Emerald Care Services (North Lincs) Ltd

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 24 and 28 September 2018 and was announced.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults, people with a learning disability and people with mental health needs.

Not everyone using Emerald Care Services receives a regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 30 people were receiving a regulated activity.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. The caring domain has improved to outstanding.

Staff were passionate about providing person-centred care to people. They promoted their independence, dignity and privacy, rights, choices, aspirations and wellbeing. People were supported by staff with whom they had developed meaningful relationships and knew them well. Staff put in extra time and effort to ensure people continued to receive high quality consistent care. Staff were compassionate and ensured people felt valued. Staff communicated with people effectively dependent on their individual needs.

Staff continued to protect people from avoidable harm, were knowledgeable about safeguarding and able to raise concerns. Staff supported people to manage their medicines safely, where needed.

Steps had been taken to ensure suitable staff were employed, who were supported in their role and were skilled in providing effective care. 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.

People's care plans were kept up to date and reflected their individual needs and circumstances which enabled staff to provide person-centred care. People were supported to follow their interests and live their lives as they chose to. Staff used imaginative ideas to enable people to follow their interests and access and engage in hobbies and activities which were meaningful to them.

People were able to make a complaint if needed and their feedback was gathered to help drive improvement. Systems were in place to identify shortfalls and ensure quality care was provided, although there were some minor areas for development. There was a positive culture within the service, good team

work and good staff morale was evident. Staff felt valued and supported. The registered manager was approachable and driven to consistently improve the service so that people received compassionate high-quality care.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service had improved to Outstanding.	**Outstanding** ☆
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

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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.

This was a comprehensive inspection carried out by two inspectors on the first day and one inspector on the second day. Inspection activity started on 24 September 2018 and ended on 28 September 2018. The office was visited on the 24 and 28 September. This inspection was announced on both days. We gave the service 48 hours' notice of the inspection visit because we needed to be sure staff would be available during the inspection, so we could access relevant records at the service's office. We also spent time speaking with people who used the service and their relatives on the telephone to gain their views.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. Notifications are information about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted the local authority safeguarding, commissioning teams and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

We looked at five people's care records and three medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, quality assurance audits, complaints, recruitment information for eight members of staff, staff training records and policies and procedures.

We spoke with one person who used the service and five relatives. We spoke with four members of care staff, the registered manager, nominated individual, the coordinator and three seniors. We received written feedback from three health and social care professionals.

Good

Is the service safe?

Our findings

At the last inspection, we rated the safe domain as good. At this inspection, we found it remained good.

People told us that they felt safe. One person said, "I feel very secure and safe."

People continued to be protected from the risk of abuse. Staff had received safeguarding training and were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse, neglect or discrimination. There was a safeguarding champion who took the lead on making safeguarding referrals and who staff could go to for support. Staff worked in partnership with other health and social care professionals to protect people and ensure they received appropriate support.

People's care records contained up to date risk assessments appropriate to their individual needs, which guided staff on how to support them safely. For example, risk assessments had been completed and reviewed in areas such as moving and handling and risks had been identified in people's home environments.

People continued to receive their medicines safely. People's medication needs were identified during the assessment, before receiving a service. If people required support staff administered their medicines and recorded this on a medication administration records (MAR).

Sufficient numbers of staff were available to cover the scheduled hours of care people required. Most people told us they had consistent carers who knew them well. One relative told us, "They have a bank of staff who they rotate so [person's name] has familiar staff, but there is enough who know them well so there is always someone competent." There was an out of hours number for both staff and people using the service, should they need make contact.

Staff were recruited safely. Relevant pre-employment checks had been carried out for staff, including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Accidents and incidents were recorded appropriately. The registered manager had oversight of these, so any patterns and trends could be identified to reduce the likelihood or impact of these reoccurring.

Systems were in place to protect people from the spread of infection. Staff told us they were provided and used personal protective equipment (PPE). People and their relatives confirmed this.

Good

Is the service effective?

Our findings

At the last inspection, we rated the effective domain as good. At this inspection, we found it remained good.

Assessments were completed prior to people moving to the home to ensure their needs could be met. Information included people's abilities, health conditions, cultural and communication needs. A care plan was then developed specific to each person's needs and outcomes.

Staff continued to have the relevant skills and abilities needed for their role. One person told us, "If there are any new staff they train them with the existing staff and introduce them." Training records confirmed staff had received necessary training to equip them with the skills to support people effectively. Some staff had received additional training specific to people's needs. For example, training on specific health conditions or how to use specific equipment. Staff received an induction when they started in their role and continued to be supported with regular supervisions and a yearly appraisal.

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, 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, applications to deprive people of their liberty must be made to the Court of Protection. The service had not needed to make any applications to the Court of Protection at the time of our inspection.

