

Elizabeth Marland Children's Respite Care Limited

EAM House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Inadequate ●
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 ●

Summary of findings

Overall summary

The inspection of EAM House commenced on the 18 October 2017 and was unannounced.

The inspection was prompted due to concerns received from both Trafford and Rochdale local authorities in relation to a specific incident that occurred at the home. The information shared with CQC about the incident indicated potential concerns about the management of risk in relation to the recruitment and training of staff and the impact these may have on the people who use the service. This inspection examined those risks.

We last inspected EAM House on 6, 7 and 12 September 2016 when we rated the home 'Requires Improvement' overall. At that inspection we found breaches of four regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, recruitment, need for consent, good governance and staff training. We served requirement notices to the provider to formally inform them of the reasons they were in breach of the regulations and to tell them improvements must be made.

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 short breaks care (respite), 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 three young people living at the home.

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.

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.

Staff were supported to complete a nationally recognised qualification in health and social care. However we found new staff were not always provided with the necessary training to enable them to undertake their role safely as soon as they joined the service. The registered manager acknowledged there were gaps in staff supervisions and appraisals as the provider employed a consultant to work develop this area.

At the last inspection in September 2016 we noted that the yellow clinical waste bin located in the courtyard at the back of the premises was not locked. At this inspection we found the yellow clinical waste bin was

again unlocked, and close to the back door of the home there was a yellow bag that contained clinical waste. The provider had not taken reasonable steps to ensure the clinical waste was stored securely.

We noted there were a number of quality audits in the service; these included medicines, care records and health and safety. Actions were identified following the audits, however, we found the provider had not done enough to ensure training provided to staff was undertaken in a timely manner as we found a number of essential training topics had not been completed.

We saw that care plans reflected how people liked to receive their care. Care plans were detailed and included information about what was important to people and how best to support them. However, we found one person's care plan did not detail how staff needed to identify and manage deterioration in the person's health. This area was also highlighted as part of Trafford commissioning action plan, which identified further training would be provided by Trafford around the care of deteriorating people, to ensure the staff team escalated matters of concern in a timely manner.

At the last inspection we found robust recruitment processes had not been followed. At this inspection we found improvements had been made to ensure the provider followed a process when undertaking recruitment checks. However, we found the provider had not safely ensured a staff member received a work place risk assessment and a robust induction to establish that they were competent in their role as a nurse. As a result, this staff member was involved in a serious incident that occurred at the home and is currently being reviewed further by CQC.

The home did not have a call bell system and was not using assistive technologies such as pressure/movement sensors to detect or help prevent falls, or seizure monitors. To manage risks in these areas, staff completed 10 minute checks. However, use of assistive technologies in some cases may have been less intrusive.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff contacted relevant health professionals to help ensure people received the care and treatment they required.

We saw that there were positive relationships between people who lived at the home and had a good understanding of people's individual care and support needs. A variety of activities were provided to meet people's individual needs, and people were encouraged to take part.

We observed that people's privacy and dignity was observed and there were kind and sensitive interactions between care staff and people when they were providing direct care. However the home did not have a call bell system and was not using assistive technologies such as seizure monitors or pressure/movement sensors to detect and help prevent falls. The registered manager commented that staff undertook 10 minute checks during the night to check on people's conditions. However, we found this approach had not considered people's privacy and the use of assistive technologies in some cases may have been less intrusive.

Staff understood people's individual communication styles, and were able to communicate effectively with them. People's permission was sought before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

We observed an open and friendly culture at EAM House in which people's relatives or representatives had the opportunity to provide feedback about the service in an informal way. Everyone we spoke with said they

could talk to the staff or registered manager if they needed to.

We found the service was working within the principles of the Mental Capacity Act (2005). Best interest meetings and capacity assessments were held where required. Applications for Deprivation of Liberty Safeguards (DoLS) were appropriately made. However, we found some staff were not aware of the key principles of the mental capacity act.

