

## Emerald Care Services Limited

# St Pauls

### Inspection report

2 St Pauls Close  
Laughton Common  
Dinnington  
South Yorkshire  
S25 3PL  
Tel: 01909 517865  
Website:

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#### Ratings

### Overall rating for this service

Good



Is the service well-led?

Requires improvement



#### Overall summary

We carried out an unannounced comprehensive inspection of this service on 11 December 2014 in which a breach of the legal requirements was found in relation to how the provider monitored how the home was operating. This report relates to that breach. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'St Pauls' on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out this focused inspection on 6 August 2015 to ensure improvements planned by the provider had been implemented to address this breach of Regulation. We found that action had been taken to improve how the home's systems were monitored.

St Pauls is a two storey detached house situated in a residential area. It caters for up to two people over the age of 18 years old who have a learning disability.

There was a registered manager in post at the time of this inspection. 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 focused inspection we found that quality assurance systems to check how the home was operating had been consistently completed. We also saw changes had been made to how care records were checked to make sure they were updated and reviewed in a timely manner. This meant the provider was now meeting legal requirements. However, some areas needed further development and embedding into the running of the

# Summary of findings

service. For example, the system for checking all necessary care records were in place was not as comprehensive as it could be. The registered manager said they were working to improve this.

We will review our rating for this service at our next comprehensive inspection to ensure the improvements made and planned continue to be implemented, and have been embedded into practice.

# 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 well-led?**

The service was well led.

Quality assurance systems to check how the home was operating had been consistently completed. Changes had been made to the audit system which identified areas that needed improving. This meant the provider was now meeting legal requirements. However, some areas needed further development and embedding into the running of the service.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at our next comprehensive inspection.

**Requires improvement**



# St Pauls

## 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 was 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 was to check that improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 11 December 2014. We inspected this service against one of the five questions we ask about services: is the service well led. This is because the service was not meeting some legal requirements.

Before our inspection we reviewed the information we held about the home, this included information provided by Rotherham council and the provider's action plan, which set out the action they would take to meet legal requirements.

This focused inspection took place on 6 August 2015 with the registered manager being given short notice of our visit, as we required them to be present at the inspection. The inspection was undertaken by an adult social care inspector.

At the time of our inspection there were two people living in the home. We did not speak to people who used the service as the shortfalls we were checking were regarding records. We looked at records regarding how the company checked that the home was operating to a satisfactory standard, and actions taken to address any shortfalls. We also checked to make sure a system was in place to make sure care records were being updated and reviewed in a timely manner.

# Is the service well-led?

## Our findings

At our inspection on 11 December 2014, we found not all quality assurances systems were up to date to help guide practice, plan improvements or implement changes. This was a breach of Regulation 10 (1a) (1b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us an action plan detailing what improvements they planned to make to address this breach and by when. The provider did this, and said they would be meeting the Regulation by 1 May 2015.

At our focused inspection on 6 August 2015 we found the provider had implemented improvements to meet the shortfalls in relation to the requirements of Regulation 10 as described above.

On this occasion we did not speak with people who used the service, or care staff, as the shortfalls we had found related to records.

We looked at the arrangements in place to regularly assess and monitor the quality of the service. We saw various checks and audits had taken place regularly covering different aspects of the service. These included checks relating to health and safety, for example emergency lighting, water temperatures, fire evacuation and an inspection of the internal and external safety of the property.

At our last inspection we found the monthly health and safety checks had not been completed consistently. At this visit these audits had been carried out each month as indicated, and changes had been made to ensure any identified shortfalls were rectified in a timely manner. However, not all audits had an action plan section available for staff to clearly highlight issues that needed addressing, who was responsible for this, the timescale and confirmation the shortfall had been addressed. The registered manager told us they would make sure a blank action plan form was available to be completed as necessary.

We also saw that since our last visit the provider had introduced a monthly 'support and risk assessment review sheet' to document when care plans, risk assessments and other care records had been reviewed and updated. However, the form did not provide a comprehensive audit of the care files to ensure all required records were in place. We discussed this with the registered manager who said they would look at developing the system in place to ensure the overall content of the care files could be comprehensively audited.

We saw the registered manager had completed a monthly report for the provider which outlined topics such as any care plan reviews undertaken. This showed the registered manager and the provider were monitoring that care records were being maintained to a satisfactory standard.