We checked whether the service was working within the principles of the MCA. We saw that people's consent had been obtained and people had signed agreement to their care plans. Staff had been working to ensure MCA documentation and records of best interest decisions were in place. We found one person where this documentation was not in place, but this was in progress. Staff had good awareness of the MCA and worked in partnership with people and their relatives to ensure people's rights were upheld and their choices valued.

Staff worked in partnership with health professionals and supported people to maintain their health needs by accessing appropriate services; staff supported people to attend health appointments and/ or liaised with health professionals in the community, where needed. Staff were proactive with supporting people to access services. For example, referring people for occupational therapy assessments.

Staff continued to support people to maintain a nutritional diet of their choosing. They were aware of people's dietary requirements and accommodated these. Support was based on people's needs, whether this be support with shopping or assisting people to eat their meals.

Outstanding ☆

Is the service caring?

Our findings

At the last inspection, we rated the caring domain as good. At this inspection, we found it improved to outstanding.

People were cared for by staff who were kind, caring and compassionate, and people received excellent quality care and support.

One person told us, "I have been able to have a life. Staff have given me back my life. They are all very special in my heart." Another person said, "The carers are fantastic. I can't fault them in any way. They are fabulous." A health and social care professional told us they had witnessed 'excellent rapport' between a member of staff and a person using the service. Another said, "The people I have spoken to have expressed staff are very professional and caring in their approach, which has had a positive impact."

Staff were passionate about providing high quality compassionate care. Their comments included, "People feel supported by us, it's a good team" and "It is like a family here."

People received a consistent service from a regular team of staff. This enabled staff and people to develop meaningful relationships and to get to know each other really well and their preferences, routines and individual requirements. Staff went above and beyond to provide continuity of care for people. One person told us about their relative who feared going into hospital. They told us, "Emerald Care Services went above and beyond to make sure regular carers looked after [person's name] in hospital even when funding wasn't there. Can you imagine if all the people that looked after you every day were no longer around? They knew [person's name] routine. [Directors name] organised it really well. It was imperative the same team looked after [person's name] and they did. They worked alongside the nurses. The continuity of staff was good, even in an industry with high staff turnover."

They went on to tell us about the excellent compassionate care their relative received. They said, "Staff didn't keep a strict routine they kept conversation going and maintained the things that were important to [person's name]. [Person's name] was supported to live their life even when they couldn't get out of bed." The relative referred to this as 'bringing the outside in'. They also went on to describe the excellent end of life care their relative later received by telling us, "Staff supported them to do normal things like hair and makeup. The compassion was there. They kept [person's name] feeling special and their wishes were always respected."

The service went the extra mile to ensure people were provided with compassionate care from staff they were familiar with and who knew them well. For example, staff continued to provide support to one person when they went to a care home for a week's respite, which enabled staff at the new service to learn the person's routine, which was important to them and helped them get to know one another. The person could then return for respite on other occasions. Another person went into hospital and refused personal care from the professionals there. Staff visited the person in hospital and provided personal care to them, which they were able to do because of the kind and caring relationships they had built.

Even when a service was no longer being provided, staff continued to demonstrate their compassionate nature. The nominated individual said, "We never let a funeral go by without someone attending." They told us about a funeral they had organised for someone when their family felt unable to. Staff also told us about another person's funeral they attended where all the staff wore the person's favourite colour.

Staff demonstrated their dedication when they provided care, which enabled a person to spend vital time at home with their family. They travelled out of area to assess somebody in a hospice who required support to return home to be with their family at the end of their life. Staff had received excellent feedback from this person's relative who said, "Right from the beginning staff went over and above in terms of the care they provided to both [person's name] and their family; from coming out of area, meeting us at the hospice to plan a package of care, and ultimately being a team of carers who they trusted and felt safe with. The high standard of care from the staff enabled them to stay at home. This was not only meaningful for [person's name], but also their family, as they were able to be together as long as possible." This demonstrated the efforts staff went to, to ensure people could access high quality care and support people to maintain their relationships in very difficult circumstances.

People's rights were promoted and people were encouraged and supported to have their views heard. For example, the registered manager was concerned a group of people may have had difficulty understanding a set of circumstances an organisation was changing. The registered manager supported them by signposting them to advocacy services. An advocate is a person who supports the person to have an independent voice if they do not have family or friends to advocate for them. One person suggested they take the issue to a Member of Parliament (MP), so the registered manager organised a meeting with the MP and invited the person to represent people using the service's views.

Staff had the skills to communicate with people effectively. Some staff had been trained to communicate using Makaton (a form of communication where letters of the alphabet are signed). Staff could tell us how people preferred to communicate and we saw this matched what was recorded in their care plans. The accessible information standard was followed and the registered manager told us easy read versions of documents would be made available if needed.

Staff valued the importance of maintaining people's independence and promoted this wherever possible. One member of staff told us, "A good thing we do is keeping people at home so they can keep their independence." Another member of staff said, "I always ask if they want to do it or if they want me to do it, so they always have that choice. The more they feel they can do the better." A relative told us, "Staff promote [person's name] to do things that they can do themselves."

