

Community Homes of Intensive Care and Education Limited

Emerson House

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Emerson House is a residential care home providing personal care for up to 8 people. At the time of the inspection there were eight people living at the home. Emerson House provide care and support to adults with learning disabilities.

The care home accommodates six people in a purpose-built adapted building. It also accommodates two people in individual purpose-built ground floor studio flats.

People's experience of using this service and what we found

We saw staff support people in safe and highly competent ways. Feedback from relatives was very positive. One relative said of the staff team, "They are doing their best and they don't stop trying."

People were supported to access healthcare services and their medicines were managed well. People's care records were detailed and outlined the support they needed. Care records were regularly reviewed to make sure they reflected changes to people's circumstances. Detailed risk assessments were in place to identify and help minimise the chances of people experiencing harm.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The Model of care and setting maximises people's choice, control and independence. The ethos, values, attitudes and behaviours of leaders and care staff helped people using the service to inclusive and empowered lives.

This was evidenced in many ways. The registered manager, senior managers and support staff all shared positive person-centred values in relation to how they supported people. People were able to make clear choices in their life for example what they did and how they spent their day. People were able to keep their rooms and accommodation in ways that reflected them and their personalities. People had unrestricted access to all parts of the home. People also looked very relaxed with all the staff and this helped convey how empowered and relaxed they were in the home.

Rating at last inspection (and update)

The last rating for this service was Good (published 12 February 2018).

Why we inspected:

The inspection was prompted in part due to concerns received about people's care, a range of health and safety matters, training, the quality of food, as well as an allegedly lack of stimulation for people who lived at the home . A decision was made for us to inspect and examine those risks as part of our inspection.

Although no breaches were found we have found evidence that the provider needs to make improvements. This relates to the quality of food, and the storage of care records. We have made recommendations in both these areas.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Emerson House.

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.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Emerson House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Emerson House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had not been asked to complete a provider information return. This is information providers send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We observed daily life for people living at the home. This was because some people at the home

were not able to directly tell us their views due to their complex needs.

We spoke with seven members of staff including the registered manager, a quality assurance manager and a senior manager as well as a senior support worker, two workers and the chef.

We reviewed a range of records. This included two people's care records and four medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including staff training as well as policies and procedures were also reviewed.

After the inspection

We spoke by telephone interview to two people's relatives about the care and support their family members were receiving.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were receiving their medicines safely. Records showed, and staff confirmed how people were given their different medicines safely and at the right time. Each person also had pain relief guidance to support staff to understand if people may be in pain and need extra medicines for this.
- Staff had been trained and regularly checked to be able to manage medicines safely. The staff had their skills assessed and were knowledgeable about people's medicines.
- Audits were regularly carried out. These showed medicines were being managed in accordance with safe practice.

Assessing risk, safety monitoring and management

- Systems were in place to monitor risks to people and keep them safe. One relative told us how their family member was supported to stay safe. "They are doing their best and they don't stop trying. They keep him safe in a very caring way, I have never had to worry about him or the care they provide. During lockdown it was not an easy time, but they did their best to keep things as normal as possible. They called us via Zoom so X could keep contact with us. He couldn't go out to all his activities, but they made sure he was occupied and had things to do so he didn't get bored."
- Risks were identified, and health and safety assessments were carried out to reduce them and keep people safe. For example, there were very in depth risk assessments to support people to go out in a car with staff safely, as well detailed plans to support people to eat and drink meals safely and to take part in activities of their choosing.
- One person expressed themselves with specific behaviours that may challenge others. There were very detailed positive behaviour support plans in place to keep the person and others safe. However, while taking certain approaches to support the person safely some staff had been scratched. Staff were able to debrief after these events. Staff told us they were supporting the person to help them to not 'grab' at other people at the home. We advised the registered manager and the two senior managers while staff had been harmed there were also risks to people at the home. This meant these incidents should also be reviewed to decide whether a Notification to CQC was needed under our Regulations.
- On the day of our inspection quality assurance manager was in the process of a full two-day check of the service. This process included an in depth look at health and safety risks to people, staff, visitors and in the premises. They said they were finding safe and satisfactory outcomes for people and staff so far.
- Regular checks were carried out and actions put in place when needed to make sure the premises were safe and suitable. There were also checks undertaken so that electrical equipment and heating systems were kept safe.

