

Emmanuel Care Services Ltd

Emmanuel Care Services Limited

Inspection report

33 Disraeli Close
Thamesmead
London
SE28 8AP

Tel: 02083109340

Date of inspection visit:
18 August 2016

Date of publication:
12 September 2016

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 18 August 2016 and was unannounced. At our last inspection, 11 November 2015, we found the service was meeting the regulations associated with the Health and Social Care Act 2008. However our ratings for all of the key questions were 'Requires Improvement'. This was because the provider had implemented new systems and processes but these had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice. At this inspection we found that these systems were being maintained and evidence of consistent and sustained good practice.

Emmanuel Care Services Limited is a care home which provides care and accommodation for up to three people with learning disabilities and mental health needs. There were two people living at the home at the time of this inspection.

The home had a registered manager in post. The registered manager was also the registered provider. 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.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work. Risks to people were assessed and care plans and risk assessments provided clear information and guidance for staff on how to support people to meet their needs. People's medicines were managed appropriately and people received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of the people they supported and they received regular supervision and annual appraisals of their work performance. People were provided with sufficient amounts of food and drink to meet their needs and staff knew how to support people with eating and drinking where needed. People had access to a GP and other health care professionals when they needed them. The registered manager had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People and their relatives were provided with appropriate information about the home. This ensured they were aware of the standard of care they should expect. People and their relatives, where appropriate, had been involved in planning for their care needs. Relatives were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider recognised the importance of regularly monitoring the quality of the service provided to people. They sought the views of people using the service through satisfaction surveys and discussed the findings from the surveys at staff meetings. Staff said they enjoyed working at the home and they received

good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when staff needed it.

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 safeguarding procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure in place and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. There were enough staff on duty to meet the needs of people using the service.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good 

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

People's care files included assessments related to their dietary needs and preferences and staff knew how to support people with eating and drinking.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good 

The service was caring.

Staff treated people using the service in a caring, respectful and dignified manner. People's privacy and dignity was respected.

People using the service or their relatives, acting on their behalf, had been consulted about their or their relatives care and support needs.

People were provided with appropriate information about the home. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

Each person using the service had a programme of activities.

Relatives were aware of the complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good ●

The service was well-led.

The home had a registered manager in post.

Staff said they enjoyed working at the home and they received good support from the registered manager.

The provider recognised the importance of regularly monitoring the quality of the service provided to people.

There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Emmanuel Care Services Limited

Detailed findings

Background to this inspection

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

Before the inspection we looked at all of the information we had about the service. This information included the statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector on 18 August 2016 and was unannounced. People using the service could not communicate their views to us verbally so we contacted family members for their views about the care provided to their relatives. The inspector spent time observing the care and support being provided to people using the service. They looked at two people's care records, staff training and recruitment records and records relating to the management of the service. They also spoke with a member of staff and the registered manager.

Is the service safe?

Our findings

People using the service were not able to communicate their views to us verbally. However, we observed positive interactions between the two people using the service, the registered manager and the member of staff on duty. One person expressed through gestures that they were happy living at the home and they liked the registered manager and staff.

At our last comprehensive inspection, 11 November 2015, our rating for this key question was 'Requires Improvement' because the provider had implemented new systems and processes in relation to safeguarding people using the service and recruitment however these had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice. At this inspection we found that these systems were being maintained and evidence of consistent and sustained good practice.

The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse" for reference. The registered manager was the safeguarding lead for the home. They and the member of staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The member of staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks were carried out before staff started working at the home. We looked at four staff recruitment records and saw completed application forms that included a full employment history and references to previous work experience and qualifications. The files also included two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. Records showed, where appropriate, that the registered manager explored and documented the reasons for any gaps in each staff member's record of employment as required under the regulations.

There were enough staff on duty to meet the needs of people using the service. At the time of our inspection the home was providing care and support to two people. The registered manager told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. We checked the staffing roster; this corresponded with the identities and the number of staff on duty.

Risks to people had been assessed and reviewed regularly to ensure people's needs were safely met. The risk assessments included risk management plans with information for staff about actions to be taken to minimise the chance of the risk occurring. For example one person's risk assessment indicated how staff should support them with road safety. Another risk assessment indicated how staff should support this person with a specific medical condition. Each risk assessment included a summary of the person's needs and associated risks. This enabled staff to understand the background to the risks and how to manage them.

There were arrangements in place to deal with foreseeable emergencies. The registered manager and the member of staff on duty told us they knew what to do in the event of a fire. They told us how they would evacuate people safely and where the meeting point was. Arrows on walls pointed out the direction of evacuation as a reminder. Fire extinguishers had been serviced by engineers in March 2016 to ensure they were functioning. We saw a folder that included records of monthly smoke alarm testing, servicing of the alarm system and reports from fire drills. Training records confirmed that all staff had received training in fire safety. The home environment was clean, free from odours and was appropriately maintained. We saw records confirming that regular routine maintenance and safety checks were carried out on gas and electrical appliances.