People received their medicines in a safe and timely way. Staff followed advice given by professionals to make sure people received the care they needed. However, we found room temperatures were not being recorded in people's bedrooms of where the medicines were securely stored. A maximum/minimum thermometer should be placed in all rooms where medicines are stored and the temperature of the room monitored on a daily basis (preferably at the same time each day) to ensure that medicines stored in the room are stored within the recommended limit.

We found three 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 full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Safe recruitment practices were in place and there were enough staff deployed to meet people's needs safely. However, we found the recruitment of one staff member had not ensured they received the necessary support to perform their role successfully.

The provider had not taken reasonable steps to ensure the clinical waste was stored securely or the clinical waste bin secure.

People were protected because risk management plans identified ways to mitigate the risks associated with people's care and with their environment.

Is the service effective?

Requires Improvement ●

The service was not always effective.

A number of staff had not received important training required to effectively support people. Systems to monitor continuing training staff competency, development and professional support was not robust.

The staff we spoke with had little knowledge regarding Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). This was due to staff not having yet completed MCA and DoLS training.

People received food and drink to meet their needs and support was provided for people with specialist nutritional needs.

Is the service caring?

Requires Improvement ●

The service was not always caring.

The registered provider had not always supported staff to receive key training to ensure people were provided with compassionate and person centred care.

We observed positive interactions between the young people using the service, the manager and all other staff. The atmosphere in the service was friendly and relaxed.

End of life care training was an area the registered manager acknowledged needed to be provided to all staff.

Is the service responsive?

The service was not always responsive.

Children and young people had person centred care plans which had associated risk assessments and management plans. However, we found the provider needed to ensure care plans captured how to manage and identify deterioration in people's health conditions.

People were provided with a range of opportunities to access the local community.

People told us they knew about the service's complaints procedure if they needed to raise a complaint.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality assurance processes were in place and action plans developed. However we found the provider did not have a clear overview of the key training staff required.

There was a clear management structure at the service with a registered manager in post.

People's families were asked for their views about the quality of the care provided.

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 18 and 19 October 2017 and was unannounced. We carried out this inspection at the same time as inspecting the neighbouring service, 'EAM Lodge'. This was due to serious concerns that had been raised in relation to the competency of a staff member at EAM House, which is owned by the same directors as EAM Lodge, and with which it shares a staff team. This inspection examined those risks. A separate report has been produced for EAM Lodge, which you can find on our website.

The inspection team consisted of one adult social care inspector and a specialist advisor. The specialist advisor was a paediatric nurse who had experience of running a registered service.

Prior to our inspection we had received concerning information about the service provided; these had been reported to and investigated by Trafford City Council and Rochdale safeguarding authorities. We spoke with the local safeguarding authority and reviewed information sent to us from stakeholders. The local authority kept us updated with the support that they were providing to the service to assist them to improve the care and support provided to people. During our inspection we looked to see what action had been taken as a result of these concerns.

We contacted Trafford, Rochdale and Salford Council's Commissioning teams and Trafford Clinical Commissioning Group (CCG) for information they held on the service. We were informed by Trafford Commissioners they had suspended any new admissions to EAM House until they were satisfied their action plan addressed the issues highlighted. Shortly after the inspection we were notified suspensions of new admission had been lifted, therefore the home could accept new admissions. We also contacted Trafford Healthwatch, who did not have any information on the service. 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.

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. Prior to our inspection we contacted the Ofsted inspector who shared their recent report with us. The service had an interim inspection on 31 May to 1 June 2017 and rated 'good'. An interim inspection focuses on the effectiveness of the home and the experiences and progress of children and young people since the most recent full inspection.

The provider completed a Provider Information Return (PIR) in June 2016. 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. Prior to the inspection we reviewed information we held about the service, including: The provider's PIR and notifications the provider had sent us about safeguarding and other significant events. We looked at any feedback we had received about the service.

We communicated with three young people using the service, the director, the registered manager, the deputy manager, one nurse, two care staff and the administrator. 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, three staff recruitment files, daily record notes, medication administration records (MAR), maintenance records, infection control audits, records of 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. Shortly after the inspection we spoke with five people's relatives or representatives.

Is the service safe?

