Mrs Elizabeth Olaniyan

Emmanuel 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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on the 25 and 28 April 2016.

Emmanuel House provides accommodation for up to two people living with some form of learning disability. The service provides accommodation and support and at the time of this inspection they had one vacancy. The person living at the service had done so for a number of years.

The provider explained they had had some difficulties developing the service due to only having one placement for a number of years. This has placed financial restraints on monies available to run the service and had an impact on the finances available for maintenance, staff training and general development of the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manager 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.

The person at the service was treated with dignity and respect and staff interacted with them in a kind, caring and sensitive manner. Staff showed a good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

The service had a small regular and consistent staff team. The provider had appropriate recruitment checks in place which helped to protect people and ensure staff were suitable to work at the service, but no new staff had been employed at the service for a number of years. There were sufficient numbers of skilled, well trained and qualified staff on duty. Staff told us that they felt well supported in their role and could gain advice and support from the registered manager at any time, but formal supervision had not been regularly received. All staff held a recognised qualification in care and had the skills and experience to provide the care required. Due to financial restraints of the service training updates had not been routinely organised and staff required refresher training on the service's mandatory training.

We found that a detailed assessment had been carried out and that the care plan had been developed around the individual's needs and preferences. We saw that there were risk assessments in place and plans on how the risks were to be managed. Support was provided to help the person receiving support in taking every day risks and encouraging them to take part in daily activities and outings. Systems were in place to ensure appropriate assessments could be carried out where people living at the service may not be able to make decisions for themselves and to help ensure their rights would be protected.

There were systems to enable people to raise concerns and people could be confident they would be listened to and appropriate action taken.

Medication was well managed and this helped to ensure that the person living at the service received their medication safely and on time. They were also supported to be able to eat and drink sufficient amounts to meet their needs and were offered choice at meal times. We also found that the person had access to a range of healthcare providers, such as their GP, dentists, chiropodists and opticians.

The provider had quality assurance systems in place, but these had not been routinely completed. Systems were in place to enable the person living at the service, their relatives and other health care professionals the opportunity to feedback on their experiences. Staff stated that they involve their present service user in day to day decisions and the running of the service and this practice was observed during our inspection.

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

This service was safe.

Medication was well managed and stored safely.

People were safe and staff treated them with dignity and respect.

There were sufficient staff on duty and they had a good knowledge about how to keep people safe.

Is the service effective?

Good

This service was effective.

People were cared for by staff that were well trained and supported, but staff needed refresher training and formal supervision organised.

Staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to have a balanced diet and healthy eating was promoted.

People experienced positive outcomes regarding their health.

Is the service caring?

Good

This service was caring.

People were provided with care and support that was tailored to their individual needs and preferences.

Staff understood people's care needs; they listened carefully and responded to individual's needs. Staff provided people with good quality care.

Is the service responsive?

Good

This service was responsive.

People received consistent, personalised care and support and, where possible, they had been fully involved in planning and reviewing their care.

People were empowered to make choices and had as much control and independence as possible.

Is the service well-led?

Requires Improvement

This service was well-led.

Staff understood their role and were confident to question practice and report any concerns.

Quality assurance systems were in place, but these had not routinely been completed over the last 12 months.

Emmanuel House

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.

The inspection was unannounced and took place on the 25 and 28 April 2016.

The inspection was undertaken by one inspector.

Before the inspection we reviewed the information we held about the service. This included any safeguardings or notifications. Notifications are documents submitted to us to advise of events that have happened in the service and the provider is legally required to tell us about. We used this information to plan what we were going to focus on during our inspection.

During our inspection we spoke with the person who lived at the service to gain their views and their feedback has been incorporated into the report where possible. Due the person's limited communication we also spent time observing within the communal area. We spoke with the registered manager and two care staff who work at the service.

As part of the inspection we reviewed the care records of the person who is presently living there and this included their care plan and risk assessments. We also reviewed the service's policies, their audits, complaint and compliment records, medication records and staff support records.