Staff were aware of equality and diversity and respected people's individual needs and circumstances. One member of staff said, "I encourage other staff to question their own judgements. It helps them to understand how other people live as well. It means staff don't judge people and people can live the lives they want to." One member of staff was a dignity champion and provided support, advice and guidance to other staff in this area. Peoples values, cultural and religious beliefs were respected.

It could be seen that staff cared about people's wellbeing, valued the importance of this and took steps to promote this. One person told us, "Staff keep my spirits high which is very good." They told us about how staff supported them to maintain their appearance which they said was important to them. Staff assisted them to have a pamper session where they did their hair and nails for them, which supported them to relax.

Staff could tell us how they protected people's privacy and respected their dignity, giving examples of how they did this such as making sure people's doors and curtains were kept shut when providing personal care.

One person told us how staff respected their wishes to not wear a uniform when they assisted them in the community. This meant their dignity was respected.

Good

Is the service responsive?

Our findings

At the last inspection, we rated the responsive domain as good. At this inspection, we found it remained good.

Care plans were person-centred and contained detailed and personalised information about people's abilities, health needs, likes and dislikes. Staff were knowledgeable about people's preferred routines and interests and we saw this matched what was documented in people's care plans. People continued to be involved in decision making and reviewing their care plans. One person told us, "We have a senior who we are allocated and I can contact them with any problems. They come out every three or six months to go through my care plan and see if anything has changed." Records confirmed that people's care plans were regularly reviewed.

People were supported to engage in activities, enjoy experiences meaningful to them and follow their interests. One relative said, "Staff take [person's name] out somewhere meaningful to get the most out of them. They go to different places so they have different experiences."

People were supported to access the community to prevent them from becoming socially isolated. For example, staff supported one person with memory impairment who was anxious to attend a day care service. Their relative said, "Staff have gone the extra mile often. They have helped [person's name] get to day care. Staff are very understanding, kind and caring. They understand their needs."

People were supported to maintain relationships with their family and take part in everyday family life. One person said, "Staff help me to maintain my relationship with my grandson. It's nice to be able to do normal things and be a normal grandma. I am looking forward to Christmas shopping because staff will be able to take me out so I can buy my family presents. Before I would have had to have help to do that online, which isn't the same."

There was an end of life care champion. They ensured people were offered the opportunity to develop an end of life care plan. They said, "We talk through people's fears and it is all written up in their own words to keep it person-centred." Staff received training on end of life care and although nobody was being supported at their end of life at the time of the inspection, staff could tell us how they would work closely with other professionals to ensure people had pain, free, comfortable dignified deaths and how they had provided this support to people previously.

There was a complaints procedure in place, although none had been received since the last inspection. People told us they would be able to raise any concerns or complaints. One relative said, "There is really good communication so I don't have any issues because you can discuss it there and then." One person commented that they didn't feel their relative received compassionate care from one member of staff. We spoke to the registered manager about this who was looking to resolve this.

Good

Is the service well-led?

Our findings

At the last inspection, we rated the well-led domain as good. At this inspection, we found it remained good.

There was a registered manager in post. 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.

There was a positive team culture and a caring ethos underpinned the service. The office staff team were made up of the registered manager, coordinators, seniors and directors. All of these staff worked well together and supported one another. The team morale was high and this was transferred to the care staff working in the community. The registered manager had oversight of the day to day running of the service and staff felt well supported.

Effective quality assurance systems were in place to ensure shortfalls were identified in a timely way and to drive continuous improvement within the service. Systems were effective mostly, however, an audit on one MAR had not identified a minor recording error. This was because there was no tool to guide staff about what they needed to check in their audit.

Although the registered manager had oversight of the running of the service they did not always record the systems they used to monitor this. For example, they did not always record how they monitored CQC notifications. Following the inspection, the registered manager sent us a form they were developing to support their quality assurance system, which showed what they planned to check to ensure the quality and safety of the service continued to improve.

The registered manager and the staff team were keen to drive improvement. One member of staff told us, "There are no problems only solutions." The nominated individual said, "We are always working towards something higher and better." For example, we saw that the recording of MCA and best interest decisions had been identified as an area of improvement and we saw these developments were being made.

The registered manager sought feedback from people using the service, staff and professionals to drive quality within the service. Although feedback had been gained it had not been collated so patterns and trends could be analysed. We saw that everyone who had replied to the questionnaire had expressed they were satisfied or very satisfied with the service.

The service worked in partnership with other professionals and services. The registered manger attended the North Lincolnshire registered managers network group, end of life network and the cross-sector provider partnership, which contributed to sharing learning and development with other services and agencies.

Staff told us they felt valued. An 'excellent duty of care' reward system was in place, where staff would be awarded a certificate and box of chocolates when they received good feedback.