Our findings

Due to people's complex communication needs they were not able to communicate verbally with us. People appeared calm and relaxed as they were supported by staff. The majority of people's relatives/representatives told us the service was safe, however one person's family member didn't feel the service was safe. Comments received included; "[Person's name] has been going to EAM House for years, they are more than safe", "I think the home is safe, the care staff or [registered manager's name] will always call me if there is any issues," "It is a safe place, [person's name] is well cared for" and "I don't personally feel EAM House is safe enough, as I think the training for staff could be better."

At the last inspection in September 2016 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." At this inspection we found the yellow clinical waste bin was again unlocked, and close to the back door of the home there was a yellow bag that contained clinical waste. We brought this to the registered manager's attention who immediately removed the clinical waste bag and locked the outside waste bin.

Although we found the provider was managing the day to day cleanliness within the home effectively, the provider was failing to maintain a safe environment which was contrary to The Health and Social Care Act 2008: code of practice on the prevention and control of infections, and increased the risk that people would contract infections.

The provider had not taken reasonable steps to ensure the clinical waste bin was stored securely. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed the report from the NHS infection control lead completed in June 2017, which identified a RAG score of score 80% and highlighted areas of good practice, but also highlighted areas for improvement. We noted that the home had made some improvements since then such as infection control training for staff and installing sluice facilities. The registered manager confirmed shortly after the inspection all actions from the audit had now been completed, such as new foot operated waste receptacles purchased, and wall mounted racks for air drying mops.

There was a cleaner present throughout the day of inspection. We saw infection prevention and control policies and procedures were in place. Staff were seen wearing protective clothing such as disposable gloves and aprons when carrying out personal care duties. Hand-washing sinks with liquid soap and paper towels were in place in the bedrooms, bathrooms and toilets. This meant people were protected from the risk of infection and cross contamination when receiving personal care.

At our last inspection in September 2016 we identified concerns in relation to the fire evacuation procedures, and inconsistent and non-specific personal emergency evacuation plans (PEEPs). This was a

breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the necessary improvements and were now meeting this regulation.

The registered manager demonstrated that the home now had an emergency plan in place, which included guidance for staff about what to do in the event of an emergency, such as an unforeseen staff shortage or if people had to be evacuated from the premises. PEEPs had been completed for children and young people living at the home and for the people who accessed EAM House for short breaks care. This helped to ensure that people were appropriately supported in the event of an evacuation or emergency.

The home employed a maintenance person and we reviewed their premises records. These demonstrated that regular checks were conducted on the facilities and equipment, to ensure they were safe for the intended use. This included fire safety systems, water temperatures, and electrical equipment. Gas, water and other appliances were also regularly serviced. Risk assessments were in place for the premises, environment and use of equipment to ensure risks were kept to a minimum. Staff had access to personal protective equipment such as aprons and gloves and they used these as needed.

We saw fire evacuation procedures displayed strategically across the entire home, and we noted that five fire drills had been carried out during the period January 2017 to October 2017. At the last inspection in September 2016 we found that the actions and learning points from these evacuations were not clear. At this inspection we found the recordings of fire evacuations were detailed and provided practicable steps of how the staff would safely manage an emergency situation.

At our last inspection in September 2016 we identified concerns in relation to the way staff were recruited. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had not safely ensured the recruitment of one staff member.

We reviewed three staff files which showed that all necessary checks had been carried out before each member of staff began to work within the home. This included a full employment history check and a Disclosure and Barring Service (DBS) check. The DBS is a national agency that checks if a person has any criminal convictions.

However, we found competency concerns for one staff member that had been reported by their previous employer to the Nursing and Midwifery Council (NMC). Whilst the provider had known about this at the time of recruitment they had not been properly assessed the risks to people using the service to ensure that this person was suitably fit for the role at EAM House. We discussed this person's recruitment in detail with the registered manager, who acknowledged they should have undertaken a risk assessment, but felt it was not necessary at the time.

