

Emerald Care Services Limited

Pennine View

Inspection report

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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

We inspected Pennine View on 22 June 2016. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

Pennine View is a bungalow that provided care for two people with learning disabilities. The registered manager also oversees staff who support four people that live in two housing associated owned bungalows. These bungalows provide accommodation for one person and accommodation for three people. They are staffed at all times.

The registered manager has been in post since 2014. 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 the time of the inspection we met both people who lived at the home and three of the people who were supported by staff in their own accommodation. The two people who lived at Pennine View had very limited verbal communication so we observed how staff interacted with them. We saw staff could pick up on the smallest change in their behaviour and could readily interpret what the people were indicating they wanted.

The people who used the supported living accommodation told us that they were very happy with the service and found it met their needs. They told us all about the improvements they had made when interacting with others and the communication skills they had learnt. We found that there was a lot of humour and jovial interactions between the people and staff. The people felt able to freely discuss any concern and ask questions about everyday matters.

We had a very warm and lively discussion about the life of maggots and how maggots were used in the fishing expeditions people enjoyed. We also discussed the holidays people went on and how they were taking action to improve their daily living skills.

We found that the registered manager and staff consistently ensured people were supported to lead an independent lifestyle. Staff readily identified triggers that would lead people to become distressed and were adept at using deescalating techniques.

Staff were aware of how to respect people's privacy and dignity. We saw that staff supported people to make choices and decisions.

We saw that detailed assessments were completed, which identified people's health and support needs as well as any risks to people who used the service and others. These assessments were used to create plans to reduce the risks identified as well as support plans.

We saw that people were offered plenty to eat and assisted to select healthy food and drinks which helped to ensure that their nutritional needs were met. We saw that each individual's preference was catered for and people were supported to manage their weight.

We saw there were systems and processes in place to protect people from the risk of harm. We found that staff understood and appropriately used safeguarding procedures.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

Staff had received a range of training, which covered mandatory courses such as fire safety, infection control and first aid as well as condition specific training such as working with people who have learning disabilities and autism spectrum disorders.

Staff had also received training around the application of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The staff we spoke with understood the requirements of this Act and were ensuring that where appropriate this legislation was used.

Staff shared with us a range of information about how they as a team worked very closely with people to make sure the service enabled each person to reach their potential.

People and the staff we spoke with told us that there were enough staff to meet individuals needs. We found there were sufficient staff on duty to meet people's needs.

Effective recruitment and selection procedures were in place and we saw that appropriate checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely.

We saw that the registered manager had an effective system in place for dealing with people's concerns and complaints. We found that people felt confident that staff would respond and take action to support them.

We found that the building was very clean and well-maintained. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety, relevant infection control procedures were followed by the staff at the home. We found that action was taken to minimise known risks.

The registered manager had developed a range of systems to monitor and improve the quality of the service provided. We saw that the registered manager had implemented these and used them to critically review the service.

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.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Staff could recognise signs of potential abuse. Staff reported any concerns regarding the safety of people to the registered manager.

Appropriate systems were in place for the management and administration of medicines.

Appropriate checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff understood the requirements of the Mental Capacity Act 2005.

People were provided with a choice of nutritious food.

People were supported to maintain good health and had access to healthcare professionals and services.

Is the service caring?

Good 

This service was caring.

Staff were extremely supportive and tailored the way they worked to meet each person's needs.

We saw that the staff were empathic and effectively supported people to deal with all aspects of their daily lives.

People were treated with respect and their independence, privacy and dignity were promoted. Staff actively supported people to make decisions about their care.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed and care plans were produced identifying how the support needed was to be provided. These plans were tailored to meet each individual's requirements and reviewed on a regular basis.

People were involved in a wide range of everyday activities and led very active lives.

The complaints procedure was accessible. We found that relatives were regularly contacted to check if they were happy with the service.

Is the service well-led?

Good 

The service was well led.

The service was well-led and the operational manager and registered manager were extremely effective at ensuring staff delivered services of a high standard.

We found that the registered manager was very conscientious and critically reviewed all aspects of the service then took timely action to make any necessary changes.

Staff told us they found the registered manager to be very supportive and felt able to have open and transparent discussions with them through one-to-one meetings and staff meetings.

There were very effective systems in place to monitor and improve the quality of the service provided. Staff and the people we spoke with told us that the home had an open, inclusive and positive culture.

Pennine View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

An adult social care inspector completed this unannounced inspection of Pennine View on 22 June 2016.

Before the inspection we reviewed all the information we held about the home.

During the inspection we met with the two people who used the service that lived at Pennine View and three people who lived in one of the supported living services. We also spoke with the registered manager, two senior support workers and five support workers.

