

Emerald Care Services (North Lincs) Ltd

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Inspection report

Unit 22 Queensway Business Centre
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Tel: 01724846111

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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?

Good ●

Summary of findings

Overall summary

Emerald Care Services is a care agency. The agency provides personal care and support services to people living in North Lincolnshire. Services provided range from a few hours support several times a week, to 24 hour support every day. People who used the service included; older people, people with dementia, learning disabilities, autistic spectrum disorder, mental health needs, physical disabilities, sensory impairments and people who misused drug and alcohol.

The last inspection was completed on 15 and 23 January 2015 and was found to be compliant with the regulations inspected at that time. This inspection took place on 23 February 2016.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service were protected from abuse and avoidable harm by trained staff who could recognise the signs of potential abuse and knew how to keep people safe. Staff had been recruited safely and were employed in sufficient numbers to ensure the people's needs were consistently met. Staff supported people take their medicines as prescribed.

Staff received a range of training to ensure they had the skills and abilities to meet people's assessed needs. Appropriate levels of support and mentorship were provided to enable them to carry out their roles effectively. Staff understood the need to gain consent before care and treatment was provided. People were supported to attend healthcare appointments and staff contacted relevant professionals in a timely way when people's needs changed. Staff prepared meals for people as required and encouraged them to eat healthily.

People were cared for by kind and attentive staff who knew their needs and preferences for how care and support should be delivered. People told us staff treated them with dignity and respect. Staff gave up their own time to ensure people could follow their personal interests and to support people at difficult times in their lives.

People or those acting on their behalf were involved in the initial assessment and on-going planning of their care. Assessments of people's needs were undertaken and updated as required to ensure people needs were met. The registered provider had a complaints policy in place that outlined how people could raise complaints and concerns. We saw evidence that when complaints were received the registered provider took appropriate action.

Questionnaires were completed by people who used the service, their relatives and staff, the feedback we saw was consistently positive. A quality assurance system was in place that consisted of audits, checks and

feedback. When shortfalls were identified action was taken to improve the level of service as required. The registered manager was involved in the day to day running and management of the service, staff told us they were approachable.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff received training which enabled them to recognise abuse and keep people safe from harm.

Staff had been recruited safely; checks had been carried out to ensure they were suitable to support people in their own homes.

The provider ensured safety was maintained by undertaking environmental risk assessments in people's own homes and making referrals to fire safety professionals

People received their medicines as prescribed, however relevant paper was not always completed appropriately.

Is the service effective?

Good ●

The service was effective. Staff completed a range of training to ensure they could support and meet the assessed needs of people who used the service.

Consent was gained before care and treatment was provided to people. The principles of the Mental Capacity Act were followed.

People were supported to eat a diet of their choosing. If concerns with people's dietary intake were recognised appropriate action was taken.

People received care and treatment from a range of relevant healthcare professionals. People were supported to attend appointments as required.

Is the service caring?

Good ●

The service was caring. People told us the majority of staff who supported them were kind, patient and considerate.

Staff gave up their own time to provide care and support to people at difficult times in their lives.

We saw that people were involved with the planning of their care when they were able to do so.

Is the service responsive?

Good ●

The service was responsive. People's care was reviewed on an on-going basis to ensure they received the most appropriate support to meet their needs.

There was a complaints policy in place which provided guidance to people who wanted to complain or raise a concern. We saw evidence that when concerns were raised they were investigated appropriately.

Is the service well-led?

Good ●

The service was well led. Staff we spoke with told us the registered manager was approachable and recognised that no one member of staff was more important than another.

Quality assurance systems were used to ensure shortfalls were highlighted and that corrective action was taken to improve the service.

The registered manager accepted feedback from the inspection process which showed the learning culture of the service.

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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 registered provider was 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 23 February 2016; it was carried out by an adult social care inspector. Due to nature of the service the registered provider was given 24 hours' notice.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with relevant professionals prior to our inspection to see if they had any information of concern regarding the service. We also looked at the information we held about the registered provider.

During the inspection we spoke with five people who used the service and five of their relatives. We also spoke with the registered manager, the manager of the service, five care staff, six senior members of staff and a director.

We looked at six care files which belonged to people who used the service including their medication administration records (MARs) and risk assessments. We assessed how the service used the Mental Capacity Act 2005 and Deprivation of Liberty code of practice to ensure that when people were deprived of their liberty or assessed as lacking capacity to make their own decisions, actions were taken in line with the legislation.

We reviewed a range of documentation relating to the management and running of the service. Which included audits, policies and procedures, questionnaires, meeting minutes, four staff files, recruitment

information, training records and staff rotas.

Is the service safe?

Our findings

When we asked people who used the service if they felt safe their responses were generally positive. One person told us, "I am safe with the girls; I have never had any problems." Another person said, "Absolutely I trust the staff implicitly." A third person said, "I'm safe." However, one people told us, "I feel safe most of the time, I have had one or two issues in the past which have concerned me. I have spoken to the office about them."

A relative commented, "She [the person who used the service] feels safe knowing they [the care staff] are coming and we feel better knowing if anything does happen the staff will be there. Other comments included, "I don't have any concerns regarding Mum's safety" and "She is safer now, we used to worry about her."

During discussions with staff it was clear they had a good understanding of the different types of abuse they may become aware of and what action to take to ensure people remained safe. One member of staff told us, "I would report it [suspected abuse] immediately. I know the manager would take it seriously, she would investigate and take action." Another member of staff explained, "We have recently reported some concerns to the safeguarding team [local authority safeguarding team] which were investigated, we attended meetings and were kept updated; it's our duty to keep people safe."

People were supported by suitable numbers of staff. The registered manager told us, "We are always recruiting; we take on new clients and have to be able to meet their needs. Some staff can only work certain hours, some just do days others do nights, we need enough staff to cover all the calls." We saw records that showed staff were recruited safely. We looked at four staff files; each file contained a completed application form, two references and a satisfactory disclosure and barring service (DBS) check. A DBS check is completed to determine whether an individual holds a criminal conviction which may prevent them from working with vulnerable people.

People who used the service were protected from discrimination. An equality and diversity policy was in place and staff completed training during their induction to ensure they could recognise discriminatory abuse. The registered manager told us, "We have certain questions on our application forms to ensure staffs beliefs align with the companies and they understand that we don't make judgements on people and would challenge anyone that does."

Equipment used in people's homes; such as hoists were checked periodically to ensure they were fit for purpose and did not require maintenance or servicing. The registered manager told us, "Our role is to check equipment servicing is in date and report anything that needs maintenance." Individualised risk assessments had been created in a number of specific areas to reduce the likelihood of the identified risks occurring.

We saw an environmental risk assessment was undertaken of each person's home before the service provided care and support to people. The manager of the service informed us that referrals were made to

the local fire service who completed an assessment of people's home and recorded the support they would need in the event of requiring evacuation. A relative we spoke with confirmed, "A risk assessment was done of [name of person who used the service] home and we looked at ways of keeping her safe which was very reassuring."

Plans were in place to deal with foreseeable emergencies including fires, floods adverse weather conditions and staffing issues. The registered manager told us, "For certain situations floods or snow we assess people as red, amber, green or decide who we need to prioritise and who could be supported by their families." The manager of the service said, "When we have problems with staff we [the manager of the service and the registered manager] have covered the calls, we do whatever it takes."

People who used the service were protected from discrimination. Records showed staff had completed equality and diversity training and staff told us they understood the importance of treating people as individuals. A member of staff commented, "We treat everyone equally, we don't judge people on their disability, race or age" and "No one is just a medical condition." Another member of staff said, "I don't judge people, you can't in this job, we are all just people."

Staff had completed safe handling of medication training and supported people to take their medicines as prescribed. However, we saw that internal auditing systems highlighted people's medication administration records (MARs) were not always completed appropriately. We were able to see from people's daily records that they had received their medication and that the issue was staff failing to complete MARs. We saw evidence to confirm this issue was being addressed during team meetings and staff supervisions.

Is the service effective?

Our findings

The majority of people told us they were supported by staff who knew their needs and delivered a high standard of care. One person said, "They all know what they are doing, the care I receive is excellent." Another person commented, "All the staff are great" and "They are well trained provide good care." However we were also told, "Some carers are good, some are not so good" and "I don't think they are all trained to a high standard, when new staff come they learn as they go along instead of being ready before they start."

Staff had completed a range of training to ensure they had the knowledge and skills to carry out their roles effectively. This included, moving and transferring, first aid, infection control, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, safeguarding awareness and health and safety. Other specific training had been completed to ensure people individual needs were met such as end of life care, dementia, continence and Huntington's. A member of staff told us, "We do lots of training here, it's all really good."

The registered manager told us, "We have training from specialist nurses, nearly all the staff have done PEG training [percutaneous endoscopic gastrostomy is a way of providing people with adequate nutrition when they can no longer consume food orally]. A senior carer told us, "We have set up dementia and end of life workshops so staff can speak to the seniors about actual clients and get advice on how to handle real life situations." Another senior carer told us, "Our staff have struggled with how to deal with people with dementia so the workshops have been set up to support them."

Staff received appropriate levels of supervision and one to one support. We saw supervision meetings occurred on a three monthly basis which covered staff's duties and responsibilities, their understanding of safeguarding and The Mental Capacity Act as well as training requirements and progress made on anything discussed at the previous meeting. A 'staff discussion' form was used to capture any informal conversations between staff and their senior on particular topics such as professionalism, mobile phone use and other aspects of their role as required.

Plans were in place to develop the knowledge and skills of the staff team. The registered manager told us, "I worked with skills for care [an independent charity working to ensure carers have the skills and knowledge to deliver high quality care] to develop our internal process'. Staff come in to the office once a week for three hours and work to complete the care certificate [The Care Certificate is the new minimum standards that should be covered as part of induction and on-going training of care staff]. We saw that the manager of the service completed observations and checked staff's competency before they were allowed to work autonomously.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. For people in the community who needed help with making decisions an application should be made to the court of protection.

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 told us, "All our staff have done MCA and Deprivation of Liberty Safeguards training; I think having that knowledge is really valuable." At the time of our inspection no one who used the service were subject to a court of protection order.

The care plans we saw had been signed to show people's agreement with the content. When people lacked the capacity to provide informed consent, it had been signed on their behalf by an appointed person. Staff understood the need to gain people's consent before care and support were provided. One member of staff told us, "I always ask permission and explain what I am about to do before I do it." A second member of staff said, "I always get people's consent before I do anything, I wouldn't want someone to start moving me or washing me without my say so." A relative we spoke with informed us, "Best interest meetings were held to decide if [name] could remain at home with the support from Emerald. She is fiercely independent and much happier at home."

People were supported to have sufficient amounts to eat and drink. We saw when concerns regarding people's nutritional intake were recognised appropriate actions were taken, for example contacting dietitians, speech and language therapists and implementing food and fluid charts. A person who used the service told us, "They know what I like, they just make what I ask them to, it depends what I have in." Records showed a number of staff had completed food hygiene training to ensure staff were aware of the risks regarding food preparation.

We saw evidence to confirm people received support from a range of healthcare professionals including GP's and community nurses. The manager of the service told us, "We support people to attend meetings with professionals or hospital appointments, whatever they need." People's care plans and risk assessments were seen to be updated following advice and guidance from relevant professionals.

Is the service caring?

Our findings

The majority of people who used the service told us they were supported by kind and attentive staff. One person said, "All the carers are very caring." Another person said, "The staff are so kind and caring." However, one person said, "Some carers are good some are not so good."

When we asked people's relatives we received mixed responses. One relative commented, "The care she receives is wonderful" and went on to say, "All the care staff understand how to deliver person centred care. Another relative told us, "Some of the staff are excellent but others can't wait to leave."

A relative we spoke with told us, "When [name of the person who used the service] had an accident and had to go into hospital, the carer stayed with her, they went to hospital with her and stayed to comfort and reassure her. I was really grateful for that." Another relative informed us, "We have had lots of different companies but this one is the best by far. Everyone we have met has been great." A third relative said, "I have had someone coming for two years, they came to help my wife before that and the care they gave her was excellent, I couldn't have asked for more."

Staff knew the people they cared for including their hobbies and interest and actively tried to help people take part in activities they were interested in. A member of staff informed us, during the delivery of care they realised they shared an interest in modified cars with the person they were supporting. In their own time they arranged for a club they attended to put on a car show in Scunthorpe United's car park (after gaining their permission). The person who used the service was made an honouree member of the club and thoroughly enjoyed the event. A photographer was organised to take pictures which are now displayed in the person's room. Other carers also gave up their own time to help facilitate the event.

Other staff told us of the support they had provided to people in their own time, one person was taken to the Yorkshire Wildlife Park; another member of staff collected a person's family and took them to the hospital to be with a person who used the service. When a person was temporarily admitted to another service the staff visited them to ensure they did not feel isolated and ensured they regularly saw people they knew.

Practical action was taken to relieve people's distress and discomfort. The registered manager explained that one person they supported 24 hours a day had to be admitted to hospital, they said the person was very anxious due to their low levels of verbal communication skills and their inability to use call bells due to their physical condition. The registered manager spoke to the hospital and asked if Emerald Care Services staff could continue to support the person during their hospital stay as they could not eat independently. They explained the agency was not paid for this support and it was provided as they were aware of how the person would struggle without their support.

A member senior member of staff told us, "When I am on call I am there just for emergency situations but a carer rang and said she was unsure about a ladies condition so I went out to see for myself. I don't get paid to do that; we all go the extra mile and do everything we can for our clients."

During discussions staff described how they would treat people with respect and how they would maintain people's dignity. Comments included, "I use towels to cover people up when providing personal care", "I listen to what people want and do things the way they want them doing", "Make sure doors are closed", "I always take the time to explain things to people", "I call out when I go in people's house, just so they know who is there", "I call people by their preferred name" and "Knock and wait to be asked in, don't just barge in."

Staff also told us they encouraged people to remain as independent as possible. A member of staff commented, "It's really important not to do everything for people, if they can do something themselves I always let them" and "Obviously people have good days and bad days but that doesn't mean they can't do things themselves."

People were supported to make decisions about the care they wanted to receive at the end of their life and their preferred place of care. The senior carer told us, "We talk quite openly with people about their preferred place of care and help them to make decisions about what they want." We saw records of people's wishes which helped to ensure they received the care and support they wanted. A member of staff told us when someone they supported had been diagnosed with cancer they helped the person come to terms with the diagnosis by completing a photo book and having discussions with them regarding the support they wanted and helped to make their preferred funeral arrangements. A senior member of staff told us, "I think maintaining someone's dignity, especially at the end of their life is so important" and "We fight to make sure people's wishes are respected and they get what they want at the end of their lives."

Arrangements were in place to ensure people's personal and sensitive information was stored confidentially. The registered manager explained the IT systems used to ensure information was stored effectively and could not be lost. Staff told us they understood the importance of confidentiality; however, a person we spoke with told us, "They are not always the most professional, I have received requests on social media sites which isn't right, they don't always seem to know what is appropriate." We spoke to the registered manager regarding the staff's attitude and professionalism; we received their assurance that this matter would be addressed.

Is the service responsive?

Our findings

People who used the service told us they were involved in the planning and delivery of their care. One person said, "My care plan is here, from the start I have been involved in deciding what help I need." Another person told us, "I let them [the management] know what I need and they organise it for me." A relative we spoke with told us, "Emerald have worked so well with us, they have listened to what we needed and provide the care we need." Another relative said, "They have thought about who they send, they have listened to what we have asked for and matched her with staff she can talk to."

People told us they knew how to make a complaint or raise concerns about their care and support. One person told us, "I have complained in the past, if I'm honest not a lot happened. Things have got better though." A relative said, "Anything I have raised; they have listened and made changes so I couldn't ask for more." Another relative commented, "I would ring the office and speak to the senior partners if I had an issue."

People who used the service or those acting on their behalf contributed to their initial assessment and on-going planning of their care. The registered manager explained, "We get referrals from social services or people contact us directly; care coordinators and seniors go out and assess people's needs and we create a package to meet their needs." We saw that 'six week person centred reviews' were completed to ensure people were happy with the service being delivered and provided people with an opportunity to make any alterations to the support they received. The manager of the service told us, "Reviews are done every three months but we also do telephone reviews in-between just to see how everything is going."

A range of care plans were developed for each person based on their individual needs. The care plans we saw provided information regarding people's preferences for how care and support should be delivered, people's levels of independence and the number of staff required to provide the assessed care and support. Some of the care plans we saw contained differing levels of instruction to others. We highlighted this to registered manager and the manager of the service who gave us their assurance the level of detail would be developed to ensure staff had adequate guidance which would enable them to provide effective person centred care.

Profiles of people had been created which included relevant information and helped staff to gain an understanding of the person they were supporting. For example a section titled, 'what is important to me' contained people's preferences for the type of staff who supported them or their desire to remain as independent as possible when receiving care and support. Additional information was also available which gave an insight into people's lives such as people's family life, their work history and hobbies and interests.

People were encouraged and supported to take part in social activities. Staff told us they supported one person to the hydro therapy pool. We were told, "The clients Dad was struggling to take them alone, he couldn't get changed and look after the client and needed some help. We had to get special permission to allow two staff to go and watch and then take over when needed" and "It was really important because we have helped them to continue to do the things they want to do as a family." Another person who suffered

with a degenerative disease was supported to take their son out which enabled them to live the lifestyle they wanted.

The registered provider had a complaints policy in place which included information such as response times and how a complaint could be escalated if the complaint felt the response was unsatisfactory. Information regarding how to make a complaint was available to people in their welcome pack which was provided at the commencement of the service.

The registered manager told us, "We have had a few concerns raised but we haven't had any complaints." The manager of the service said, "We try and deal with things when they come up and will go and see people if they request." A relative we spoke with explained, "I have asked for some changes to be made, the issue I had was eight different carers visited my Nana over one weekend, I spoke to the senior though and everything was sorted. She now had a regular team which is better." Another relative said, "I have complained before something's got dealt with but other things didn't change."

Is the service well-led?

Our findings

When we asked people who used the service and their relatives if they thought Emerald care Services was well-led we received numerous positive comments, including, "I think it's really well-run, the two ladies in charge know what they are doing and do an excellent job", "They have worked with us to get everything right, we are really happy" and "The care is excellent and the company is excellent, they regularly come and check everything is going well."

One person told us, "I don't always think it is well-led, the staff are not always as professional as they could be."

Staff we spoke with told us the registered manager and manager of the service were supportive and approachable. A senior member of staff said, "They are great, we are all equals. When we are busy they both cover things for us and if I need anything, if its work related or personal, I can always speak to either of them." A member of staff told us, "I love working here; the managers are really approachable and really care. I have worked in quite a few services and this one is definitely the best." Another senior member of staff said, "I have worked in care for 35 years, I have never worked for a company like this. It's outstanding."

The registered manager told us, "I created the business because the care one of our relatives received was appalling and we thought we could do better. We thought people deserved better." The manager of the service said, "We understand what people and their families are going through and we can relate to their problems and worries."

During the inspection we highlighted some areas that could be improved to the registered manager and manager of the service. Such as ensuring staff undertook refresher training in a timely way, completing an analysis and providing feedback on satisfaction surveys and ensuring systems to monitor and prevent missed calls were reviewed. The registered manager accepted our comments graciously before assessing and implementing ways of improving the service. This provided assurance that the service had a learning culture and were open to looking at new ways of working which would ensure the continuous development of the service.

To ensure the level of care and support people received remained consistent a range of checks were completed on a regular basis. For example, spot checks, support calls, observational assessments and satisfaction surveys. A senior member of staff told us, "We check staff are competent in all areas and speak to the clients to see if there is anything that they need or want doing differently."

Innovative ways of working were encouraged and recognised. To highlight staffs efforts and good practice 'staff praise forms' were used. The manager of the service told us, "When we feel a carer has gone above and beyond we give them the praise as recognition of doing well and providing excellent care."

At the time of our inspection there was a registered manager had in post. They were aware of their responsibilities to report accidents, incidents and other notifiable events to the Care Quality Commission.

Our records showed we have been informed of events that occurred within the service as required.

We saw evidence to confirm audits and assessments of the staff training, staff supervision, care plans, risk assessments, medication administration records and accidents and incidents were carried out periodically to ensure any shortfalls were highlighted and action could be taken as required. The internal auditing processes highlighted that a number of medication administration records were not completed by staff. The manager of the service told us, "We know it needs to be sorted and we will make sure that staff complete them accurately."

Team meetings were held regular and used as a forum to discuss best practice, enable staff to discuss any areas of concern and people's evolving support needs. Meetings were held daily to ensure senior staff were aware of any developments which enabled them to update staff as required.

The philosophy of the service was confirmed in their statement of purpose which was provided to people at the commencement of their care package. It highlighted its purpose including the rights of the people who used the service, the quality standards and its mission statement 'to be the premier care agency dedicated to and recognised for our passion and commitment to serve, help and enhance the quality of life and well-being of others'.