Furthermore, we found the registered provider did not have a clear overview of the staff member's training and competency, until they gathered this information at our request. We viewed the staff member's previous training which did provide assurances that the staff member had completed some essential training with their previous employer in the last 12 months such as Cardio-Pulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) training. However, we found the staff member had not completed essential training to ensure they were fully equipped to support people who accessed the service at EAM House with long term conditions such as safeguarding children, autism awareness, and oxygen therapy. We were told by the registered manager and saw from the viewing the homes rota that this staff member was shadowed for a number of weeks by another nurse, however we found an induction timetable of areas the nurse needed assistance with had not been provided.

This meant the staff member had not been safely supported in their role as a nurse to ensure people were safely cared for and this placed the health and safety of people at risk.

We found this was a continuing breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, due to the provider not ensuring this staff member received a work place risk assessment and a robust induction to ensure the staff member was competent before they performed their role independently.

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 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 helps to ensure that nurses continue to practice safely and effectively.

Staff we spoke to had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. The provider had policies in place for safeguarding vulnerable children and whistleblowing. These contained guidance on the action that would be taken in response to any concerns. Staff told us and we saw from the records that they had been provided with safeguarding training and discussions with staff identified that they understood the signs of abuse. We saw that where necessary referrals had been made to the local authority to report safeguarding concerns and found that these had been investigated with any necessary action carried out and recorded. This demonstrated that the registered manager had taken appropriate action to ensure that people who use the service were protected from abuse

We found the provider supported staff with both safeguarding children level 2/3 and safeguarding adults training. However from the training matrix we were provided with we found nine staff out of the 21 employed had not yet completed safeguarding adults training. Shortly before the inspection we were provided with Trafford commissioner's action plan. This highlighted a need to ensure all staff were supported with additional safeguarding vulnerable children and adults training and recommended the provider allocates a safeguarding champion to attend the safeguarding champions forums. The registered manager provided evidence which confirmed all new staff had complete a basic level one safeguarding as part of their initial induction. Additional training dates for safeguarding adults were provided shortly after the inspection by the registered manager.

Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration. Medicines were appropriately secured in a locked cabinet in people's bedrooms and additional stock of medicines was stored securely in a locked medication cabinet. Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, although no controlled drugs were being stored at the time of our inspection. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We saw that fridge temperatures were checked daily and that these were within recommended clinical standards.

However, we found the temperatures of the medicines stored in people's bedrooms were not monitored. The registered manager contacted us shortly after the inspection, to advise they have purchased bedroom thermometers and were now monitoring people's bedroom temperatures twice daily. A maximum/minimum thermometer should be placed in all rooms where medicines are stored and the temperature of the room monitored on a daily basis (preferably at the same time each day) to ensure they are within the recommended limit.

Training records showed, and we were told, that only senior care workers and nursing staff were responsible for the administration of medicines. However we found medicines competency checks were not refreshed annually. Guidance produced by the National Institute for Health and Care Excellence (NICE) 'managing medicines in care homes 1.17.5' states 'Care home providers should ensure that all care home staff have an annual review of their knowledge, skills and competencies relating to managing and administering medicines'. We found there were seven senior care workers and nursing staff who had not had their medicines competency checks within the last 12 months. The registered manager acknowledged this observation and confirmed they would begin to carry out competency checks for all senior care workers and nursing staff who administer medicines.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. We were told and staffing rosters confirmed there were two members of care staff and one nurse during the day to support three people who lived at the service and two care workers were on duty overnight along with a nurse who completed a sleep in shift. The nurse would also work at the provider's other location that was situation next door to EAM House, if clinical support during the night was required. We were told by the registered manager when people accessed the respite service the staffing levels were increased.

We examined staff rotas for the past two months; spoke with people's relatives/representatives and staff about the staffing levels. Rotas confirmed what we had been told about staffing arrangements by the provider. We also found that there were days when staff were supernumerary (off rota) but could respond if needed to help offer support and assistance to cover sickness or annual leave.