Good

Is the service safe?

Our findings

The person living at the service was relaxed in the company of staff and seen to have a good relationship. They were asked if they felt safe living at the service and they replied, "Yes." Staff told us that the person was kept safe and they would feel confident if they needed to raise any concerns about their wellbeing and knew who they could speak with.

The service had policies and procedures on safeguarding people and these were there to help guide staff's practice and to give them a better understanding on how to keep people safe. The service had an 'Ask SAL' poster on show, which provided the reader with information on who they could contact if they had any concerns regarding vulnerable people. This showed that the service had systems in place to help protect people from potential harm and provided information to assist with this. Staff knew how to protect people from abuse and avoidable harm and had completed relevant training with the local authority, but it was noted from training records that they were due a refresher course. Staff were able to advise how they would recognise abuse and who they would report their suspicions to. They were also aware of the service's whistle blowing procedure and described who they would take any concerns to.

We looked at the file of the person presently living at the service and it was clear that risk assessments had been completed and identified the severity of the risk and how they could be reduced to help keep the person safe. These had been reviewed and updated in January and March 2016. The person was supported to take risks and encouraged by staff to make choices and decisions during their daily lives.

Appropriate monitoring and maintenance of the premises and equipment was on-going. Regular checks had been completed to help ensure the service was maintained and it was a safe environment. At the last inspection the provider was intending to develop the service and add a large extension to the property. Due to not receiving any further placements within the service this work had not been completed. There were no areas of concern seen during our visit and the staff advised they had systems in place for maintenance should any risks be identified. The maintenance person was contacted during our visit to arrange for the gardening to be done and the exit to the garden to made safer for the person who lived there due to the paving slabs needing attention.

There were enough staff available to meet the person individual needs. Staff encouraged them to follow their interests and there were enough staff to support them in going out on trips or excursions. The person was well supported and we saw good examples where staff provided care promptly when the person needed it or when it was requested. There were systems in place to monitor the person's level of dependency and help assess the number of staff needed to provide care. The manager advised that staffing would be increased if the vacancy within the service was filled and it would be relevant to the person's care needs.

The service had a recruitment procedure in place to help keep people safe and ensure the correct checks would be completed on any new staff employed. No new staff had been employed since our last inspection, so it was not possible to check that this had been followed. No concerns were raised about recruitment

during our last inspection and checks would include health declarations, identification, references and checks from the Disclosure and Barring service (DBS).

The service also had a disciplinary procedure in place, which could be used when there were concerns around staff practice and keeping people safe.

The person at the service received their medicines safely and as prescribed. Medicines had been stored safely and effectively for the protection of people using the service. They had been administered and recorded in line with the service's medication policy and procedure. Medicines had been recorded and signed for and no anomalies were seen. The person's medication folder had a photograph and a record of any allergies or possible side effects to help staff with safe administration. Staff involved in managing medicines had received medication training and the manager had completed medication audits to ensure no concerns were identified.

The service was clean and tidy and odour free. There were policies and procedures in place for infection control and staff had signed to say they had seen and read these. Staff confirmed they were provided with personal protective equipment and paper towels, alcohol gel and soap was available. The manager was the named responsible person for infection control within the service.

Good

Is the service effective?

Our findings

Staff we spoke with said they had worked at the service for a number of years and during their employment they had received training and completed a recognised qualification in care. When looking at staff training records this showed that staff had received training relevant to their role, but they were due refreshers courses in some of the service's mandatory training. The registered manager advised that due to financial restraints on the service they had not been able to finance mandatory training for staff. On discussion with the manager and looking at the care needs and support of the person living at the service it was agreed that staff did have the skills and knowledge to provide needed.

Staff stated they were well supported by the manager in their role as care workers, but advised that they had received limited formal one to one supervision. Staff stated that due to the size of the service they had regular meetings and contact with the manager and were kept up to date with issues within the service and any care changes. Due to the size of the service staff stated they were able to support each other and that communication was good.

