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Emerson Court

Inspection report

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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

The inspection was unannounced and took place on 16 August 2017. At our previous comprehensive inspection in April 2015, we found that the service was not always effective. This was because the staff had not received training in epilepsy awareness and mental capacity assessments were not carried out for some people who might lack capacity. This could put people at risk of not receiving appropriate care. Following that inspection the provider sent us their action plans on how to make improvements. We then carried out a follow up inspection in November 2015 and found that the required improvements had been made. We found that staff had received epilepsy training and mental capacity assessments had been completed for people.

Emerson Court is registered to provide accommodation for persons who require personal care for 21 older people, some of whom have dementia. At the time of the inspection, there were 21 people using the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that people were not always safe at the service. This was because the registered manager did not have enough staff to provide safe care, especially at mealtimes. We made a recommendation that the registered manager adopts best practice guidelines for reviewing and deploying the staffing level to ensure people were safely supported at all times.

The service had a robust staff recruitment process which ensured that staff were employed only after they had been checked they were safe to work with people. Staff had also attended a range of training programmes related to their roles. We found that they were aware of how to protect people from abuse. Staff had knowledge of the Mental Capacity Act 2005 and could be confident that they were provided with regular support and supervision.

People's assessment of needs was completed before they moved in to the service. This ensured that their care needs and preferences were identified and met at the service. There were systems in place to allow people and, as appropriate, their relatives to be involved in the development and review of the care plans.

Staff knew how to ensure people's privacy was protected. We also found that staff were polite, friendly and supported people to be as independent as possible. Each person had a risk assessment which identified possible risks and provided staff with guidance so that they knew how to manage the risks. We found staff were caring, respectful to people, and knew how to deal with safeguarding incidents.

Medicines were safely stored and administered as prescribed by staff who had received training. The service also ensured that people's healthcare needs were reviewed and they had access to healthcare. People and

relatives were satisfied with the variety and amount of food provided at the service.

The management of the service was open and transparent with people, relatives and staff having easy access to the deputy managers and registered manager. We also noted that the registered manager actively sought feedback and used the views of people, relatives and staff to improve the quality of the service.

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. There were not enough staff to support people safely during meal times.

The staff recruitment processes were robust to ensure that newly employed staff were appropriately checked.

Each person had a risk assessment and staff had knowledge of what abuse meant and how to deal with it.

People received their medicines from staff.

Requires Improvement ●

Is the service effective?

The service was effective. People received care and support from staff who were trained to meet their individual needs.

Staff supported people to maintain good health and to have access to external professionals when more specialist treatment or advice was needed.

The service acted in line with current legislation and guidance when people lacked the mental capacity to consent to aspects of their care.

People had a choice of food that reflected their preferences and met their nutritional needs.

Good ●

Is the service caring?

The service was caring. People were supported by caring and friendly staff.

Staff treated people with respect and supported them to be as independently as they were able to be.

Staff kept relatives and friends up-to-date and supported people to maintain relationship with them.

Good ●

Is the service responsive?

The service was responsive. People received care and support

Good ●

which was based on their assessed needs and took account of their preferences.

People or their relatives were consulted and involved in their care plans.

People enjoyed and benefitted from the activities provided at the service.

People and their relatives were aware of the processes of complaints and could be confident that their concerns were investigated and responded to.

Is the service well-led?

The service was well-led. The deputy managers and registered manager were accessible and supportive to people, relatives and staff.

There were systems in place to ensure that regular maintenance of the service was undertaken and people's health and safety promoted.

The registered manager used various means to ensure that people, their relatives and staff views were sought and influenced the quality of the service.

Good ●

Emerson Court

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 inspection took place on 16 August 2017 and was unannounced. The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners of the service and the local Healthwatch (an independent consumer champion for health and social care) to obtain their views about the care provided by the service.

During the inspection we observed care and spoke with three people who used the service, seven relatives, four care workers, the chef, two deputy managers and the registered manager. We looked at five people's care files, five staff files and other records relating to the care and management of the service.

Is the service safe?

Our findings

People and relatives' views about the staffing level were mixed. Most of the people we spoke with told us that there enough staff and they felt safe within the service. One person said, "Oh yes, I feel safer here than I did [at home]." Another person told us that staff were available when they needed them. Relatives told us the service had sufficient staff to care for people. One relative said, "I wouldn't leave [the person] here if [the person] was not safe." However, another relative told us that they "do" think there were enough staff to support people "but [this was] very few and far between". Another relative told us that they were aware some staff had left the service. The relative told us they were not sure how many staff would be enough but they felt there were probably not enough staff.