Relatives we spoke with told us there was always enough staff to support people's needs. The registered manager told us that staffing levels and the staff mix depended on the needs of the young people and activities taking place. Comments from people's relatives/representatives included; "There is always enough staff on duty, and most importantly they know what they are doing", "Difficult to know at the moment, but it seems they have a high turnover of staff", "I think there is enough staff, yes", "Never had any issues with respect of the staffing levels" and "Oh yes, plenty of staff."

Risk assessments were in place that were regularly reviewed and evaluated in order to ensure they remained relevant and identified means to reduced risk and keep people safe. They included risks specific to the person such as for epilepsy, moving and assisting and distressed behaviour. These assessments were also part of the person's care plan and there was a clear link between care plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. We saw staff had to complete 'read and sign' sheets for each assessment form; this would help to ensure that all staff were always aware of risks associated with providing care and support.

When people needed to use special equipment to move, such as a hoist or slide sheet, there was detailed step by step guidance for staff to follow to make sure they were supported to move safely. The information for staff to follow included photographs showing the hoist, sling and special loops and straps to show how best to use the equipment. The provider also employed a physiotherapist on a part-time basis to support the staff team with assessments and provide on-hand practical guidance.

At our last inspection in September 2016 we identified concerns in the way the home managed the risk of legionnaire's disease, as we found there was no legionella risk assessment in place. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made the necessary improvements and a legionella risk assessment dated June 2017 had been completed. The provider was undertaking checks of the water system to help

reduce the risk of legionella developing. Water temperatures were also checked to make sure people were not at risk of scalding.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to the registered manager or lead person on shift. We found all incidents were audited and action was taken by the registered manager as required to help protect people. The registered manager told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring.

Is the service effective?

Our findings

Four people's relatives told us they had confidence in the staff's knowledge and skills and that staff knew what they were doing. However one person's relative did not feel the staff were well trained. Comments included; "I feel the staff are very well trained, I have no reason to doubt this", "EAM House do have a skilled staff team", "[Person's name] can be complex, but the staff are trained to support them", "The staff know what they are doing. I have confidence in their abilities" and "I don't personally feel staff are trained enough. When I have visited the home I have observed staff sometimes not having the confidence to support [person's name]."

At our last inspection in September 2016 we identified concerns due to the lack of robust systems to ensure continuing professional support and staff training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had a new training plan, which detailed all staff training attended. Although staff training dates were more clearly recorded, the records showed that a number of staff had not attended key training and highlighted some staff training competencies were not being assessed annually. We found there were gaps in key training such as epilepsy and autism awareness had not been completed for all staff within an acceptable timescale, with some staff having worked at EAM House for some considerable time without having up to date training in these areas.

From organisation records and conversations with the registered and deputy managers, we noted that the service developed its own materials for induction. The registered manager told us all new starters had an induction, received training considered mandatory by the provider and worked with an experienced colleague before working unsupervised. We examined the courses that were on offer for staff and found training topics included safeguarding children level 2, first aid awareness, fire safety, health and safety, food hygiene, record keeping, moving and handling, infection control, continence care and equality and diversity. We found further needs specific training courses were on offer to staff which included, behaviour approaches, autism awareness, epilepsy, nutrition, communication, cystic fibrosis and Percutaneous Endoscopic Gastrostomy (PEG) training. PEG is a tube which is placed directly into the stomach and by which people receive nutrition, fluids and medicines. Management training was also provided to managers and senior staff.

Although we found a wide range of training topics had been completed by some of the staff team, we found a number of staff had not completed key training courses. For example, from viewing the provider's training matrix we established 12 out of the 21 staff had not completed epilepsy training. We found nutrition training had not been completed by all 21 staff members. We found 17 out of 21 staff had not completed autism awareness training. Ten out of 21 staff had not completed challenging behaviour training and 13 out of 21 staff were still waiting to complete health and safety training.

The registered manager provided us with a training schedule for 2017. We noted a number of key training subjects were arranged on this schedule. However, we found epilepsy, nutrition training, autism awareness and challenging behaviour was not on this schedule.