The registered manager advised that all new staff would complete the company's inductions programme and this would include essential topics relevant to their role as care workers. They would also complete mandatory training and incorporate safeguarding, medication, fire safety, health and safety and moving and handling. No new staff had been employed at the service for a number of years, so it was not possible to confirm what induction new staff would receive. The manager added that it would be their intention to ensure that any newly recruited staff had completed an induction in line with the care certificate guidance, which is a recognised induction in care work.

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. 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.

The registered manager had an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). They were also aware when they would need to make referrals to other health care professionals for an assessment. Staff we spoke with demonstrated an awareness of the MCA and DoLS and stated they had received training. On looking at staff training records it was apparent that staff had received training, but updates were needed.

The person living at the service was able to make decisions and where assistance was needed this was made with relatives and other professionals in best interest decisions. This showed that the service had up to date information about protecting people's rights and freedoms. Where possible, consent had been gained and people or their relatives/advocates had agreed to the service providing care and support. Staff were observed offering choices during the day and this included decisions about day to day care needs.

The person living at the service stated the food they had was good and advised they were able to choose what they wanted to eat. They were being supported by staff to have sufficient to eat, drink and maintain a balanced diet. During our visit they were asked what they would like for lunch and they requested something that was not available. This item was sourced and staff prepared what the person had requested. Staff stated, "[Person's name] is offered choice. We offer him what is on the menu, but he will let us know if he would like something else." Cold and hot drinks were made available throughout the day and staff also brought in two fizzy drinks to help the person make a choice on which one they would like. On discussion with staff they had a good understanding of this person's likes and dislikes and also any nutritional needs. Monthly weights were recorded and no concerns had been identified. Staff were aware of who to approach if they required assistance from a nutritionist or healthcare professional and how this would be gained.

The person living at the service had been supported to maintain good health and had access to healthcare services and received ongoing support. Referrals had been made to other healthcare professionals when needed and this showed that staff provided them with support to maintain their health whilst living at the service.

Good

Is the service caring?

Our findings

When interacting with staff the person living at the service looked relaxed and happy. They were seen to enjoy the staff's company and the staff had a good understanding of the person's method of communication and responded appropriately. Staff communicated and interacted well and they provided help and support where needed. Staff were able to demonstrate they knew the person they cared for very well and feedback from the person included, "I like living here. The staff are nice."

The person living at the service was given the time they needed and staff were observed providing care with kindness and compassion. The person received good person centred care and the staff did their best to ensure that where possible the person was involved in decisions about their care and the life they lived. They were looked well cared for and very relaxed when staff supported them. Staff responded quickly when help or care was needed and they were kind and caring in their approach. We noticed that staff engaged with the person at every opportunity and the person responded in a positive way. The staff explained what they were doing when interacting with the person and offered choices and options as much as possible. This included how the person wanted to spend their free time, what they wanted to drink and eat.

Families were encouraged to be involved in the care of their relatives and staff would support people to have regular contact where needed. Where people did not have access to family or friends that could support them, the service had access to an advocacy services who could offer independent advice, support and guidance to individuals. The person living at the service also had the support of a social worker who they stated was, "Very nice and listened."

Staff interactions were positive and the atmosphere within the service was calm. The person receiving care was treated as an individual and treated with respect and dignity. Staff where very attentive to their needs and we heard them addressing them in an appropriate manner. They were encouraged to be as independent as possible and staff were observed providing support and encouragement when needed.

Good

Is the service responsive?

Our findings

Staff provided very personalised care and were responsive to the person's needs. The person living at the service was seen to receive the support and assistance they needed. From discussion with staff they were aware of the person's likes and dislikes and how they would want their care and support to be provided. From records seen it was clear that the person had been encouraged by staff to be independent and they were now able to do more for themselves and their abilities improved. One staff member added, "[Person's name] has improved tremendously since they moved here. Their confidence has improved and they are much more independent." The person living at the service had been encouraged to develop their own identity and provided support relevant to their diverse needs.

