

Emmanuel Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 11 November 2015 and was unannounced. At our previous inspection on 15 and 18 June 2015 we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that people's privacy and confidentiality was not always respected. People were not receiving person centred care that reflected their personal preference. Robust records relating to the management of people's finances were not being

maintained. Appropriate recruitment checks were not being carried out before staff started work at the home and some staff had not received training to enable them to fulfil the requirements of their role. We also found that some records relating to the management of the home were not being maintained and there was no effective system in place to monitor the quality of service people

Summary of findings

received. We placed the provider in special measures and continued to monitor the service. The provider sent us an action plan on 15 July 2015 telling us what actions they would take to address these breaches.

At this inspection, 11 November 2015, improvements had been made. The provider had moved office equipment and records from the living room to a vacant room. This room was being used as an office and a sleepover room which meant that people using the service could now access the living room in their home freely at all times. The manager had taken steps to increase opportunities for people using the service to access the community and partake in in-house activities. We found there were appropriate systems in place for managing people's money. Appropriate recruitment checks were being carried out before staff started working at the home. The current staff team had completed mandatory training in line with the provider's policy; they were receiving regular formal supervision and had completed an annual appraisal of their work performance. Records relating to the management of the home and people using the service were being maintained securely. There were systems in place to monitor the quality and safety of the service.

Following our last inspection on 15 and 18 June 2015, we placed the service in special measures. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. As the provider has demonstrated improvements and the service is no longer rated as inadequate for any of the five questions, it is no longer in special measures.

Emmanuel Care Services Limited is a care home which provides care and accommodation for up to three people with learning disabilities and mental health needs. There were two people living at the home at the time of this inspection. The provider had plans to extend the building by December 2016. They told us they would continue to use the vacant room as an office until the extension is completed.

The home 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.

At this inspection we also found there were safeguarding adult's procedures in place and staff understood these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to. There were enough staff on duty to meet the needs of people using the service. Risks to people were assessed, reviewed and managed appropriately. People's medicines were being managed appropriately and they were receiving their medicines as prescribed by health care professionals.

People were provided with sufficient amounts of nutritional foods and drink that met their needs. They were supported to maintain good health and had access to health care support. The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met. The care files we looked at included care and health needs assessments, care plans and risk assessments. The files also included evidence that people using the service, their relatives, their keyworkers and care managers had been involved in the care planning process where appropriate. This ensured that people received continuity in the delivery of their care and that this was effectively communicated to all persons involved. The home had a complaints procedure in place.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some improvements had been made to safety. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Robust records relating to the management of people's finances were being maintained.

Appropriate recruitment checks were being carried out before staff started working at the home. There were enough staff to meet people's needs.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Risks to people using the service were assessed, reviewed and managed appropriately.

People's medicines were managed appropriately and they were receiving their medicines as prescribed by health care professionals.

Requires improvement



Is the service effective?

Some improvements had been made to the effectiveness of the service. Our rating for this key question remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

The current staff team had completed mandatory training in line with the provider's policy; they were receiving regular formal supervision and had completed an annual appraisal of their work performance.

The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People's care records included assessments relating to their dietary needs and preferences and they were being supported to have a balanced diet.

People were supported to maintain good health and had access to health care support.

Requires improvement



Summary of findings

Is the service caring?

Some improvements had been made in caring. Our rating for this key question remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

People using the services privacy and confidentiality were being respected.

Records relating to the management of the home and people using the service were being maintained securely.

Staff spoke to people using the service in a respectful and dignified manner.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

Requires improvement



Is the service responsive?

Some improvements had been made in responsive. Our rating for this key question remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met.

The manager had taken steps to increase opportunities for people using the service to access the community and partake in in-house activities.

Records appropriate to people's care and support needs were being maintained.

The home had a complaints procedure in place.

Requires improvement



Is the service well-led?

Some improvements had been made in well-led. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

There were systems in place to monitor the quality and safety of the service.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

Requires improvement



Emmanuel Care Services 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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required by law to send us.