We asked to view the staff teams competency assessments to deem whether staff were competent at delivering support in key areas of need to people. Competencies are descriptions of the skills, know-how, abilities, and personal qualities needed to perform a particular role successfully. We found 15 out of the 21 staff had not had their PEG competencies carried out in over 12 months. Other key training competencies included oxygen therapy, and we found 13 out of 21 staff required their competencies to be assessed. We found 13 out of the 21 staff required their tracheostomy care competencies to be carried out and 16 out of the 21 staff required their oral suction competencies to be undertaken. Although, we found staff had received competencies checks previously, we found these had not always been done within the last 12 months.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured there was a clear training process and competencies framework to ensure staff were competent to provide the support people required safely.

The provider developed their own workbooks and training materials in line with 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 found the provider's induction covered the recognised set of standards.

At the last inspection in September 2016 we found that the service needed to ensure that both staff and the management's professional development needs were being supported and reviewed appropriately so that they could remain effective in their roles. At this inspection we found there was an inconsistent approach to staff being supported with supervisions and appraisals. However, we were provided with evidence that staff had received between two to four supervisions in the last 12 months. The provider had recently employed a consultant whose role was to establish a clear programme of supervisions and appraisals to the staff team. The nursing team clinical supervisions were completed by the senior nurse at the home, however the registered manager had not ensured their own clinical supervision had been completed. The registered manager commented that they were due to work with Trafford commissioning team to support them in this area. We will review the progress of staff development at our next inspection.

During the inspection we noted from people's care plans staff carried out 10 minute checks when people were in their bedrooms. We asked the registered manager why people required this intervention and we were informed the home has always done this, but there was no rationale why 10 minute checks were required. Despite there being people who used the service that may need to summon help in an emergency due to deteriorating or sudden health conditions, there was no call bell system in the home and the registered manager told us there was no use of assistive technology such as pressure sensors (to detect falls or someone getting out of bed) or seizure monitors. We found the provider had not assessed whether the use of assistive technology or call bells for example may be a better way to enable them to keep people safe, whilst also being less intrusive.

The provider had not considered the least restrictive option to ensuring people's needs living at the home was safely met. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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.

At the time of the inspection two people living at EAM House were subject to a Deprivation of Liberty Safeguards (DoLS) order. The registered manager had a good understanding of DoLS and why they needed to seek these authorisations. There was a record of when the DoLS expired and when it was necessary to reapply for another authorisation. Records showed mental capacity assessments had been carried out, where necessary of people's capacity to make particular decisions. Records contained information about the best interest decision making process, as required by the Mental Capacity Act. Best interest decision making is required to make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes.

Two staff we spoke with had little knowledge regarding MCA and DoLS, this was due to many of the staff not having yet completed MCA and DoLS training. However, they demonstrated that they understood the importance of consent, offering choice, and helping people to make decisions. During our inspection we witnessed this in practice as we saw staff checked people's consent to the care they were providing. We noted from the training matrix that 11 out of the 21 staff had not yet completed this training.

At our last inspection in September 2016 we identified one consent form had not been signed by a young person's legal guardian. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made. Consent forms were now being signed correctly by the person's legal guardian. However, we noted the consent forms did not cover consent to day to day care and accessing emergency care. The registered manager acknowledged this observation, and confirmed consent forms would be adapted to include these changes.

We recommend the provider reviews guidance in relation to the implementation of the MCA in respect of the use of consent forms.

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 and continuity of care when required.

The home employed a chef who also worked for the neighbouring service EAM Lodge. There were no set menus, and the deputy manager told us the chef would prepare food to meet people's needs and preferences based on who was staying at the service at that time. Staff we spoke with were aware of the support people needed to eat and drink, and any dietary requirements, as detailed in their care plans.

We found that systems were in place to ensure people had food and drink to meet their nutritional needs. People identified as being at risk of poor nutrition were supported to maintain their nutritional needs. This included monitoring people's weight and recording any incidence of weight loss. Care plans for people's

nutrition were in place and the need for a modified diet where required. For example, a care plan recorded the advice from a speech and language therapy team (SALT) to ensure staff safely followed their nutritional needs.

