

EMH Care and Support Limited

Imperial Court

Inspection report

Duck Street
Rushden
NN10 9AF

Tel: 01933315116

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17 September 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Imperial Court is a complex of 41 sheltered apartments. People who live at Imperial Court have the option of receiving personal care in addition to support with housekeeping and social activities. There were 19 people receiving personal care at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People were supported by staff who knew them well, had adequate training and were recruited safely.

Medicines were managed and administered safely. Staff supported people to manage their health needs.

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 this practice.

Care plans were detailed and included people's holistic needs. The care people received was person-centred. People had been involved in planning their care and felt able to speak up if they had any concerns or wished to make changes to their care.

Staff were supported by a management team who were open and transparent. Staff felt supported and told us they could give feedback or suggestions to the registered manager and their views would be listened to.

Systems and processes were in place to support the provider and registered manager to have effective oversight of the service.

However, we found improvements were required to ensure all required areas had been risk assessed accurately and that agency staff profiles were up to date. The registered manager took immediate action to rectify these areas of concern.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 07/05/2019 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 18/08/2017.

Why we inspected

This was a planned inspection to provide a first rating of the service since their registration.

We have found evidence that the provider needs to make improvements. Please see the safe section of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Imperial Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Imperial Court

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short notice period of the inspection. This was to ensure we and the provider could manage the risks of COVID-19. Inspection activity started on 09 September 2021 and ended on 17 September 2021. We visited the office location on 09 September 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with six members of staff, including care staff, team leaders and the registered manager.

We reviewed a range of records. This included three people's care records and medicines records. We looked at a variety of records related to staff training and supervision and multiple records relating to the management of the service, including audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information related to risk management, quality assurance and the governance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Improvements were required to ensure people had suitable risk assessments in place. We reviewed the risk assessments for one person who was at risk of skin breakdown and they did not have a risk assessment for pressure ulcers. We discussed this with the registered manager who immediately arranged for a risk assessment to be completed.
- Personal emergency evacuation plans (PEEP) had been completed to inform staff how to support people to exit their flats in an emergency. However, one person's plan instructed staff to evacuate them out of their flat in their bed if necessary. We queried this with the registered manager who found that the bed was too wide to fit through the door. The registered manager immediately carried out a review of people's PEEPs.
- In all other areas reviewed we found that people's risks had been assessed at regular intervals or as their needs changed. We saw that risk management plans covered a range of known risks such as use of equipment, mobility, moving and handling and accessing the community. Care and risk support plans informed staff how to provide care that reduced known risks.
- People and their relatives were satisfied with how risks were managed whilst enabling people to maintain independence as far as possible.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were routinely tested for COVID-19, in line with government guidance.
- Staff had access to a supply of personal protective equipment (PPE) and were able to explain its appropriate use. People and relatives told us staff wore PPE appropriately in their homes.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what signs to look for to keep people safe from harm or abuse and were confident if they reported any concerns to the registered manager appropriate action would be taken. One staff member said, "I would report to the team leader or [registered] manager. But I know I could go higher if I was still worried."
- People told us they felt safe with the staff who cared for them. One person said, "I feel 100% safe and secure, I trust the staff in every way."
- The provider understood their responsibilities to keep people safe and knew to notify the relevant authorities if any safeguarding issues arose.

Staffing and recruitment

- No staff had been recruited since the new provider registered, as staff employed by the previous provider had continued their employment. New staff were being recruited at the time of inspection and the registered manager was aware of the importance of safe recruitment practices. Recruitment checks were being carried out to make sure staff were suitable and had the right character and experience for their roles.
- People and relatives told us they felt there were enough staff working for the service. One person said, "I get a set time, it only varies by 10 or 15 minutes, they're never really late, don't seem rushed, and they always spend time with me."
- To cover any staffing shortfalls in the service a small number of agency staff were used. The registered manager requested staffing profiles to show that these staff had undergone suitable checks and training. One of the profiles we reviewed had not been updated since 2019, this meant the information on training and safety checks was not current. This was discussed with the registered manager who recognised the risk and requested an up to date profile.

Using medicines safely

- Medicine systems were organised, and people were receiving their medicines when they should. Timing of visits were planned to make sure people who required support with their medicines received them at the correct intervals.
- Staff received training in medicine management and their competencies were checked to ensure they administered medicines safely.
- Regular audits of medicine administration records (MAR) took place which informed the registered manager of any issues.

Learning lessons when things go wrong

- Staff understood the accident and incident process and demonstrated good understanding of the importance of recording and reporting.
- The provider completed a monthly learning log for any adverse incidents. Any lessons learnt from analysis of incidents was shared with staff.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed. Before providing care to people staff met with them to assess what support they required and to check the service could meet their needs. Information gathered during the process helped to form the person's care plan.
- Staff continued to assess whether people's care met their needs through regularly reviewing their care plans and consulting with people and others involved in their care such as their relatives.
- Care plans showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act 2010 and other diversity needs such as people's religious and cultural needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included training and time spent shadowing an experienced staff member. Mandatory training included safeguarding, moving and handling, health and safety and infection control. This training was refreshed regularly.
- Staff received most of the training they needed to meet people's specific needs, for example people with dementia, people with sensory needs and people at risk of falls. One person told us, "All the staff have been trained, they understand what dementia is and they are very patient." However, the service supported some people who required catheter care, staff training in catheter care had not been refreshed since the new provider had registered. This was discussed with the registered manager who immediately arranged for this training to be provided.
- Staff received supervision and spot checks to check they carried out their duties and responsibilities as required. Staff told us they felt supported by senior staff and the registered manager. One member of staff said, "I have supervision every six to eight weeks, it helps a lot as we can discuss any issues."