This inspection took place on 11 November 2015 and was unannounced. The inspection was carried out by two inspectors. During our inspection we spoke with one person using the service, their relative, a care manager, three care staff and the registered manager. We looked at care records for two people using the service and the recruitment and training records of staff. We also looked at other records that related to how the home was managed.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At our last inspection on 15 and 18 June 2015 we found that the provider had not taken action to ensure people were protected from financial abuse. They did not have adequate systems in place for managing some people's money. This was in breach of Regulation 13 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection on 11 November 2015, we found that the provider had taken action to ensure people were protected against the risk of financial abuse and there were appropriate systems in place for managing people's money. We checked the finance records of two people using the service and saw paper records and receipts for every transaction made. Alongside the paper records the manager kept an electronic record, and they told us they provided these records to the local authority on request for additional monitoring.

A relative said, "I have no concerns about the home, my relative is safe there." The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager was the safeguarding lead for the home. The manager and staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

At our last inspection we found that appropriate recruitment checks were not always being carried out before staff started working at the home. This was in breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection we found that appropriate recruitment checks were carried out before staff started working at the home. The manager had appointed three new members of staff to work at the home on a trial basis. We looked at staff recruitment records and saw completed application forms that included full employment history and explanations for any breaks in employment, references to previous work experience and qualifications. The files also included two

employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Records showed, where appropriate, that the manager explored and documented each members of staffs gaps in employment with them and their previous employer.

There were enough staff on duty to meet the needs of people using the service. At the time of our inspection the home was providing care and support to two people. The manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. We checked the staffing roster; this corresponded with the identities and the number of staff on duty. Staff said there was always a safe level of staff on duty because the manager planned for events and appointments. For example extra staff were placed on duty to take people to GP or to hospital appointments.

Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Risk assessments were in place and included road safety, self-harm, aggression, and epilepsy and restlessness assessments. The risk assessments included risk management plans with information for staff about actions to be taken to minimise the chance of the risk occurring. For example one risk assessment indicated how staff should support a person when they presented behaviours that challenged the service. Another risk assessment indicated how staff should support people as they were at risk of scalding when using a kettle. Each risk assessment included a summary of the person's needs and associated risks. This enabled staff to understand the background to the risks and how to manage them.

Staff told us they knew what to do in the event of a fire and told us how they would evacuate people and where the meeting point was. Arrows on walls pointed out the direction of evacuation. Fire extinguishers had been serviced in March 2015. We saw a folder that included records of monthly smoke alarm testing, servicing of the alarm system and reports from fire drills. Training records confirmed that all staff had received training in fire safety.

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. Medicines were kept safely.

Is the service safe?

Medicines were stored in a locked medication cupboard in the office. The medication room temperatures were recorded daily and we found temperatures fell within acceptable ranges to ensure they were safe to use.

We looked at the homes medicines folder. This was clearly set out and easy to follow. The folder included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. The folder also included the names and sample signatures of staff designated to administer medicines.

We checked medicine administration records for the two people using the service; these indicated that they were receiving their medicines as prescribed by health care professionals.

Medicines were administered safely. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. This system

supported staff to ensure the effective administration of the medicines. The manager told us that only trained staff could administer medicine to people using the service. Training records confirmed that all current staff had received training from a local pharmacist on the administration of medicines. The manager told us that medicines checks were carried out daily and a monthly recorded review took place. We saw the monthly audit record which listed the number of medications in stock and listed when repeat prescriptions were requested.

We found that the provider had addressed the breach and were compliant with Regulations 13 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service effective?

Our findings

At our last inspection on 15 and 18 June 2015 we found that staff did not always receive mandatory training or annual appraisals to support them in their role. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

At this inspection on 11 November 2015, we found that the current staff team had completed mandatory training in line with the provider's policy and they were receiving regular formal supervision and had completed an annual appraisal of their work performance. The manager told us staff were required to complete mandatory training on manual handling, medicines, infection control, safeguarding adults, health and safety, food hygiene and fire safety. We saw certificates confirming that since our last inspection all current staff had completed training on moving and handling, food hygiene, safeguarding adults, managing violence and aggression, person centred support and autism awareness. All staff had completed training on the administration of medicines either in 2014 or 2015. We also saw certificates confirming that in 2014 staff had completed training on health and safety, infection control, fire safety and the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The manager told us they had updated the homes staff induction program in line with the care certificate. This included reference to the homes policies and procedures such as medicines, infection control, key working, the fire plan and health and safety. New areas had been added such as staff understanding their role as support workers, autism awareness, behaviours that challenge the service and handling confidential information. The program also indicated that all staff would be required to complete mandatory training within six months of their employment.