We looked around the home and found the environment to be conducive to the needs of the people who lived there. The environment was decorated to a high standard and was well maintained. Rooms were bright and people had been encouraged to bring in personal items from home and many rooms were personalised. The home was set in very well maintained grounds, and accessible garden area space was available for people to use. We were also shown a room, separate from the main building, which had been converted into a sensory area. We found at the last inspection in September 2016 this room was not in use due to restoration work. At this inspection we found the room was available for people to use and well equipped with sensory accessories. This room was equipped with heaters, to allow it to be used during the winter months. 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

The young people's relatives/representatives were positive about the way that the staff provided support. Comments included, "I cannot fault the care, the staff are very caring", "I don't have any issues with the caring side, the staff do their best", "The carers are like family to us, I am very appreciative of their care and support to [person's name]", "The care provided is excellent" and "I have no concerns about the care being provided whatsoever."

During the inspection there was a relaxed and pleasant atmosphere in the service. Staff interacted well with people. Staff were warm, kind, caring and respectful with people and people appeared comfortable with them. Staff were patient in their interactions and took time to observe people's verbal and non-verbal communication. Staff asked people's permission before carrying out any tasks and explained what they were doing as they supported them. On the first day we observed staff supporting people to make posters for Halloween. The young people appeared to enjoy this activity and the home put people's works up around the home to reflect their achievements and decorate the home.

Although we observed positive caring interactions from staff to the people living at EAM House, we were not assured staff had received the necessary training and skills competencies to provide people with compassionate care. As reported in the effective domain of this report we found a number of staff had not completed key training in areas such as epilepsy and autism awareness. This meant some members of the staff team were not fully equipped to provide people living at EAM House with these conditions with personalised care due to not receiving the necessary training.

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. However, as we have already stated the 10 minute checks during the night impinged on people's privacy, the provider had not considered the least restrictive approach to ensuring people's needs were met or encouraged choice and flexibility around this routine practice.

Not all of the people were able to fully express their views verbally. Care plans provided information to inform staff about how a person communicated. 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. People were encouraged to make choices about their day to day lives and staff used pictures, signs and symbols to help people make choices and express their views. This meant staff had information to inform them what the person was doing and communicating to them.

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 the young people in a variety of ways such as beauty care, arts and crafts, and listening to music.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us people who did not have relatives to provide advice and support were supported by an IMCA or lay advocate.

We asked about the end of life care that was provided by the home. End of life care relates to people who are approaching death; it should ensure that people are as comfortable as possible and can make choices about their care. We were informed by the registered manager nobody at the home was receiving end of life care at the time of our inspection. In the new electronic care plans we found there was a section for people's future wishes to be recorded. We found staff had not been provided with end of life training and the registered manager acknowledged this was an area the home was looking to develop.

We recommend the registered provider refers to current guidance for end of life care.

There were a number of thank you cards and compliments about the service available to read. Some of these were very complimentary about the care that people had received. One comment included, "She loves coming here [EAM House]. The staff are fantastic, loving and caring. Always keeping us posted on how [person's name] is doing."

We saw that records were stored securely and that confidentiality of all information was promoted by management and the service. At the start of their employment staff signed a confidentiality agreement and we saw examples of these contained on recruitment files.

Is the service responsive?

Our findings

People's needs were assessed before they started to use the service. This is completed so that the service can assure themselves that they are able to meet people's needs prior to them accessing the service including the provision of equipment. Records showed pre-admission information had been provided by relatives or people's representatives. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, mobility and communication needs.

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.

However, we found one person's care plan did not capture guidance for staff on how to manage and identify deterioration in this person's health conditions. We found the care plan it did not provide clear guidance when staff should seek medical attention for the young person when their health deteriorated. This area was also highlighted as part of Trafford commissioning action plan, which identified further training would be provided by Trafford around the care of deteriorating people, to ensure the staff team escalated matters of concern in a timely manner.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as the provider had not ensured one person's care plan clearly recorded how and when staff needed to intervene when their condition worsened.

A daily record was available for each person. It was specific to the individual and contained sufficient detail about people's daily routine and progress in order to monitor their health and well-being. This was necessary to make sure staff had information that was accurate so people could be supported in line with their current needs and preferences.