We spent time with people in the communal areas and observed how staff interacted and supported individuals. We also looked around the home. We observed the meal time experience and how staff engaged with people during activities. We looked at three people's care records, three staff records and the training records, as well as records relating to the management of the service.

Is the service safe?

Our findings

The people who lived at Pennine View were unable to express their views but we observed that they interacted warmly with staff. Staff consistently encouraged them to engage in activities and learn skills for everyday living such as bed making. We heard from staff how people had become more willing to initiate contact with others and found that one person was comfortable to sit next to us and engage in non-verbal communication.

People who lived in the supported living accommodation told us that they were happy and liked the staff. They thought the staff had effectively supported them to reduce their episodes of anger and one person told us how the staff had supported them to reduce the number of times they broke things. They told us that they felt at ease and felt the staff were making sure they were safe.

People said "This is a home not an institution." And, "I like it here." And, "The staff are really good and I have learnt so much. I want to move to my own place and think staff are helping me to learn the skills I need to do that."

We found that staff were dedicated to ensuring that the home provided a safe environment and would raise matters if they felt there were concerns. We found that relatives were routinely consulted by the staff and felt the home was a safe and supportive environment.

We found that the staff had received regular training around using various interventions to reduce the potential risks associated with aggressive outburst. We observed staff adeptly employ these techniques and divert people prior to their outbursts of distress escalating.

Staff told us that they regularly received safeguarding training. We saw that all the staff had completed safeguarding training and regular refresher training was completed. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions that may occur. We found that if they felt matters were not being looked into in a timely manner staff we spoke with told us that they would not hesitate to raise them with the provider and external parties.

Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had up to date safeguarding and whistleblowing policies in place that were reviewed on an annual basis. We saw that these policies clearly detailed the information and action staff should take, which was in line with expectations.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. Staff could clearly talk about what they needed to do in the event of a fire or medical emergency. We found that staff had the knowledge and skills to deal with all foreseeable emergencies.

We confirmed that checks of the buildings, fire alarms and equipment were carried out either by the provider or the landlord and this ensured people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and portable appliance testing (PAT), which is a check that items such as televisions are safe. This showed that the registered provider had taken appropriate steps to protect people who used the service against the risks of unsafe or unsuitable premises.

We reviewed people's care records and saw that staff had assessed risks to each person's safety and records of these assessments had been regularly reviewed. Risk assessments had been personalised to each individual and covered areas such as using the kitchen, eating and bathing. This ensured staff had all the guidance they needed to help people to remain safe.

We found that the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS), which checks if people have been convicted of an offence or barred from working with vulnerable adults. These checks were carried out before staff started work at the home.

Through our observations and discussions with staff members, we found there were enough staff with the right experience and training to meet the needs of the people who used the service. The records we reviewed such as the rotas and training files confirmed this was the case. We saw that at Pennine View a senior support worker and two to three staff were on duty during the day. A waking staff member was on duty overnight. The registered manager worked during the week as an additional supernumerary staff member.

In the supported living environments staffing levels were tailored to individual needs but there was always at least one staff member on duty.

Staff obtained the medicines for the people who used the service. Each person's medicines were kept securely. Adequate stocks of medicines were securely maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff who administered medication were trained and routinely checked to ensure they remained competent. We found that staff were readily able to discuss people's medicines and found that people got their medicines when they needed them.

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. Medication was stored appropriately and at the correct temperature. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We observed that staff picked up on the smallest of behavioural cues and were very responsive to the two people's needs. We observed people enjoy playing a game based on the television programme 'Bulls Eye' and assist staff. We heard that since moving to the home one person had begun to interact with others, which was very new for them. We enjoyed sitting with them on the couch and engaging in non-verbal communication and interaction.

People in the supported living accommodation told us that the staff understood them and knew how to effectively support them.

People said, "The staff are making sure I can do the things I like." And, "I have not broken anything for a few weeks and will keep this up, as I hope to move to my own flat in the future."

Staff also had a very good knowledge of how to support people with mental health needs and we found that this knowledge had assisted in keeping people well. Staff discussed how they had worked closely with one person's consultant psychiatrist to ensure the changes to medication did not destabilise the individual's mental health. They had quickly recognised changes and reported these to the consultant psychiatrist who had been able to change the medication. This had led to the person being able to deal with changes in their mood.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS) with the registered manager.

We found that the staff had a good understanding of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the home adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found these assessments were only completed when evidence suggested a person might lack capacity, which is in line with the MCA code of practice.

Care records also described the efforts that had been made to establish the least restrictive option for people was followed. When people had been assessed as being unable to make complex decisions there were records to confirm that discussions had taken place with the person's family, external health and social work professionals and senior members of staff. This showed any decisions made on the person's behalf were done after consideration of what would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out amongst others.