The person had been fully assessed before they moved to the service. The assessment forms helped to identify the person's needs and assist the service to identify whether they could provide the care required. The care plan we looked at contained a variety of information about the person and included information on their physical, psychological, social and emotional needs. The care plan provided staff with clear guidance on what care was needed, the person's abilities and how much assistance needed to be provided. Care needs due to the person's diversity had also been recorded and when speaking with staff they were aware of any individual dietary, cultural or mobility needs.

Where possible the person living at the service had been involved in producing their care plan and this showed that their choices and care needs had been taken into consideration. Staff had supported the person to be involved in the planning of their care and where relevant relatives or health care professionals had been involved. Care notes were seen and these provided information about each shift and what assistance staff had provided. Care plans had been reviewed regularly and updated when changes were needed to reflect variations in needs.

It was clear from discussions with staff that they tried to ensure that activities were organised around likes and interests of the person presently living there. There was a weekly activity chart and this had a selection of activities that could be done on a one to one basis such as arts and craft, or games or through going out. Staff had organised day trips, visits to the local parks, visits to the shopping centre, an outing to the sea side and the local pub. The service used the facilities of a local car and mini bus scheme that the person was a member of when transport was needed.

On the day of our inspection staff members were seen doing one to one activities and this included snap, Ludo and snakes and ladders. Each game played was adapted by the staff member to the abilities of the person who was playing and they were encouraged to use their skills. The person was seen counting, identifying colours and taking it in turns with the staff member to play. The person at the service confirmed that they liked to play board games and showed a photo of themselves on a visit to a local sea life centre. They added, "Nice time. Had fish and chips."

The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. This included details of the CQC, local authority and local ombudsman.

Information on how to make a complaint and details of the process and timespans could be found in the home's information. The manager advised that this information would be provided to people when they first moved into the service. Management were seen to be approachable and staff stated that they felt able to raise any concerns they had. No concerns had been raised with the service, so it was not possible to monitor the effectiveness of the complaints procedure.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post and they had regular contact with the staff at the service; but due to being a small service they were not present every day. Staff stated that they found the manager very supportive and could contact them at any time if they had any queries or needed advice. They said that they were given 'good instructions,' and working at the service had been a 'good experience.' They added that as they were a small service they were more like 'a family.' It was clear that the staff and management were there to ensure they provided good quality care and empowered people in this process.

Staff we spoke with were complimentary about the manager. They said that they found them approachable and would meet up to discuss the running and management of the service. They told us that they felt listened to and that their ideas and suggestions discussed during these meetings were listened to and acted upon. They felt they were kept up to date with information about the service and that there was a good team spirit and that everyone worked together and they felt valued. This meant that people benefitted from a consistent staff team that worked well together to deliver good care.

The service had clear aims and objectives and these included dignity, independence and choice. From observations and discussions with staff it was clear that they ensured that the organisation's values were being upheld to ensure continual individualised care for people.

The provider is a small service and can only gain feedback from one person living at the service. The registered manager advised that regular informal feedback is gained from this person and also any health care professionals that are involved in their care and support. This was an area that the registered manager wanted to develop further at our last inspection, but due to still only having one person and filling their vacancy this had not been possible.

At our last visit the registered manager was in the process of developing systems to help monitor compliance. This was to include systems to record when staff training and supervision had taken place or when it was needed. From evidence gathered at this inspection this had not been implemented and mandatory training had not been routinely organised for staff and staff not receiving periodic or on going supervision. This is to ensure make sure their competence was maintained, their skills and knowledge was kept up to date and they also had an opportunity to discuss any concerns or future training needs. Some quality audits had been implemented to check compliance on health and safety and infection control, but further development was still needed in other areas.

Environmental and equipment checks had been carried out to help ensure people and staff's safety.