was mitigated. Regulation 12(2)(h)</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of systems and processes in place to effectively monitor the quality of service provided. Regulation 17(1)</p> <p>The service's system of record keeping was not always well managed, for example, safeguarding referrals and outcomes and complaints.</p>

Regulation 17(2)(d)(ii)

## Regulated activity

Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The service did not demonstrate adequately that training especially in key areas such as safeguarding and fire safety was up to date.  
Regulation 18(2)(a)