The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The registered manager was aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

Staff told us that two people who lived at Pennine View had complex needs and communicated in different ways so learning how to support them effectively was essential. We observed the way staff interacted with people and saw they were attentive and appeared to understand individual's communication needs. We saw staff constantly monitored people to ensure their needs were being met. Staff engaged with people in a friendly and supportive manner. From our discussions with staff we found that they had a very good understanding of each person's care and support needs.

We found the people who lived in the supported accommodation were able to share their views and make choices but needed assistance to place realistic timeframes around when their goals would be achieved. People told us they were learning how to budget and one person shared that they needed support to make sure they did not spend all of their money on stationary. We observed that staff would calmly address people's anxiety about what action they wanted staff to complete and re-confirm the timescale. They also used a great deal of humour to deescalate people's anxiety and discuss situations and behaviours people found difficult.

We saw records to confirm staff encouraged people to have regular health checks and, where appropriate, staff accompanied people to appointments. We saw that people had hospital passports. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital.

We saw that where people had conditions that needed regular review, staff ensured this happened and that everyone went for annual health checks. When concerns arose staff contacted the relevant healthcare professionals. For instance, staff were in regular contact with people's community liaison nurses and when needed had asked these professionals to organise reviews with consultants.

We found that staff knew what people preferred to eat and ensured each individual had meals that they enjoyed but were also varied. We heard that all of the staff were good at cooking and took pride in making healthy meals that people enjoyed.

From our review of the care records we saw that nutritional screening had been completed for people who used the service. We found that the people were all within healthy ranges for their weight and no-one was malnourished or overweight.

Staff told us their training was up to date and the records confirmed that staff had a wide range of both mandatory and role specific training. The registered manager and staff told us they were required to undertake annual refresher training on topics considered mandatory by the service. This included: working with people on the autism spectrum, positive approaches to managing behaviours that challenge, the MCA and DoLS, safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, first aid,

medicines administration, the use of de-escalation and physical interventions. Also we found that the registered manager provided additional condition specific training such as person-centred care, epilepsy and record keeping. We confirmed this from a review of the training information and the certificates in staff files. We found staff were aware of their responsibilities and had the skills, knowledge and experience to support the people.

We saw that when staff commenced work at the home they had completed an in-depth induction programme. We found that new staff were completing the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. We saw that new starters completed all of the mandatory training, viewed the service's policies and procedures, care plans and shadowed the other staff prior to becoming a full part of the care team. We found these staff only started to work on a one-to-one basis with people when both were confident the staff member knew how to effectively support the individual.

Staff we spoke with during the inspection told us the registered manager was very supportive. We found that the registered manager had ensured that the staff completed supervision sessions and had an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records for the recent months that showed staff had received an appraisal and at least three supervision sessions. Also a plan was in place to ensure staff regularly received supervision throughout 2016.

Is the service caring?

Our findings

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. We found staff made sure the care and support was tailored to each individual's preferences. It was evident from discussions with staff that all they knew people very well, including their personal history, preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. For instance staff told us that one person got their shoes when they wanted to go for a walk and would get a particular coat when they were getting excited that their family were coming to visit. Thus they were able to respond to the person appropriately because they knew what each item meant to the individual.

We found staff worked in a variety of ways to ensure people received care and support that suited their needs. They were ensuring people led very active and engaging lives and that all the support was person-centred.

People said "The staff are good." And, "Oh they are good here and make it like a home."

We found staff embraced person-centred care principles and used these in every aspect of the support they undertook. We saw they had used these skills to find positive ways to support people reduce their distress such as going out in the car or to the swimming baths and clubs.

We also found the registered manager had critically reviewed the needs of people and whether they were being met at the home.

We found staff at the service were very welcoming. The atmosphere was relaxed and friendly. Staff demonstrated a kind and caring approach with all of the people they supported. We saw staff actively sought confirmation from people that they were happy with what was happening and took time to help people feel valued and important. We saw that staff understood the needs of the people and knew when they needed assistance or were getting frustrated.

We found that the staff could readily understand all the communication methods people used. Staff were able to tell us how people expressed their views via facial expressions, noise and their behaviour. We observed that staff picked up on very small changes in people's behaviours. We found staff were at ease meeting requests including those that required them to be very demonstrative such as pretending to be the host of 'Bulls Eye'.

Staff had developed a range of ways in which they sought people's views. Staff could clearly detail how this person expressed their agreement to plans and what would indicate that they were enjoying an activity. We saw that if a person became distressed staff readily deescalated this and assisted the individual express their needs without becoming assaultive.

We found care records were very detailed and informative. The support plans and assessments clearly outlined each person's needs and were completely person-centred. We found staff worked in a variety of

ways to ensure people received support they needed. For instance one person would self-harm if unobserved but liked time in private so staff had devised a way that gave them this opportunity but also allowed them to make sure they were not hurting themselves.

Is the service responsive?