We observed people having breakfast in the dining room and noted seven people were able to have their breakfast independently and three people required staff support. Care staff told us that three other care workers were assisting the other people with personal care and getting up for the day. We noted two of the three people who required staff to support with their breakfast had to wait until the care worker had finished assisting the other person and until the other care workers came to help them. We also noted a similar incident during lunch time where one member of staff was supporting two people with their meals at the same time. We discussed our observations with the registered manager, who explained that this shouldn't have happened and they would address them. The registered manager told us they would review the staffing level at peak times to ensure each person had appropriate support without having to wait for staff.

The staff rota showed that there were four care staff during the day shift and two waking staff at night time. We also noted that there were two deputy managers, laundry assistant, a chef, and domestic and maintenance person. We asked staff what they thought about the staffing level and were told that they had no issues with it as they worked as a team and supported one another. However, we recommend that the registered manager adopts best practice guidelines for reviewing and deploying the staffing level to ensure people were safely supported at all times.

Staff told us people were safe within the service. One member of staff said, "People using the service are safe here. We know the residents well." Another member of staff told us, "People have risk assessments, which we follow to make sure they are safe." Staff told us that they used personal protective equipment (PPE), such as aprons and gloves to ensure the risk of infections were managed. During the inspection, we observed as staff supported people to move safely, using the appropriate equipment. We saw that there was a staircase and a passenger lift for people to access the first floor safely.

Each person had a risk assessment in their care files. The risk assessments detailed possible risks to people and guidance for staff to reduce the risks. We noted that staff reviewed the risk assessments regularly so that new risks were identified and appropriate plan was in place to ensure people were safe. Staff told us and records showed that fire risk assessment was completed and personal emergency evacuation plan (PEEP) was developed for each person to make sure that each person had an evacuation plan in case of a fire. The registered manager told us and records confirmed that health and safety checks and maintenance of the premises and facilities were undertaken to ensure people lived in a safe environment.

Staff demonstrated a good understanding of what constituted abuse and were aware of their responsibility to report any related concerns they had been aware of. They were able to explain the action they would take should they suspect abuse. We saw the provider's policies and procedures and individual training records relating to safeguarding. This meant people were protected from possible abuse and harm because staff had the knowledge required to act appropriately if a person was potentially at risk of abuse.

The service had safe staff recruitment processes in place. We looked at five staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with the applicant's full employment history, relevant experience, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. This meant people were protected as the provider operated a safe and robust recruitment procedure.

People we spoke with were confident staff administered their medicines safely and at the correct time. We observed the medicines being administered and checked the dosette boxes and medicine administration record sheets (MARS). We noted in the MARS that staff did not record and sign to confirm one person's medicines were administered a day before this inspection. We could not confirm whether or not the medicines were administered, refused or forgotten to be administered by staff as the dosette box for the week had been replaced and a new one had started. Staff explained that the medicines had been administered but staff forgot to record and sign the MARS. Staff explained that they did carry out weekly and monthly auditing of medicines and this error could have been spotted had the date of our inspection been two days later.

We looked at the medicine audits and noted that errors such as not recording the administration of medicines on MARS had previously been identified on two occasions and actions taken by the registered manager. We saw that staff who forgot to record administration of medicines had been on refresher courses and medicine administration was discussed in staff meetings. The registered manager told us that they would investigate the error and take appropriate action to ensure similar mistakes were avoided.

We saw that medicines were securely stored in locked medicine trolleys. Records also showed the temperatures of the areas where medicines were kept were monitored and recorded. Staff told us and records showed staff who administered medicines had received training in medicine administration.

Is the service effective?

Our findings

People and relatives told us the staff had the knowledge and experience required to meet their needs. One person said, "Yes, staff know [how to provide good care]." Another person told us that they were happy with how staff treated them. They told us that staff had the skill they needed to provide care. A relative said, "I find [the staff] very good. I do not know their qualifications but I know they are good. I am also glad they wear their badges."

Staff told us they felt well supported in their role, and received all necessary training. We saw staff training records and certificates confirming that staff had attended various training courses relevant to their roles. These included training programmes such as moving and handling, infection control, adult safeguarding, diabetes awareness, epilepsy, basic food hygiene and health and safety.