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

- People received support to eat and drink enough to maintain a balanced diet and stay healthy.
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with health and social care professionals to maintain people's health. This included GPs and district nurses.
- People's care plans contained detailed information about their health needs. Care documents contained a hospital and health passport to provide prompt information to emergency services as well as a health

action plan, detailing how the person should be supported to remain healthy.

- Staff had a good knowledge and understanding about people's healthcare requirements.

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- All people using the service had full capacity in relation to their care. However, the registered manager understood the process to follow to assess people's capacity if needed, and to make decisions in their best interests.
- People's care assessments contained information about people's understanding of their care needs, and ability to make decisions about their care.
- People confirmed the staff always asked their consent before providing their care.
- Staff understood their responsibilities in relation to the MCA and they received training in this.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by a small team of staff that were kind and caring. All the people and relative's spoken with spoke positively about the care staff that supported them.
- One person told us, "The staff are excellent, they look out for us and keep a check on us to make sure we're alright."
- One relative said, "Staff make [family member] a hot chocolate at night and chat with them, they love it here."

Supporting people to express their views and be involved in making decisions about their care

- Care plans clearly set out how people preferred to receive their care and their regular routines. People and staff told us that staff read people's care plans, so they were aware of people's needs and able to assist them in the way they wanted.
- Care plans were regularly updated and were completed alongside people and their families, taking into consideration their personal wishes. One person said, "I can read my care plan any time, I do read it and it is correct."
- No one currently required the support of an advocate. However, the registered manager was able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's dignity and supported people to maintain their privacy. One person said, "Staff come and see me to have chat and they always knock the door to come in."
- Staff recognised the importance of confidentiality and people's personal information was protected.
- People's independence was promoted. Care plans described the things that people could do for themselves and guided staff to provide people's support in a way that enabled them to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's life history, interests, choices and preferences including those related to the protected characteristics under the Equality Act were documented in their care plans.
- People received their support from a dedicated team of staff who knew them well and supported them in the way they preferred. Staff had built positive, professional relationships with people. One person said, "The staff do more than is needed, they will always get me an extra cup of tea."
- Staff had regular handovers to ensure that information about people's needs, wishes and any changes in their needs was communicated promptly to the staff delivering their care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified during their initial assessment and documented within their care records.
- Information could be made available to people in the format that met their needs. For example, large print or braille.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were unhappy and wished to make a complaint.
- People and relatives were confident that if they did have a complaint they would be listened to and the issue addressed.
- There was a complaints procedure in place. The provider had received no complaints since registering the service.

End of life care and support

- There was no end of life care being delivered at the time of the inspection.
- People had been asked about their preferences for the end of their life.
- Staff had received training in supporting people at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had a system of audits in place to check people received a good standard of care. This included the provider's annual quality audit and regular checks undertaken by the registered manager and senior staff at the service. For example, audits of care plans, medicines and staff training and supervision. Although these audits had not identified the issues we found in relation to risk assessments and agency staff profiles, the registered manager acted immediately to implement systems to mitigate the risk of recurrence.
- We reviewed a number of the provider's policies and procedures and found that some had not been reviewed in line with their schedule. At the time of inspection these policies were under review.
- The provider and registered manager were actively seeking ways to improve the service. For example, the registered manager had recently implemented an audit tracker to improve their oversight of the service. The provider was implementing a digital staff planning system to improve the efficiency and oversight of staff deployment.

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

- People were at the centre of everything the service did; the provider ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes and needs.
- People told us they were happy with the support they received and felt in control of their care.
- There was an on-call system in place. This ensured there was always someone for people and staff to contact if they had any concerns and enabled staff to respond to people's individual needs at any time.

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

- The provider gained people's views with an annual survey; the most recent survey had been sent out to people at the time of inspection. The registered manager had gathered people's views through a regular Care Forum. At the time of inspection, they were advertising a new system of drop-in sessions where people could meet with them to discuss their views of the service and raise any concerns.
- Staff attended regular team meetings, were clear about their roles and understood what the provider expected from them. Staff spoke positively about the management team. One staff member said, "I can go to the team leaders or the [registered] manager if I have any concerns or problems and they will always help."

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

- The provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. At the time of the inspection there had been no incidents requiring the provider to implement duty of candour.
- There was information for staff about how to whistle-blow which ensured they knew how to raise concerns with the local authority and the CQC if they felt they were not being listened to or their concerns acted upon.

Working in partnership with others

- The registered manager was committed to working in partnership with the housing provider at the complex to ensure people's holistic needs were met.
- The registered manager was committed to working towards improving care for people. They welcomed feedback and were open to the inspection process.