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

People were supported to access the community and try out new activities as well as continue with previous interests. Records showed there were a wide range of activities and entertainment available for people. We found activities were not always scheduled as the home wanted to focus on activities that people preferred

and managed this on a day to day basis. We found a number of activities included, in house games, arts and crafts, music, beauty therapy and sensory therapy. We found people had access to a vehicle, which meant they could access the community more often. We found trips had been arranged to access the local community for activities such as, wheelchair dancing and one person attended a hydrotherapy pool each week. People had also recently benefited from a supported holiday to Blackpool and Wales, this was well managed and coordinated by the home, by ensuring the chosen accommodation was safely risk assessed to meet people's physical health needs.

The provider had a complaints procedure in place which gave people's family members advice on how to raise concerns and informed them of what they could expect if they did so. We saw that the registered manager had a system to document any complaints and the actions taken to investigate and resolve them. We saw that the registered provider had received three complaints in the past 12 months, which had been responded to as per their complaints policy.

Is the service well-led?

Our findings

EAM House had a registered manager, who was also a registered nurse. 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'.

During our inspection, we observed an open and supportive culture at EAM House. Comments from staff included, "This is a great place to work, the manager and senior staff are very supportive", "I believe hand on heart we run a good service here. If I didn't think we did I would tell you" and "My fellow colleagues have helped me with my development."

The home had a deputy manager on site, who also worked on the floor to provide caring support. The home ensured a qualified nurse was on rota who would lead the shift and provide clinical leadership to all staff at EAM House. The nurse also worked a sleep in shift and at times would be required to support the staff at the provider's sister home, which was located next door.

We noted that following the last inspection the registered provider had not sent CQC their written report of the action they would take to meet the requirements of the Health and Social Care Act 2008. The requirement for an action plan to be sent to the CQC is stated in the letter accompanying the final inspection report sent to the registered provider. We discussed this with the registered manager who told us they did send the action plan via the post, but this was not sent recorded delivery. During the inspection we were provided with the action plan and found the provider had made a number of improvements, but staff training had still not been improved and this placed people at risk of not receiving the appropriate care.

At our last inspection in September 2016 we found there were gaps in quality assurance processes, which we found to be a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found there had been a number of improvements made, but there was still a lack of overview on the competency of staff and staff had not received all of the training required to deliver this service safely. This was an ongoing breach of this regulation.

We looked at the systems in place to monitor the quality of the service. We saw evidence of audits related to medicines, health and safety and care plans. Monthly spot checks were also completed of the environment and infection control. Actions were identified from the audits and followed up by the registered or deputy managers.

Although we found a number of audits in place and action plans devised, the quality assurance system in place had failed to identify the issues raised in relation to the training provided to staff. The provider had a training matrix in place which detailed the training staff had completed. However, there was no plan in place to clearly identify when the staff team required refresher training. Furthermore, we found there was no competency framework in place to ensure the provider could clearly demonstrate the staff team's level of performance to satisfy they were competent in their role. We found the provider failed to ensure the clinical waste bin had been safely secured, this was also highlighted at the last inspection in September 2016.

In addition we found the provider had not ensured that staff who were recruited and deployed had the appropriate skills and competency to carry out their role. This meant that the service had no assurance or oversight of their staff and that service users health and safety was put at risk.

We concluded this was a continued breach of Regulation 17, (Good governance); of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Effective systems were not in place to ensure risks to people's safety and welfare were consistently assessed, monitored and managed.

We saw opportunities were provided for people's relatives/representatives to comment on the service and share ideas. The provider strived to involve and inform people as much as possible in the running of the service. For example, we saw a number of surveys were sent out to 11 families between April and July 2017. The provider received six responses which highlighted a number of positive comments. The provider produced an easy read summary, which captured the findings of each area considered as part of the survey. Some comments included that the complaints policy was not always clear; the provider acted on this and sent out a copy of the complaints and compliments procedure to all families.

We looked at records of staff meetings which we noted were usually held monthly. 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.