Staff told us the deputy managers were approachable and supportive. They informed us they could talk to the registered manager at any time if they needed support. Staff told us and records showed that staff had supervision and an annual appraisal. Supervision was a meeting between the staff and a manager to discuss practice issues and training needs. We also noted that, as part of supervision, the deputy managers carried out regular observations of staff whilst they were providing care and gave them feedback to encourage further improvement in the quality of the care they provided.

Staff encouraged and supported people to make decisions. For example, we observed staff asked people first what food and how much of it they wanted. People also made decisions where they had their meals. Records showed that people gave their consent regarding the care they received and completed Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms. We also noted that people or their relatives had signed their care plans to confirm they were aware of and agreed to them. We noted staff had attended training on mental Capacity Act 2005 (MCA).

The 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 service was working within the principles of the MCA. We found that mental capacity issues had been considered and DoLS applications made for some people using the service. We noted DoLS authorisations were in place for some people and care plans contained guidance for staff on how to support people effectively.

People and relatives were satisfied with the food. One person said, "To be honest, [they provide] lovely food, we often eat outside." Another person told us that they were provided with the type and amount of food

suitable to their needs. A relative told us they had tasted the food on many occasions and they found "it very good, [people were] provided with small tools [cutlery] they asked for, staff come around with a list and ask people what they want. There are two choices of food items". We noted people could choose nutritious and freshly made food. We saw there were four weekly rotating menus offering a variety of options. Observations showed that most people who were able to eat their meals independently enjoyed their breakfast and lunch.

People's healthcare needs were monitored and referrals were made when they needed medical care. People told us a GP and nurses visited them to review their medical care and provide treatment. Records showed that people were referred to district nurses, speech and language therapists, occupational therapists, chiropodists and opticians following changes to their needs or their assessments. This showed that there were effective systems in place to ensure people's healthcare needs were met.

Is the service caring?

Our findings

People and relatives felt the service was caring. One person said, "[The service] is very good, very good actually, always someone there for you". Another person told us staff were caring and said, "I find it enjoyable here, nice close group". A third person told us that staff were "kind" and "friendly". They added, "Staff [are] very supportive, if I ask for something, they are very obliging."

Relatives told us that the care staff provided made people happier. One relative said, "[The person using the service] is very happy, a lot happier than [they were] before." Another relative told us that they were satisfied with the service "[because] staff always rang to tell me when [there were changes to the person's needs]". A third relative explained how staff, "go out of their way to provide extra care [for visitors]." We observed there was a homely environment in the service where people were relaxed to speak and joke with staff. We saw staff were kind and friendly when they interacted with and supported people. We also saw staff showed friendliness when they welcomed visitors.

People felt that staff treated them with respect and dignity. One person told us staff were all respectful. A relative said that staff were "respectful. They listen to people". Staff told us how they ensured people were treated with respect. A member of staff told us that they always explained to people how they wanted to be supported and what they were going to do to care for them. We observed staff were friendly with people when interacting with them. We noted staff communicated with people and explained what they were about to undertake to allow people to understand and agree to their care.

We spoke with people about their involvement in their individual care planning. One person said they were involved in their care plan. They said, "Yes, staff asked me [how I wanted to be supported]". Another person described how they had spent time talking to the registered manager about their personal care needs before their admission to the service. They told us that the registered manager visited and completed assessments of their needs to ensure there was appropriate care when they came to live at the service.

People's care files contained individual care plans. People and relative told us, and records showed that, people or their relatives were involved in developing and reviewing the care plans. The care plans provided details of the tasks to be undertaken, who would be involved, the desired outcomes and review dates. Records showed that staff regularly updated the care plans to ensure people's needs were identified and met.

Staff ensured people's privacy was respected. Staff explained that they made sure the curtains were closed and doors were shut when they provided personal care. A member of staff said, "[When supporting people with personal care], I always make sure the door is shut. I also make sure people are covered with a towel." We noted staff knocked on the doors to get permission before entering bedrooms. Staff also told us they made sure that people's files were kept securely in locked rooms and filing cabinets to ensure confidential information was safe.

Is the service responsive?

Our findings

People received care from staff who were aware of and responsive to their individual care and support needs. Before moving to the service, an assessment was carried out to establish people's individual care and support needs. This also helped ensure any assessed needs could be met with the facilities and resources available. People told us they felt the service was responsive to their needs and they were happy with the choices available to them. One person explained how staff encouraged and supported them to remain as independent as they wanted to be. They told us they were happy at the service and they did their "routines" such as reading books.