There were systems in place to ensure that people consistently received their medicines as prescribed by health care professionals. Medicines were stored safely in a locked medication cupboard. We saw a medicines folder which included individual medication administration records (MAR) for the people using the service, their photographs, details of their GP, information about their health conditions and any allergies. The folder also included the names and sample signatures of staff designated to administer medicines. We checked medicine administration records for the two people using the service; these indicated that they were receiving their medicines as prescribed by health care professionals.

The registered manager told us that only trained staff could administer medicines to people using the service. Training records confirmed that all staff had received training on the administration of medicines. A member of staff told us that the registered manager had observed and assessed their competency on administering medicines before they were permitted to administer medicines to people using the service. The registered manager confirmed these assessments had taken place but had not recorded them formally. They agreed to do so in future to help confirm staff competency and identify any areas for improvement. We saw that medicines checks were carried out daily and a monthly audit took place. The registered manager showed us a report from an audit carried out by the pharmacist which supplies medicines to the home. The report included a number of recommendations for improvements. We saw an action plan drawn up by the registered manager in response to the audit. This confirmed that the registered manager had taken action to address the recommendations. For example all staff had read and signed the home's medicines policy and staff had begun using a medicines return book when returning medicines to the pharmacist for destruction.

Is the service effective?

Our findings

People using the service were not able to communicate their views to us verbally. However one person expressed through gestures that they enjoyed the food at the home.

At our last comprehensive inspection, 11 November 2015, our rating for this key question was 'Requires Improvement' this was because the provider had implemented new systems and processes in relation to staff training and supervision however these had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice. At this inspection we found that these systems were being maintained and evidence of consistent and sustained good practice.

We saw records confirming that all new staff had completed a Care Certificate induction programme. The Care Certificate is a recognised programme of training for new health and social care workers. The registered manager told us staff were required to complete mandatory training on manual handling, the administration of medicines, infection control, safeguarding adults, health and safety, food hygiene and fire safety. We saw certificates that confirmed all staff had completed mandatory training. Staff had completed additional training relevant to the needs of people using the service for example autism awareness, equality and diversity, privacy and dignity and the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw records in staff files confirming staff received regular formal supervision with the registered manager and completed an annual appraisal of their work performance. One member of staff told us, "I have done a lot of training in the last year. I also get regular supervision from the registered manager. This has all helped me to support the people living here better."

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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They said that people using the service had capacity to make some decisions about their own care and treatment. Where they had concerns regarding a person's ability to make specific decision they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that applications had been made to the local authority to deprive people of their liberty, for their own safety, where needed. Where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People were provided with sufficient amounts of nutritional foods and drink to meet their needs. People's

care files included assessments of their dietary needs and preferences. We saw a two weekly menu plan displayed in the home's kitchen. The menu plan gave people using the service a wide choice of meals. We saw laminated pictures of food choices on the kitchen walls. The registered manager told us people used these to make choices and to prepare shopping lists and menu plans. The menu planner also detailed takeaway options such as Chinese food and pizza's.

People were supported to maintain good health and had access to health care support. People had health action plans which recorded their individual health care support needs. We saw that where there were concerns people were referred to appropriate health professionals. For example, one person using the service was at risk of choking. They had been assessed by a speech and language therapist (SALT). The SALT's recommendations were recorded on the person's care plan. We saw that all appointments with health care professionals had been recorded in people's care files.

Is the service caring?

Our findings

At our last comprehensive inspection, 11 November 2015, our rating for this key question was 'Requires Improvement' this was because the provider had implemented new systems and processes in relation to the maintaining confidential records relating to people using the service and the management of the home however these had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice. At this inspection we found that these systems were being maintained and evidence of consistent and sustained good practice.

People using the service were not able to communicate their views to us verbally. However a relative of one person using the service said their relative was well cared for. They told us they and other family members had always been consulted about and involved in planning for their relative's care and support needs. They commented, "We are very happy with the home and the care our relative is receiving at the moment. We have regular communication with the registered manager; they always let us know what's happening and ask for our views about our relative's needs and about the plans for their care."

Each person using the service had a communication passport. These indicated the person's methods of communicating, how to recognise signs when they were unhappy and how staff should to respond to this. They also outlined the most effective way of communicating with the person, for example one person's passport indicated they would use touch, repeat themselves or point at people or objects to communicate their wishes. A member of staff told us they used the communication passports in their everyday work. We saw staff used the methods described in the passports to communicate with people throughout the course of the inspection.

People's dignity was respected. We observed the registered manager and the member of staff on duty actively listening to people and encouraging them to communicate their needs. We saw the member of staff supporting a person to play a game, the person became over excited. They treated this person with gentleness and understanding until they eventually became relaxed.

People's privacy was respected and their independence was encouraged. Personal care was provided to people in their own bedrooms. A member of staff told us they knocked on people's doors before entering their rooms and made sure information about them was kept confidential at all times. They said they tried to maintain people's dignity and independence as much as possible by supporting them to manage as many aspects of their care as they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat.

People using the service and their relatives were provided with appropriate information about the home in the form of a 'Service user's guide'. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they moved into the home.

Is the service responsive?

Our findings

People using the service were not able to communicate their views to us verbally. However a relative told us the home was meeting their relatives care and support needs. They said, "Activities have improved at the home and my relative is kept busy. Their room is much better too. We are very happy with the home at the moment."