Staff development was supported through formal supervision and annual appraisals. At our last inspection staff told us they received regular supervision from the manager however they had not received an annual appraisal. There were no records of other staff receiving appraisals. At this inspection we saw records in staff files confirming staff were receiving regular formal supervision with the manager and they had completed an annual appraisal of their work performance.

The manager demonstrated a good understanding of the MCA and DoLS. The MCA is a law about making decisions and what to do when people cannot make some decisions for themselves. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. The manager said that people using the service had capacity to make some decisions about their own care and treatment. Where they had concerns regarding a person's ability to make specific decision they had worked 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. We saw that capacity assessments were completed for specific decisions and retained in people's care files. At the time of our inspection we noted that two DoLS applications had been authorised to deprive the two people using the service of their liberty for their own safety. The authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's care files included assessments of their dietary needs and preferences. A two weekly menu plan was clearly displayed in the homes kitchen. The menu plan gave people using the service a wide choice of meals. We saw laminated pictures of food choices on the kitchen walls. The manager and a member of staff told us people used these to make choices and to prepare shopping lists and menu plans. One person using the service told us they liked pizza. The menu planner also detailed takeaway options such as Chinese food and pizza's. We saw that people were also provided with drinks, fresh fruit and snacks throughout the day.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. For example, one person using the service was at risk of choking. They had been assessed by a speech and language therapist (SALT). The SALT's recommendations were recorded on the persons care plan. A referral had been made for the other person using the service for their GP to review their medicines. We saw that all appointments with health care professionals had been recorded in people's health action plans.

We found that the provider was compliant with Regulation 18 of the Health and Social Care Act 2008 (Regulated

Is the service effective?

Activities) Regulations 2014. Our rating for this key question remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service caring?

Our findings

At our last inspection on 15 and 18 June 2015 we found that people's privacy and confidentiality was not always respected. This was because the home's living room was also used as an office to manage the running of the service. Staff also used the living room as a sleepover room. These issues were a breach of regulation 10 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

At the time of this inspection on 11 November 2015, two people were residing at the home. The home had three bedrooms, a living room, a kitchen, a bathroom/toilet and a separate toilet. We found that the manager had moved the office equipment and records to the vacant bedroom. The room was being used as an office and a sleepover room. The manager told us they had plans to extend the building by December 2016 and they would continue to use the vacant bedroom as an office until the extension was completed. This meant that people using the service could now access the living room in their home freely at all times.

At our last inspection we found that records relating to the management of the home and people using the service were not being maintained securely. This was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we saw that all records relating to the management of the home were stored in the locked office. All confidential information relating to people using the service and staff was kept in locked filing cabinets that only the manager and staff had access to.

People using the service were not able to communicate their views to us verbally. We saw that people had

communication passports in place which indicated their method of communicating with staff and others.

Throughout the course of the inspection we saw that staff spoke to and cared for people in a respectful, thoughtful and kind manner. We saw a member of staff actively listening to people and encouraging them to communicate their needs. We also saw them supporting one person who was presenting behaviours that challenge the service in a very calm and supportive way. This member of staff told us, "We all know people using the service well and what they like and don't like. Everything is well organised here."

A member of staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs. One relative told us they were always invited to review meetings. They said, "Family members always attend my relatives meetings. That way we can tell the home what my relatives needs are."

We found that the provider was compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our rating for this key question remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service responsive?

Our findings

At our last inspection on 15 and 18 June 2015 we found that people using the service were not receiving person centred care that reflected their personal preferences in terms of the activities available to them at the home. This was a breach of regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection on 11 November 2015, we found that people attended a day centre during the week. One person attended the day centre on the morning of our inspection. Each person had a weekly program of activities which were recorded in a daily log. Activities for one person included for example, bowling, basketball, playing cards, painting and attending a community group. Activities for the other person included walks in the local park and in house activities such as painting. A relative told us their relative liked to play games. We saw jigsaw puzzles, card games, board games, alphabet games and magazines and art materials were available in the living room. We saw one person playing a board game and later in the day we saw the other person playing an alphabet game with a member of staff. We saw a television and a music player was available in the living room. We also saw people had televisions and CD players in their bedrooms. One relative said their relative was well cared for. They said, "We have no concerns about the care my relative receives there. All seems okay at the moment. If my relative has a television and alphabet games in their room then that is a good improvement."