Staff were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. One member of staff told us, "I have read people's care plans. I also like talking with people and their relatives." Staff were able to explain the background of people and what health conditions and interests they had. For example, one member of staff described the health and medical needs of one person and what they needed to be aware of to respond to their needs.

There were systems in place to allow staff to share information about the tasks that needed to be completed to meet people's needs. One of these was the staff handover session in which staff discussed how people got on during the previous shift and what care and support they would need in the following shift. The other was a new electronic system, which had been recently introduced to record the tasks people had completed. We saw there were handheld electronic devices with software allowing each member of staff to record care and support they provided for each person. The information could then be seen by managers or other staff who had access to the system.

Staff told us they worked closely with people and, where appropriate, their relatives to ensure all care and support provided was personalised and reflected preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt staff listened to and spoke with them about their day to day lives. They told us staff were aware of their needs and preferences.

People and relatives spoke positively about the activities provided at the service. One person said, "I have my share [of activities] I think. I like [the activities]." Another person told us they "cannot think of anyone who is not happy [with the activities]" and said they enjoyed "bingos and sing songs". Relatives told us the service provided different kinds of activities and often brought in entertainers. Throughout the inspection we observed that staff provided people with various activities. We saw there was an activities programme and some people watched television or read books if they did not want to participate in the activities. The deputy managers told us that a hairdresser, who used to come weekly to the service, had recently left and they were looking for a new hairdresser.

The provider had systems in place for handling and managing complaints. The registered manager told us that no complaints had been received since the last inspection. The complaints records confirmed that concerns were investigated and responded to appropriately. People and relatives confirmed that they were aware of what they would do if they had a concern about the service. Staff were aware of the complaints procedure and knew how to respond appropriately to any concerns received.

Is the service well-led?

Our findings

People, relatives and staff told us that the service was managed well. One person said, "I think they are very good, really very good, they do enough for you, and nothing is too much." A relative told us, "[The service has] very nice management." Another relative said, "The registered manager is good. I can talk to them. I don't need to make an appointment, just knock on the door." Care staff also confirmed that the registered manager and deputy managers were approachable and they could talk to them. We observed the registered manager and the deputy managers were visible within the service. We saw they walked around the communal areas including the lounges and dining areas and talked to people, relatives and staff. This showed that there was an open and inclusive culture where people, relatives and staff could talk to management.

During the inspection all parts of the service were clean and tidy. People and relatives told us that the service was always clean and there were no smells. We noted care staff wore uniforms. Relatives told us this was useful for people with dementia to recognise staff. We were also informed by relatives that staff responded to front door bells and they had never to ring more than two times before staff opened for them. They told us that this indicated to them the service was well managed. We observed that staff promptly responded to door bells when visitors came.

Staff were clear about the lines of accountability and told us the registered manager was always available to provide advice and support. They knew about reporting any issues to do with the service to the service. The registered manager was supported by two deputy managers, who had specific responsibilities. We were informed that one of the deputy managers was responsible for care management whilst the other carried administration tasks such as staff rotas and invoices. Both deputy managers reported to the registered manager who shared an office with them.

We noted that provider used independent consultants to provide advice, talk to staff and facilitate relatives' meetings. Records showed that the policies and procedures, and health and safety records were up-to-date. Staff knew about the policies and procedures related to the care of people and the running of the service and how to access them when this was required.

The provider used various means to seek the views of people, relatives and staff to improve the quality of the service. For example, 'residents' and relatives' meetings were regularly held. The minutes of the last 'residents' and relatives' meeting, which took place in August and April 2017, respectively, showed that the quality of the food was discussed. The registered manager told us that this had led them to make some changes to the food. We also noted that staff meetings were regularly held and allowed staff to discuss various aspects of the service and their practice.

Formal survey questionnaires were distributed to people and their relatives to share their views about the service. The last such survey was carried out in March 2017 and the registered manager was yet to collate the feedback and produce a summary with an action plan. We looked at some of the feedback and noted that it was mostly positive about the quality of the service. However, there were few areas that people

commented as needing improvement. The registered manager said these had been discussed and improvements made but they had yet to write up the summary of the survey. We also saw compliment cards which relatives sent to the service making positive comments about the care provided. We also noted that the registered manager had regular audits of various aspects of the service. This included medicine, health and safety, care plans and falls.