Systems and processes to safeguard people from the risk of abuse

- People were protected and wherever possible risks to people from potential abuse were minimised. The registered manager and team had a good awareness of people's needs and how to support them to stay safe. Staff knew how to recognise people at risk and how to report concerns about abuse or suspected harm.
- The registered manager and staff knew how to contact the local authority or the Care Quality Commission (CQC) with concerns if this was needed.
- The provider had up to date policies around safeguarding people from the risk of abuse. The staff knew how to follow these policies and the guidance that was in place.
- Staff told us that the subject of whistleblowing was also brought up with them at one to one meetings and at staff meetings. Whistleblowing at work means to report certain types of poor or harmful practice in the workplace. This was to support staff knew how to raise any concerns and what to do to keep people safe.
- Staff had received training around safeguarding people from the risk of avoidable harm and this was reflected in training records.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Staffing and recruitment:

- Sufficient suitably recruited staff supported people at the home. Overall people were supported by enough staff to meet their needs. The staff told us when needed staff numbers were increased. For example, if a person needed extra support in the home or to go on visits or medical appointments. Over the last six months there had been a reduction in full time staff as staff had left. Staff said this had impacted on how often people had been able to go out from the home. Agency staff had been used. However, a senior manager and the registered manager told us new staff were being recruited.
- The support staff responded promptly and were attentive and engaged positively with people on the day of our visit. We saw how staff were swiftly available for people. Staff also responded calmly to people's requests for support during the day.
- Systems were in place to ensure suitable staff were recruited. Staff had been recruited safely to ensure they were safe and suitable to work with people. Records showed that checks were completed to ensure only suitable new staff were employed.

Learning lessons when things go wrong

- There were procedures and systems in place to ensure lessons were learned when things go wrong.
- There was a clear procedure in place for reporting and recording accidents, incidents, and occurrences.
- Action plans were written in response to safeguarding concerns and incidents. Improvements were needed to make sure actions were consistently implemented as planned. For example, care plans and risk

assessments were updated when needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. However, some meal options were not always enjoyed by everyone who lived at the home.
- There was a chef who worked at the home. On the day of our visit the meal people were served was homemade burgers, homemade oven chips and salad. Staff told us and we saw that people enjoyed this meal. However, staff gave us mixed feedback about the meals people were served. For example, we were told of a recent example of homemade fishcakes that no one ate. People were offered an alternative. However, staff said sometimes meals were not tasty and were not always well balanced. We have made a recommendation around people's nutritional needs.
- The registered manager had introduced a new system to record each person's food likes and dislikes. This was to make sure menus were in place based on what people wanted.
- Care records continued to clearly set out how to support people with their nutritional needs. An assessment was undertaken using a nationally recognised nutritional needs tool. This tool aims to identify a person who may be at risk of malnutrition or obesity.
- People with specific nutritional needs were being supported by healthcare specialists. Guidance was in place for staff to follow.

We recommend the provider implements an effective checking system to monitor and improve the quality, taste and nutritional content of meals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with their individualised care plan and with current guidance.
- One relative told us how staff supported their family member and showed they were meeting their needs. "We have gotten to know the staff better and yes he has a nice care assistant, she and the rest of them are very kind to him. They don't rush him at all. Well he wouldn't let them. They show such patience with him. He seems happy when he goes back it's never an issue. We do get to know a lot of what he is doing, we are involved as much as possible. The other day a carer called to see if we could get him a hair dryer. They don't just do things without involving him or us."
- Another relative told us how their family member was supported to receive care and support based on their specific needs. "They have won her confidence; they were showering her every day. Showering was very difficult. She wasn't used to being bathed by other people. But they took their time with her. She is taken out every day, she loves it and she goes out frequently and out for meals. They go above and beyond to make her happy. She has improved immensely. Being at Emerson House has been a life saver. She has come out

of her shell."

- Care records showed how people's preferences, care and health needs were assessed and regularly reassessed at the home.
- Any changes to people's needs were reviewed with them and or their family and reflected in their care plan. The service continued to employ a range of professionals who worked for the provider to provider 'positive behaviour support' (PBS). PBS is a 'a person centred framework for providing long-term support to people with a learning disability, and/or autism, including those with mental health conditions, who have, or may be at risk of developing, behaviours that challenge.