Our findings

We found the registered manager was a strong advocate for people and critically reviewed the service to make sure staff followed best practice guidelines. They were committed to empowering people who used the service to live fulfilling lives and reach their potential.

People in the supported living accommodation told us they led very active and fulfilling lives and that staff had helped them keep in close contact with family members and see them regularly.

People said "Staff help me to go fishing with my uncles. I have to put the maggots on the hook and wonder if they go to the loo like us." And, "Staff are helping me to find things I would enjoy like going to drama and local clubs like the YMCA." And "The handyman made me a desk and shelves, which matched the picture I had drawn."

We observed staff consistently engage people in conversation and activity. Staff told us that each day people in Pennine View would enjoy trips out and we observed people going for walks around the neighbourhood. The registered manager told us that initially people had found it difficult to go out but this was gradually changing because staff were slowly but gradually increasing the distance they travelled. This approach had led to one person now being able to enjoy car rides.

We saw staff had given consideration to the impact of people's learning disabilities, autism spectrum disorders and mental health needs had upon their ability to understand events and engage in every-day activities. We observed that staff used this information to provide meaningful occupation for people and to organise outings and visits that people would enjoy.

We found that the staff made sure the home worked to meet the individual needs and goals of each person. Staff told us that people were now involved in a wide range activities and outings, which we confirmed from our observations and care records. We observed people enjoying looking at books, listening to music, seeing family, going out in the garden and to local shops.

The people who used the service needed support to manage their emotional responses to everyday activities and stress. We saw staff were very effective at supporting people to manage their impulse control and emotions. We saw staff intervened and deescalated situations as people became anxious and before it caused a major issue for the person.

We found the care records were comprehensive and well-written. They clearly detailed each person's needs and were very informative. We saw as people's needs changed their assessments were updated as were the support plans and risk assessments. Staff could readily outline what support plans were in place and the goals of each plan. The people we spoke with told us they found that the staff made sure the home worked to meet their individual needs and to reach their goals.

The registered provider had developed an accessible complaints procedure, which clearly informed people

how and who to make a complaint to and gave people timescales for action. We saw that no complaints had been made in the last 12 months. The registered manager discussed with us the process they would use for investigating complaints and we found that they had a thorough understanding of this procedure.

Staff told us that they were very comfortable being advocates for people but also accessed advocacy services.

Is the service well-led?

Our findings

We found relatives were routinely consulted and their responses to surveys showed they spoke very highly of the service, the staff and the registered manager. They thought the home was well run and completely met their needs. They found staff recognised any changes to their needs and took action straight away to look at what could be done differently.

People who used the supported accommodation were also regularly consulted both about the operation of the service and how they were getting on in their accommodation. One person took an active role in being a spokesperson. They wrote reports for the registered manager and following them joining us for the feedback session we were pleased to receive a positive report from them about the inspection. Also the people were an integral part of the recruitment process and either meet candidates or formed part of the interview panel.

People said, "The staff want to know what we think and do listen to what we say."

We saw that the staff team were very reflective and all looked at how they could tailor their practice to ensure that the care delivered was completely person centred. We found the registered manager was the integral force ensuring the home was safe, responsive, caring and effective. We found that under their leadership the home had developed and been able to support people with complex needs lead ordinary lives.

Staff told us, "I love working here." And, "The manager has helped us to improve the home and I now feel that we are giving people the best care possible". And, "We have looked at what person-centred care is and made improvements so that we keep this at the heart of what we do."

The staff we spoke with described how the registered manager constantly looked to improve the service. They discussed how they as a team discussed what went well and what did not and used this to make positive changes. For instance, staff told us that recently they had been looking at how to improve the care records and provide clear details, this had led them to reviewing all of the records and designing a new care record template.

Staff told us that the registered manager was very supportive and accessible. They said they were a great support and very fair. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised. Staff told us there was good communication within the team and they worked well together.

The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. They ensured staff kept up to date with the latest developments in the field and implemented them, when appropriate, into the services provided.

We found that the registered manager clearly understood the principles of good quality assurance and used

these principles to critically review the service. We found that the registered provider had effective systems in place for monitoring the service, which the registered manager fully implemented. The registered provider also routinely ensured external audits and reviews were completed. They also completed monthly visits and these looked at all aspects of the service, such as infection control, medication and learning and development for staff.

The registered provider and registered manager took these audits seriously and used them to critically review the home. We found the audits routinely identified areas they could improve upon. We found that the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken. We found that strong governance arrangements were in place and these ensured the home was well-run.

Staff told us the morale was excellent. They told us that team meetings took place regularly and that they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them constantly review and improve the service. We found that this critical thinking meant the home was extremely person-centred and staff told us that they were always asked to consider how they could make the service even more person-centred and driven by the wishes of the people who used the service.