At our last comprehensive inspection, 11 November 2015, our rating for this key question was 'Requires Improvement' this was because the provider had implemented new systems and processes in relation to person centred care however these had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice. At this inspection we found that these systems were being maintained and evidence of consistent and sustained good practice.

Assessments were undertaken to identify people's support needs before they moved into the home. Care plans were developed outlining how these needs were to be met. The care files we looked at included care and health needs assessments, care plans and risk assessments. The files also included evidence that people using the service, their relatives, their keyworkers and care managers had been involved in the care planning process. This ensured that people received continuity in the delivery of their care and that this was effectively communicated to everyone involved.

Records appropriate to people's care and support needs were being maintained. Information in the care plans had been reviewed by staff on a regular basis. Care plans had been developed in areas including personal hygiene, independent living skills, daily activities, social activities and managing behaviours. Care plans were personalised to individual's specific needs and identified how these needs would be met by staff. For example one person's care plan included guidance for staff on how they should support the person with personal hygiene and with cooking. The registered manager and staff demonstrated an awareness of this person's needs and were able to explain to us the agreed techniques to support them. Daily notes recorded by staff showed that care had been provided in line with people's care plans.

People engaged in a range of activities. People using the service attended a day centre during the week. Both people using the service attended the day centre on the day of our inspection. We observed them relaxing in the living room watching television prior to going out. We saw they had an individual weekly programme of activities. Activities for one person included for example, bowling, basketball, playing cards, painting and attending a community group. Activities for the other person included walks in the local park and in house activities such as painting. We saw jigsaw puzzles, card games, board games, alphabet games and magazines and art materials were available in the living room for people to use if they wished. People also had televisions and CD players in their bedrooms.

A complaints procedure was in place. We saw a complaints file that included a copy of the complaints procedure and forms for recording and responding to complaints. The registered manager told us they had not received any complaints however, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout. A relative told us they

knew about the complaints procedure and they were confident that the registered manager would fully address any concerns they had.

Is the service well-led?

Our findings

People using the service were not able to communicate their views to us verbally. However a relative said, "There has definitely been a lot of improvement at the home in the last year."

At our last comprehensive inspection, 11 November 2015, our rating for this key question was 'Requires Improvement' this was because the provider had implemented new systems and processes in relation to monitoring the quality and safety of the service however these had not been operational for a sufficient amount of time for us to be sure of consistent and sustained good practice. At this inspection we found that these systems were being maintained and evidence of consistent and sustained good practice.

We saw a report from a visit carried out in May 2016 by the local authority that commission services from the provider. The report recorded that there had been vast improvement at the home since their last quality inspection in May 2015. The report included a number of recommendations for making improvements at the home. We saw the provider had taken action to address these recommendations for example, staff files were reorganised and the financial record keeping system had been improved.

The home had a registered manager in place. The registered manager was also the registered provider of the home. At our last inspection, 11 November 2015, the registered manager had moved people using the service's care records and records relating to the running of the home to a vacant bedroom. They told us they had plans to extend the building to include an office/sleepover room by December 2016. The registered manager told us they would continue to use the vacant room as an office until the extension is completed.

There were systems in place to monitor the quality of the service that people received. We found the registered manager carried out quality control audits at the home on a quarterly basis. We saw the report from the January to April 2016 audit. The report covered areas such as care plans and risk assessments, completed key-work sessions, the use of agency staff, completed staff training, supervisions and appraisals, complaints, incidents and accidents, medicines audits, financial record keeping, health and safety checks, infection control and processes to manage people's privacy. The report recorded for example that all the care plans and risk assessments had been reviewed, staff had completed all mandatory training and had received supervisions and an appraisal, no complaints were received and no agency staff were used. The registered manager told us they were in the process of completing a quality control audit for May to July 2016.

A member of staff said they enjoyed working at the home and they received good support from the registered manager. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. The registered manager and a member of staff told us the ethos of the home was to promote and encourage people's involvement in the community and improve their independence and quality of life. The member of staff on duty told us, "I like working here. I like the people who live here and I like helping them to do things for themselves. We have a good team and the registered manager is very supportive and hard working."

The registered manager told us they regularly attended care forum meetings run by the local authority. They said they shared and learned about best practice from the safeguarding team, contracts team, district nurses and other care home managers and providers. They told us that team meetings took place at the home on a monthly basis. A member of staff told us the team meetings were very useful. They said the meetings helped staff share learning about people's care and support needs, discussed any incidents or accidents and they received guidance from the registered manager. We saw that people's needs were discussed with staff during regular supervision sessions and daily log books recorded people's care and support needs, structured activities, appointments and any incidents or accidents.

Although people using the service were not able to communicate their views verbally the registered manager had developed a service user's survey for one person using the service. We saw that this person had completed the survey and their feedback was discussed with staff at a team meeting in June 2016. The registered manager told us they planned to carry out a service users, relatives and staff survey in September 2016. They said the feedback from these surveys would be analysed, a report and an action plan would be drawn up and shared with people using the service, their relatives and staff.