

## Emerald Care Services Limited

# St Pauls

### Inspection report

2 St Pauls Close  
Laughton Common  
Dinnington  
South Yorkshire  
S25 3PL

Tel: 01909517865

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 1 February 2017. As this is a very small service, and people regularly go out into the community, we announced the inspection shortly before the visit to make sure someone would be available at the home to assist in the inspection. The home was previously inspected in August 2015 when we checked the service was meeting the Regulation it had been in breach of in December 2014. At that inspection we found action had been taken to address the 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)

St Pauls is a two storey detached house situated in a residential area, close to local shops and facilities. It accommodates up to 2 people over the age of 18 years old with a learning disability or autistic spectrum disorder.

The service had a registered manager in post at the time of our 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 and associated Regulations about how the service is run.

We saw there were systems in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made.

We saw staff encouraged people to be as independent as possible while taking into consideration their wishes, and any risks associated with their care. We observed that people using the service received appropriate support from staff who knew them well.

People received their medications in a safe and timely way from staff who had been trained to carry out this role.

The services recruitment system helped the employer make safer recruitment decisions when employing new staff. New staff had received a structured induction and essential training at the beginning of their employment. An on-going training and support programme ensured staff maintained and developed their knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received a well-balanced diet that they were involved in choosing, shopping for and helping to prepare.

People's care files provided detailed information about the areas they needed support in and reflected their needs and preferences, so staff could provide individualised care. Support plans and risk assessments had been regularly evaluated to ensure they were meeting each person's needs, while supporting them to reach their aims and objectives in a safe way.

People had access to day centres and social activities which were tailored to their individual needs and interests. People told us they enjoyed the activities they took part in.

The provider had a complaints policy to guide people on how to raise concerns and there was a structured system in place for recording the detail and outcome of any concerns raised.

There was a system in place to enable people to share their opinion of the service provided. We also saw an audit system had been used to check if company policies had been followed and the premises were safe and well maintained.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Systems were in place to reduce the risk of abuse and assess and monitor potential risks to individual people.

Recruitment processes helped the employer make safer recruitment decisions when employing new staff.

Robust systems were in place to make sure people received their medications safely, this included key staff receiving medication training.

### Is the service effective?

Good 

The service was effective

The correct processes had been followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

Staff had access to a structured training and support programme, which helped them develop their skills and meet the needs of the people they supported.

People received a well-balanced diet that offered variety and choice.

### Is the service caring?

Good 

The service was caring.

Staff supported people in a caring, sociable and inclusive way. They interacted with people in a positive way while respecting their privacy, preferences and decisions.

Staff demonstrated a good knowledge of the people they supported, whilst understanding the need to maintain their independence.

### Is the service responsive?

Good 

The service was responsive

Support plans reflected people's individual needs and preferences and had been evaluated on a regular basis to check if they were being effective in meeting people's needs.

People had access to activities and stimulation that was tailored to meet their individual needs and preferences.

There was a system in place to record and manage any concerns received.

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

The service was well led

The registered manager led a dedicated staff team who were encouraged to be involved in how the home was run.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

**Good** ●

# 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.

The inspection took place on 1 February 2017 and was carried out by an adult social care inspector. As this is a very small service, and people regularly go out into the community, we announced the inspection shortly before the visit to make sure someone would be available at the home to assist in the inspection.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications from the home. We also asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We obtained the views of professionals who may have visited the home, such as service commissioners and Healthwatch Rotherham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were two people living at the home. We spoke with both of them and observed how staff supported them. We spoke with the registered manager and three care workers. Following our visit we also gained the views of a Relevant Person's Representative [RPR] who had been appointed by the council to support someone who lived at the home. We also spoke with a relative. This helped us understand the experiences of people who used the service.

We looked at documentation relating to people who used the service and staff, as well as the management of the home. This included reviewing two people's care and medication records, staff rotas, training records, two staff recruitment files, training and support records, audits, policies and procedures.

# Is the service safe?

## Our findings

People we spoke with told us they felt people using the service were supported in a safe way. For instance, someone appointed by the council to support one of the people using the service told us they felt staff provided a safe environment for people to live in. They added, "I have never seen anything that was unsafe [happen at the home]." A relative we spoke with also told us they felt their family member was supported in a safe way.

People's care records demonstrated that the provider had risk management systems in place to help to keep people safe. This included clear guidance for staff about managing potential risks to people. For instance, a care worker described how people were supported to cross roads safely, as this was a particular risk for them. Records showed that risks were reviewed regularly and plans updated when necessary.

Staff we spoke with were very knowledgeable about safeguarding people, and whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff told us they would not hesitate to report any safeguarding concerns. They said they felt sure the registered manager would respond appropriately if they raised any concerns, but if not they would take it higher up in the company or contact the local authority. Staff had received training in safeguarding of vulnerable adults and whistleblowing procedures.

We found there is enough staff on duty to meet people's needs. Staff described how people were supported on a one to one, or two to one basis as necessary and there was a member of staff on duty at night. Records and staff comments showed there was enough staff employed to facilitate this. A person representing one of the people using the service told us, "There is a stable staff team; they don't have a high turnover of staff." They said this meant that the staff knew people well, which led to a better standard of care and support.

There was a recruitment and selection process in place. The staff we spoke with confirmed they had gone through a formal recruitment process that included an interview, pre-employment checks of references and a criminal records check. However, we noted that conversations regarding topics such as gaps in people's work history had not always been recorded. The registered manager said these would have been discussed at interview, but she would ensure better recording took place in future.

We looked at the arrangements in place for the administration and management of medicines and found that these were satisfactory. Medication was securely stored in people's rooms along with their medication and health records. The files were well structured and provided various health related information, such as protocols highlighting when to administer 'when required' [PRN] medicines. We found Medication Administration Records [MAR] were accurately completed and regular audits had been undertaken to check staff were following the company policy. We saw all staff who administered medication had received appropriate training and periodic competency checks.

## Is the service effective?

### Our findings

All the people we spoke with gave positive feedback about the home and how staff delivered care and support. A relative commented, "I am very happy with how they [staff] support [family member]. They are just what the doctor ordered, so to speak." Someone representing one of the people using the service said that during their visits they saw, "Good interaction [between staff and people living at the home] and staff are good at recognising certain behaviours, which means less PRN medication is used [medication administered 'as and when required']."

Each person had a health file which contained information about their health needs and health professionals involved in their care. Records demonstrated people had accessed healthcare services such as their GP and staff had supported them to attend hospital appointments. People's weight and wellbeing had also been monitored regularly. Hospital passports had been developed so that hospital staff knew how to appropriately treat and care for the person, if a hospital admission became necessary. Staff used pictures to help people communicate any symptoms they might have like a headache or stomach problem.

Training records, and staff comments, demonstrated that staff had the right skills, knowledge and experience to meet people's needs. Staff we spoke with confirmed they had undertaken a structured induction when they started working at the home that included completing the company's workbook and mandatory training. They said they had also worked alongside experienced staff, so they could get to know the needs of each person before providing care and support. One care worker commented, "I shadowed someone and they showed me the paperwork etcetera. Staff have been really good at helping me out. I have done all the training and I am working on my induction booklet."

Staff records also showed they received periodic refresher training and one to one support meetings with their manager. This showed staff had received the training and support they required to help them meet people's needs. One staff member told us, "I have just done about ten courses [refresher training]. We have one to one meetings every couple of months and annual appraisals." Another care worker said, "I have had all the training I need."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the mental Capacity Act [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence that DoLS applications had been submitted to the local supervisory body and authorised. The registered manager was organised with the authorisations to ensure any conditions were met and further applications were made in a timely manner.

At this inspection we found people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Care records contained information about people's individual likes and dislikes in relation to food, as well as



any particular dietary needs. This helped staff to make sure people received the diet they needed and preferred.

We found people were involved in choosing the meals they wanted and where necessary picture cards were used to help them select the meal they wanted. People went food shopping with staff and then helped to prepare the meals and drinks. Staff we spoke with demonstrated a good knowledge of people's specific requirements in relation to meeting their nutritional and hydration needs. Staff monitored what each person ate and drank. Regular checks were made on their weight and risks associated with nutrition had been monitored. Where people were assessed as at risk of poor nutrition staff had taken prompt action to involve GPs and dieticians.

# Is the service caring?

## Our findings

The home had a relaxed and homely atmosphere with people coming and going to take part in activities. Staff interacted in a friendly, caring manner when speaking to people and there was genuine affection for the people living at the home. People spoke positively about the care and support staff provided. One person told us, "He [person living at the home] gets good choices and decides everything himself." A relative commented, "They [staff] look after [family member] well and are very sociable with us. I can't fault them."

Both the people who lived in the home required support with their personal care and we saw people looked well cared for. For instance, people's personal hygiene needs, such as nail, hair and shaving needs were being met. They looked appropriately dressed for the weather when going out of the home and changed into lighter clothes on their return.

Staff supported people in a caring and responsive manner while assisting them to go about their daily lives and take part in activities and outings. They treated each person as an individual and we saw people were asked what they wanted to do, giving them control over what and how things were done.

People's bedrooms were individualised with bedding, posters, family photos and mementos. Staff told us how people had been involved in choosing wallpaper in their rooms, as well as in communal areas. One person who showed us their bedroom was obviously proud of it. Staff said people were involved in cleaning their room, with their assistance. We saw bedrooms were homely and designed to suit the individual person.

People's needs and preferences were detailed in their care plans, along with information about what was important to them. This included a profile on the person's preferred daily routine, such as what time they liked to get up in the morning. The staff we spoke with demonstrated a very good knowledge of the people they supported, their care needs, their likes and dislikes. Our observations confirmed staff knew the people they were supporting well and met their individual needs and preferences to a good standard.

We saw people had been helped to maintain relationships with people who were important to them. Relatives and friends were welcomed to the home and there were no restrictions on times or lengths of visits. Transport was provided for people if their relatives were unable to visit them. A relative told us, "We work with them [staff]. For example, I was involved in redesigning [family member's] bedroom to make it better for him."

People were given choice about where and how they spent their time, with staff encouraging them to be involved in activities and to make informed decisions. Staff enabled people to be as independent as possible while providing support and assistance where required.

Staff described how they respected people's privacy and dignity by allowing them time on their own, if possible. We saw one person freely went to their room when they wanted to. A staff member described how they enabled people to have time on their own. They told us, "When [person using service] has a bath he

takes his clothes in with him and we close the bathroom door and give him private time."

We saw people were given information about how the home intended to operate, such as the complaints procedure. These were also available in an easy read version with pictures to help people understand what was being explained.

## Is the service responsive?

### Our findings

The people we spoke with all said they were happy with the care and support staff delivered. One person said they felt staff had a good rapport with people living at the home. A relative told us the home provided, "Everything we wanted for [family member] he gets. He has come along in leaps and bounds since he came here, and he keeps improving a little each time we see him."

People's needs had been assessed prior to them moving into the home and this information had been used to formulate their support plans. We also saw records were in place to monitor any specific areas where people were more at risk. These included triggers staff should be aware of, and explained what action they needed to take to minimise risks and protect people.

Each person's file detailed the care and support they required, as well as their preferences and daily routines. Support plans were person centred and clearly involved people who used the service, as well as other people relevant to their care, such as relatives and health care professionals. Information contained in the files also gave a clear summary of the best way to support the person. A relative described to us how they had been involved in planning and reviewing their family member's plan of care. They added, "They [staff] listen to us, if we tell them [family member] needs something they help us with it."

Support plans and risk assessments had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made as and when required. We saw records were maintained about how people had spent their day, what they had enjoyed doing and any changes in their wellbeing. Minutes from staff meetings showed this forum was also used to discuss what was working for each person and what was not, so appropriate changes could be made to how the person was supported.

The registered manager described how they were using a new way of trying to help people become as independent as they could be. This involved having a daily activity, such as getting up and dressed, broken down into manageable sections so staff could assess where people needed more, or less support. The registered manager said that after evaluation it was determined what the next step would be.