One person's care manager told us their client was settled and happy at Emmanuel Care Service. They were aware that the manager had taken steps to increase opportunities for their client to access the community and their client's engagement at day centre had continued to improve. The manager had undertaken some work to personalise people's bedrooms. There had been some improvements made to the overall physical environment home. They also said it was very positive that the office had been moved to the vacant bedroom.

Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met. The care files we looked at included care and health needs assessments, care plans and risk assessments. The files also included evidence that people using the service, their

relatives, their keyworkers and care managers had been involved in the care planning process. This ensured that people received continuity in the delivery of their care and that this was effectively communicated to all persons involved.

Records appropriate to people's care and support needs were being maintained. Information in the care plans had been reviewed by staff on a regular monthly basis. Care plans had been developed in areas including personal hygiene, independent living skills, daily activities, social activities and managing behaviours. Care plans were personalised to individual's specific needs and identified how these needs would be met by staff. For example one person's care plan included guidance for staff on how they should support the person when the person became anxious or began to show signs of aggression. The manager and staff demonstrated an awareness of this person's needs and were able to explain to us the agreed techniques to support them when their behaviour escalated. Daily notes recorded by staff showed that care had been provided in line with people's care plans.

Each person using the service had a communication passport. These indicated their methods of communicating, how to recognise signs when they were unhappy and how staff should respond to this. They also outlined the most effective way of communicating with the person, for example one person's passport indicated they would use touch, repeat themselves or point at people or objects to communicate their wishes. A member of staff told us they used the communication passports in their everyday work. We saw staff used the methods described in the passports to communicate with people throughout the course of the inspection.

The home had a complaints procedure in place. The manager showed us a complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The manager told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout. A relative said, "I know about the complaints procedure but I have never needed to make a complaint. We have a good relationship with the manager. I would speak to them and I know they would sort things out."

Is the service responsive?

We found that the provider was compliant with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Our rating for this key question

remains 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.

Is the service well-led?

Our findings

At our last inspection on 15 and 18 June 2015 we found there were no effective systems in place to monitor the quality and safety of the service that people received. This was a breach of regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

At this inspection on 11 November 2015, we found there were various systems in place to monitor the quality and safety of the service. The provider carried out quality control audits at the home on a quarterly basis. We saw the report from the May to August 2015 audit. The manager told us that due to the breaches identified at our last inspection they had added sections on financial record keeping, secure storage of records, staff training and processes to manage people's privacy. The report also covered areas such as care plans, key-work sessions, complaints, incidents and accidents, medicines, health and safety checks and infection control. The audit recorded that staff had completed mandatory training; plans to move the office and that both people using the service care plans and risk assessments had been reviewed. We also saw the homes cleaning schedule was adhered to by staff and there was a daily record kept of the fridge and freezer temperatures.

The local authority that commission services from the provider carried out a number of visits to the home between June and September 2015. In September they sent the provider a report with a number of recommendations to make improvements at the home. We saw the provider had taken action to address some of these recommendations for example, a toilet seat had been replaced, kitchen doors had been fixed and the provider had moved the office equipment and sleep over bed settee to a vacant room.

The manager told us they regularly attended care forum meetings run by the local authority. They said they shared and learned about best practice from the safeguarding team, contracts team, district nurses and other care home managers and providers. They told us they had used some of the learning to make improvements at the home, for example, they had liaised with a district nurse about a person's health needs. The district nurse had visited this person at the home and offered the person and staff advice on the person's health care needs. The manager said they subsequently supported the person to attend the GP practice for health care tests.

The manager and staff told us the ethos of the home was to improve people's independence and quality of life. Staff said they enjoyed working at the home and they received good support from the manager. One member of staff said, "I like working here. We have a good team and the manager supports us well to do our work." The manager told us there were no team meetings or recorded daily handovers to ensure people's needs were clearly communicated. However we saw that people's needs were discussed with staff during regular supervision sessions and there were daily log books which recorded, for example, people's care and support needs, structured activities, appointments and any incidents or accidents.

We found that the provider had addressed the breach of and were compliant with Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have revised and improved our rating for this key question to 'Requires Improvement' at this time as systems and processes that have been implemented have not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice.