

Westhill IOW Limited

# Emerald Agency

## 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?	Good ●

# Summary of findings

## Overall summary

### About the service:

Emerald Agency is domiciliary care agency and supported living service. They provide support and personal care to people living in their own apartments or a shared house in Ryde. Not everyone using Emerald Agency received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection fifteen people were receiving a regulated activity from Emerald Agency.

### People's experience of using this service:

- People were happy with the care they received from the staff at Emerald Agency. One person said, "I'm very happy with everything."
- People told us they received safe care. People were supported by consistent and suitably trained staff.
- People received support to take their medicines safely and as prescribed.
- Risks to people's well-being and environmental safety were recorded and updated when the circumstances changed.
- People's rights to make their own decisions were respected. Staff supported people to make choices in line with legislation.
- People were supported to access health and social care professionals if needed.
- People's dietary needs were assessed and where required, people were supported with their meals.
- People were supported to be as independent as possible and encouraged to develop life skills.
- Care plans were detailed and person centred. People were involved in deciding how they wished to be supported and in reviewing their care plans when needed. Information was available in a format they could understand.
- Staff were kind, patient and responsive to people's needs. People were treated with dignity and staff respected their privacy.
- People knew how to complain and were confident that if they raised concerns, the management would act promptly to address these.
- People and staff were fully engaged in the running of the service.
- The management team had effective quality assurance systems in place.
- The service worked well with other partners, organisations and commissioners.

### Rating at last inspection:

Good (report published 23 May 2016).

### Why we inspected:

This was a planned inspection based on the rating at the last 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 ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Emerald Agency

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was conducted by one inspector.

#### Service and service type:

Emerald Agency provides support and personal care to people with a learning disability living in their own apartments or within a shared house in Ryde. Not everyone required a personal care service and at the time of our inspection fifteen people were receiving personal care from Emerald Agency. 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 the service 48 hours' notice of the inspection visit. This is because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

#### What we did:

Before the inspection we reviewed the information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:

- ☐ Three people using the service.
- ☐ Ten people's care records.
- ☐ The registered manager.
- ☐ The deputy manager.
- ☐ Four support staff.
- ☐ Records of accidents, incidents and complaints.
- ☐ Audits and quality assurance reports.
- ☐ Records of recruitment, training and supervision.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. Comments included, "Oh yes I feel safe, it's the safest place to be" and "I feel very safe when staff use the hoist."

- There were appropriate policies and systems in place to protect people from abuse.

People benefitted from staff who knew how to recognise abuse and protect people. One staff member told us, "I would go straight to the manager if I had a concern; I would go higher to the safeguarding team or CQC if I needed to."

- There were robust processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management:

- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed.

- People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and potential abuse that may occur due to their needs.

- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. For example, they understood what could pose as risks to people when outside their home environment.

- People's home and environmental risk assessments had been completed by the management team to promote the safety of both the people and the staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.

- Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations.

Staffing and recruitment:

- There were sufficient numbers of staff available to keep people safe.

- People were supported by consistent staff. People told us they felt there was enough staff and they received weekly schedules in advance, so they knew which staff were coming to see them.

- The staff allocation list demonstrated that people received support from consistent staff who knew them well.

- The registered manager told us that short term staff absences were covered by existing staff members; the registered manager; the deputy manager and bank staff.

- Recruitment procedures were robust to help ensure only suitable staff were employed.

- People were fully involved in the recruitment process. For example, they were given the opportunity to meet potential new staff and their views were considered before employment was confirmed.

#### Using medicines safely:

- People, if needed were supported to take their medicines safely and as prescribed.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely.
- People's care records included specific information about the level of support people required with their medicines; lists of people's prescribed medicines, including possible side effects and detailed information about who was responsible for ordering medicines.
- The management team ensured people's medicine records were completed accurately on a monthly basis. This was done in partnership with the person who the medicine was prescribed to.

#### Preventing and controlling infection:

- The staff were trained in infection control.
- There was an up to date infection control policy in place, which was understood by staff.
- There were processes in place to manage the risk of infection and personal protective equipment (PPE) such as disposable gloves and aprons, were available for people and staff to use.

#### Learning lessons when things go wrong:

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate the cause, learn lessons and take remedial action to prevent a recurrence.
- Staff were informed of any accidents and incidents and these were discussed and analysed with staff where required.

# 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

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's needs were assessed prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs.
- People and relatives if appropriate, were involved in the assessment process.
- Comprehensive assessments had been completed. Care plans clearly identified people's needs and the choices they had made about the care and support they received.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience:

- Staff received an induction into their role, which included the provider's mandatory training. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people.
- Staff were appropriately trained and people were confident in the staff's abilities. A person said, "The staff are very well trained."
- Training staff had completed included; Safeguarding; infection control; medicines management and the Mental Capacity Act. Staff were also provided with additional training that was specific to people's individual needs, such as autism and managing challenging behaviour.
- There were systems to monitor training and records viewed showed that staff had completed all necessary training for their roles.
- Staff told us they were supported in their roles and had regular one to one meetings with a member of the management team. This was to discuss their care practices and development opportunities and records confirmed this. A staff member said, "I'm very well supported and have regular supervision; I can talk to the management at any time though if I needed to, I don't need to wait for my supervision"

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

- Information about people's dietary requirements were included in their care plans. For example, one person's care plan highlighted they had an allergy to a certain food. Staff spoken to were clearly aware of this food allergy and what changes to the person's menu were required to keep them safe.
- People were supported by staff with meal preparation when required. People's comments included, "They help me prepare my meals", "They help me do a menu plan" and "We cook together."
- Staff encouraged people to make healthy food choices to help them maintain optimal health.

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



- Records showed that staff sought timely support from external health and social care professionals, when needed for people.
- People had health care plans which contained essential information, including information about people's general health, current concerns, social information, abilities and level of assistance required. This could be shared should a person be admitted to hospital or another service and allowed person centred care to be provided consistently.
- Staff worked well with external professionals to ensure people were supported to access health and social care services when required. A person said, "They [staff] will help me contact the council or doctor if I need help with anything."

Ensuring consent to care and treatment in line with law and guidance:

- People were supported by staff that knew the principles of The Mental Capacity Act 2005. Comments from staff included, "People are in control, this is their home" and "We always let people make their own decisions, sometimes if I feel that it might not be the best decision, I will check with them that they are sure, but it is still up to them."
- 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.
- The registered manager confirmed that each person who currently used the service either had full or variable capacity to make day-to-day decisions. From discussions with the registered manager and staff, they demonstrated an awareness of the MCA and had an understanding of how this affected the care they provided.
- People told us they were involved in making all life decisions. One person said, "I make all the decisions; what I am going to eat and if I need any extra help. They [staff] ask and I just tell them."

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The management team led by example, this was by working hands-on and motivating staff to deliver good care. The caring nature of the service was shared by all.
- The registered manager said, "I feel privileged that I come here every day into the people's home- it's their home. We want the best for people; we want them to have the best life; to meet their potential and be given the opportunity to. We don't do for people, we do things to develop them- it's a great feeling."
- Feedback from people reflected they formed caring relationships with staff. Comments included, "They [staff] are all lovely, I have nothing bad to say; they are too nice" and "I can really talk to them, I have total trust in them."
- People had allocated 'co-workers'. The 'co-workers' were allocated to people to provide additional and extra support where required. Their role included supporting the person to attend and access additional services, ensuring that the person had all their required toiletry and personal provisions and supporting people to make informed choices about their lifestyle. One person told us, "[staff member] is my keyworker, they are lovely and really helpful."
- Staff were enthusiastic about their roles and told us they liked their job. One staff member said, "I am a co-worker to two lovely people, I love it and really enjoy my job." Another staff member told us, "No two days are the same, I love hearing about people's experiences."
- The provider recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.

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

- People told us the staff knew their preferences well and knew how they would like their care to be delivered. One person said, "I don't like to be rushed and staff give me the time I need." They also added, "I like consistency and routine, the staff know this and always try and be consistent."
- People told us they were fully involved in making decisions about their care. Comments included, "I'm always included in things, we go through my folder [care plan] together" and "I make all my own decisions, when I get up and go to bed, what I have to eat and if I want to go out."
- People's views were regularly sought about the care they received through house meetings; one to one meetings and quality assurance questionnaires.
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided. These were recorded both in writing and supported by using symbols and pictures, which meant that they were accessible to all people using the service.

Respecting and promoting people's privacy, dignity and independence:

- All people we spoke with told us staff respected their privacy and dignity. One person said, "The staff

definitely respect me; they know to check on me but never take over. They are brilliant."

- Staff understood their responsibilities when respecting people's privacy. A staff member told us, "I would always wait to be invited in; if I was supporting the person with personal care I would shut the door and close curtains."
- The provider ensured people's confidentiality was respected. People's care records were kept confidential, staff had their own password logins to access electronic records.
- People were supported to be as independent as possible. Comments from people included, "They [staff] will ask if I need any extra help and provide this" and "They [staff] really encourage me to do things myself; since I have lived here I am so much more confident and can do so much more for myself; but they are always there if I need them."
- One person also told us that they had spoken to staff about taking up a sport they used to enjoy. They told us, "The staff have offered to go with me until I build up my confidence to go on my own."
- People's care plan provided clear information for staff about what people could do for themselves and where additional support may be required.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Staff demonstrated they knew the people they supported well and could describe how they wished to receive care. A staff member told us what action they would take to provide a person with reassurance and to help reduce their anxieties, through distraction and discussing a subject the person had a particular interest in.
- People's needs were outlined in care plans, there was clear information about what level of support was required on each of the visits.
- People's care plans were up to date and reflected people's needs. People's likes, dislikes and what was important to them was recorded. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People's communication needs were identified, recorded and highlighted in their care plans. We saw evidence that communication needs were met for individuals. For example, where people had been assessed as having communication needs care records contained pictures and symbols to support understanding.
- People told us the service was responsive and they could request changes to their scheduled care calls. Comments included, "The staff come on time; they will come early if I need them to" and "I only have to say if I want things changed."
- The registered manager recognised people's changing needs and the importance of prompt reviews.

Improving care quality in response to complaints or concerns:

- The provider had a robust complaints policy in place which was understood by staff.
- No formal complaints had been received since the previous inspection. However, the registered manager described how they would record and investigate any complaints. This would involve providing a written response to the person making the complaint.
- Information on how to make a complaint was included in information about the service. This was provided to each person and displayed within the supported living setting.
- People told us they knew how to make a complaint and were confident that any concerns raised would be dealt with effectively. One person said, "There is a poster on the wall telling us [how to complain], but I would just speak to the manager who would deal with it straight away." Another person told us, "If I had a complaint I would go straight to the manager; she is a good listener and will do something."

End of life care and support:

- No people using the service were receiving end of life care at the time of our inspection. However, the registered manager told us some staff had attended end of life care training.
- The registered manager provided us with assurances that people would be supported to receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death. Furthermore, they

told us they would work closely with relevant healthcare professionals, provide support to people's families and other people who used the service and ensure staff were appropriately trained.

- People's end of life wishes had not always been captured within their person-centred care plans. This was discussed with the registered manager who agreed that action would be taken to address this.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

People and staff felt the service was well-managed. One person said, "The manager is very good; I trust her." Another person told us, "I'm really happy with everything."

- The company director and management team had clear vision and values for the service. This included providing quality care for people, whilst promoting their independence and supporting them to develop life skills.
- The vision and values were cascaded to staff and monitored through training, staff meetings, and staff supervision meetings.
- The management team were aware of and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings and observations.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; continuous learning and improving care:

- The registered manager was clear about their roles and responsibilities.
- The management team had a number of quality assurance systems in place. These included, audits of medicines records, care records and spot checks.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, human rights, equality and diversity, complaints and whistleblowing.
- There was an emphasis on continuous improvement.
- The registered manager monitored complaints, accidents, incidents and near misses and other occurrences on a monthly basis or more frequently if required. The registered manager told us they would, "Check for patterns or themes. If a pattern was discovered; like someone falls in the same place or has falls just after medication, this might indicate that there is something wrong with the flooring or the person may need a medicine review."

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

- Staff told us they felt involved in the service and that the management were supportive. One said, "The

management team are supportive and we can talk to them; they always listen to our views." Another staff member told us, "I had an idea about how to engage people in physical activity; I spoke to the manager who liked my idea and we are going to put this in place."

- The management team created opportunities for people to provide feedback. People had regular reviews during which, they could provide feedback about the care and the service received. Two monthly meetings were held for people who used the service and quality assurance questionnaire were sent to people, staff and professionals annually.
- The registered manager monitored all feedback received. For example, information from the latest quality assurance questionnaires was collated and action was taken where required.
- People's individual life choices and preferences were met. The registered manager and deputy were clear how they met people's human rights. For example, supporting people to attend religious services and supporting relationships.

Working in partnership with others:

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision.
- Staff supported people to attend local community events and to access activities and support from external agencies. For example, one person had been supported to use leisure facilities to improve their health.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.