People were involved in a wide choice of activities that were tailored to their preferences and needs. Pictures were used to help people choose and plan the activities they wanted to do each day. We saw people liked to take part in activities such as walks in local parks, swimming, table top games, shopping trips and outings to a disco and local pubs. One person using the service showed us the garden where they were growing vegetables for use in the kitchen. On the day we visited the home one person had attended a day centre, while the other person had been out for a walk with staff. Later that day they both went shopping, accompanied by two members of staff.

People indicated they enjoyed the activities they took part in. A relative we spoke with confirmed their family members choose the activities they participated in adding, "He does loads of things, they [staff] take him bowling and on holidays. Another person's representative said they felt people had a lot of choice in relation to the activities they could access.

There was a complaints procedure which was available to people living and visiting the home, which was also available in a pictorial format. A system was in place to record any complaints received and the outcomes. We saw any concerns received had been appropriately recorded and responded to in a timely manner.

People were involved and consulted in how the home was run and asked about their satisfaction in the service provided. A relative told us they felt they were totally involved in their family member's life at the home. They added, "We can talk to anyone when we want to. I phone [the registered manager] when I need to discuss anything and she phones me when she needs to. I can also talk to [the owner]." Another person's representative said there has never been anything they had any concerns about.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. Throughout our visit we saw the registered manager was involved in the day to day operation of the home and took time to speak to people using the service and staff. They told us they worked alongside staff on most days so they were able to assess how staff were working and how individual people using the service were that day.

The registered manager actively sought the views of people who used the service. This was done in a number of ways such as daily interactions with people, resident meetings and periodic questionnaires. The summary of the 2015/16 survey showed that people were very happy with how the home operated.

The people we spoke with confirmed they were happy with the care and support provided and how the registered manager ran the home. One person's representative told us they felt the registered manager managed the home well. They added, "I really like it [the home]. I feel [person using the service] has a good quality of life there." A relative commented, "[The registered manager] is brilliant. I can always ring her on her mobile if I need to. All I can say is that at present there isn't a problem at all. I am very happy with how the home is run."

During our visit the home was calm and well organised and there was a good atmosphere present throughout our inspection. We saw staff knew what their roles and responsibilities were and carried them out appropriately and efficiently. Staff said they felt there was an inclusive culture in the home and they were comfortable raising concerns. They felt there was good teamwork with everyone working together to share ideas and resolve problems. One care worker told us, "Everything is for the lads [people living at the home], they have everything they need."

It was clear from talking with staff that the registered manager led by example, to provide a good quality service to people. Staffs views were captured at regular staff meetings, one to one discussions and informally during the working day. Meeting minutes also showed the registered manager and senior staff attended company meetings to share information and look at ways to improve how the company's homes operated.

When we asked staff what was the best thing about working at the home one care worker told us, "I enjoy making a difference in their [people living at the home] lives." Another person said, "The manager supports us, she goes out of her way to help you." No one we spoke with could think of anything they would want to change.

We saw audits and checks had been consistently carried out to make sure policies and procedures had been followed. This included health and safety, care files and medication practices. This enabled the provider to monitor how the service was operating and staffs' performance. We also saw supervisors had carried out spot checks to make sure areas such as fire exits were clear and refrigerator temperatures had been taken and recorded.

The registered manager told us a representative from head office visited the home regularly to check how the home was operating and offer support to the registered manager. We saw a report was completed following their visits which outlined what they had found and any areas needing attention.

We found incidents and accidents had been well documented and reviewed by the registered manager so they could be analysed to look for patterns and trends. We saw these were then discussed at staff meetings and shared with the senior management team in the registered manager monthly report to head office.

In April 2016 the service had been awarded a five star rating by the Environmental Health Officer for the systems and equipment in place in the kitchen areas throughout the home. This is the highest rating achievable.

The report from the local authority's last assessment of the home in February 2016 did not identify any major concerns and rated the home as operating to a 'Good' standard. We saw recommendations for improvement had all been met by June 2016.

The registered manager told us their aim was for all staff to sign up to the 'Social Care Commitment,' this is the adult social care sector's promise to provide people who need care and support with high quality services. They said they were also working towards achieving accreditation from The Autistic Society as part of their aim to drive up quality and meet required standards. Autism Accreditation is an internationally recognised process of support and development for all those providing services to autistic people.