Ensuring consent to care and treatment in line with law and guidance

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 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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw applications to deprive people of their liberty were made within the principles of the MCA.
- We also saw that people had their capacity assessed for individual decisions and where people were found to lack capacity to make certain decisions. Where people lacked capacity, a best interests meeting was held involving professionals and family members to ensure least restrictive measures were considered.
- The registered manager was knowledgeable on this subject and so were staff. They talked of different examples of people having fluctuating capacity at the home.
- One relative told us how their family member was supported to make choices around their care and daily life. "I know he goes in and out of the kitchen himself. He can choose what he wants. This has enabled to do a lot more for himself than he did before. He wears what he likes, and he eats what he likes, they may support him with healthy choices. That's not a bad thing. To us he always looks happy and healthy. I am not there to see what they do all the time, but they are very helpful. The care assistants are very thoughtful. They tell me if he needs anything. If he didn't want to do anything, he would say 'no' and they respect that."

Staff support: induction, training, skills and experience

- Staff said they felt well supported and had the information they needed to undertake their roles and responsibilities.
- Staff had access to guidance as well as information about practices and procedures in the home.
 - The senior staff allocated work each day and plans for each day were clearly written down and gave directions for the staff. The staff used different methods of communication with each other including verbal handovers and communication books.
- Staff said they attended training sessions to be able to support people effectively. Staff were encouraged to attend regular training in subjects relevant to people's needs. Training records confirmed staff had attended training in subjects, such as learning disability issues, mental health issues, medicines management, safeguarding from abuse, health and safety, food handling safety, first aid, and infection control.

- Newer staff told us they had been on an induction programme when they had first started working for the provider.

Adapting service, design, decoration to meet people's needs

- The home was clean and tidy
- There were clear signs on brightly coloured doors to help people get around the building.
- Rooms were spacious and all gave easy wheelchair access for people with mobility issues.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- There was a range of quality checking and monitoring systems in place. The quality of service and overall experience of life at the home was regularly checked and monitored. Areas that were checked included care planning processes, health and safety issues, management of medicines, staffing numbers, staff training and the menu choices.
- On the day of our visit a representative of the provider was completing a regular quality audit of the service. If they identified shortfalls after their visit the registered manager was required to put in place an action plan to address them.
- Records were detailed and set out how to care and support people. However, a number of records in the office could not be swiftly located and were kept in a number of different places. This could put people at risk if care records were needed in an emergency.

We recommend the provider reviews how care and treatment records are stored and accessed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked hard to engage and involve people using the service, the public and staff.
- One family member told us how the management and staff engaged with them and supported them to stay close to their family member. "They are always updating me on things, if anything happens, they do let me know. We had a lot of Zoom during lockdown. In the past the communication was erratic but now there is a newsletter, we do get to know if there is anything going on. 'Choice' is a good company."
- The staff and registered manager told us that team meetings were held although due to COVID 19 and the pandemic this had been less frequent over the last year.
 - The staff said they were always able to make their views known to the registered manager about any aspect of the service. The records of team meetings showed meetings were used as a time to keep staff updated about changes and how the home was managed.
- Staff records also showed that there was an open management culture. Team meetings, staff consultation and appraisal took place. This was to support staff and to give feedback.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager conveyed clearly to us that they provided positive leadership. For example, they

demonstrated a very in-depth understanding of the needs of the people who lived there and spoke about people very warmly.

- The registered manager and staff shared the provider's vision for providing high quality individualised care and support.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure providers are open and transparent. It also sets out requirements providers must follow when things go wrong, including informing people about the incident, providing reasonable support, and an apology when things go wrong.

- The registered manager was familiar with this requirement. They conducted themselves during our visit in a very open way. This conveyed that they fully understood their legal obligations in the duty of candour process.

- Services registered with the Commission must notify the Commission about certain changes, events and incidents affecting their service or the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. We found that the registered manager had made notifications to us .

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff spoke with clarity and a good understanding of their roles and responsibilities. This conveyed that people were supported by a team with a clear understanding of their roles in relation to their care.

- There was information and learning that was shared with the team at staff team meetings. There were also articles and journals about health and social care matters on display to be read by staff.

Working in partnership with others

- The registered manager and team worked closely with other professionals who worked in the same field in adult health and social care.

Improvements were made as a result of quality assurance processes and feedback.

- Other organisations worked closely with the service , for example the Community Learning Disability Team. This was to ensure people received effective and continuous care. This also included other healthcare professionals and the local authority.