EMH Care and Support Limited

EMH Supported Living

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
EMH Supported Living provides personal care to people with a learning disability or autistic spectrum disorder, who may also be living with physical disability. People received care in their own private single or multi-occupancy living accommodation via individual private tenancy agreements. At the time of our inspection there were 171 people using the service.

Not everyone who uses 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 consider any wider social care provided.

The service is developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This aims to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

People's experience of using this service and what we found
People's care was not always personalised. People's choice, control, independence and inclusion was often ensured in a way that enabled opportunities for them to gain new skills and become independent. Targeted management and staffing measures were in progress to fully ensure this, following transition of some people's care from a care home setting to the provider's supported living service. This helped to fully ensure the principles and values of Registering the Right Support for people's care but was not yet fully embedded in practice.

The service continued to be safe. The provider's arrangements for people's care helped to protect them from the risk of harm or abuse. Staff were safely recruited and deployed to provide people's care. Risks associated with people's health condition and any care equipment were effectively accounted for. People were supported to take their medicines safely when needed. The provider acted when things went wrong at the service following a specific incident resulting in a person's serious injury, to help prevent any reoccurrence. The incident is subject to a criminal investigation by the local police authority. As a result, this inspection did not examine the circumstances of the incident.

The service was now effective. Staff mostly supported people in the least restrictive way possible and in their best interests. Management remedial action was taken when this had not occurred without a delay, to prevent any reoccurrence. The provider's policies and systems in the service supported least restrictive care principles. People's care needs were effectively accounted for through regular consultation with them. Staff supported people to maintain or improve their health and nutrition when needed. This included to ensure consistent, timely support if they needed to move between services for any care and treatment.

People continued to receive care from kind, caring staff. The provider promoted an inclusive culture of shared care values to help ensure people's equality and rights in their care. Staff knew people well, what was important to them for their care. People were informed, involved and supported to understand, agree and make ongoing decisions about their care.

The service was now well led. Revised governance, operational management and a comprehensive engagement strategy, helped to inform and ensure the quality and safety of people's care and targeted service improvement when needed. Effective staff support, communication and record keeping systems also helped to ensure this. Staff understood their role and responsibilities for people's care. Relevant partnership working with external educational, health and social care agencies and authorities, helped to inform and optimise people's care experience. The provider met with the legal requirements of their registration with us.

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

Rating at last inspection
The last rating for this service was requires improvement (report published April 2018)

Why we inspected
This was a planned inspection based on the previous rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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 safe. Details are in our safe findings below.	**Good**
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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was Well-led. Details are in our responsive findings below	**Good**

EMH Supported Living

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
The inspection team consisted of three inspectors.

Service and service type
This service provides personal care and support to people living a number of 'supported living' settings, so that they can live as independently as possible. At the time of our inspection, there were 171 people receiving personal care. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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
This inspection was announced. We gave six days notice to ensure that key managers and staff were available to speak with us and to give the provider time to obtain people's consent for us to speak with them in their own homes or by telephone.

What we did before the inspection
Before our inspection we looked at key information we held about the service. This included the Provider's Information Return (PIR) and any written notifications they had send us since our last inspection. The PIR is information providers are required to send us with key information about their service, what they do well and any improvements they plan to make. Notifications are information about important events, which the provider must tell us about when they happen at the service. This information helps to support inspections.

We sought and took account of any feedback from partner agencies involved with people's care. This included local authority care commissioners who contract with the provider for people's personal care on their behalf. We used all of this information to plan our inspection.

During the inspection
We spoke with twenty people and two relatives about their experience of the care provided. We spoke with twenty care support staff, including three care co-ordinators; a community inclusion and engagement staff lead, an assistant care manager and a project staff lead. We spoke with the registered manager, the provider's operations and head of care managers; along with a quality and compliance lead officer for the provider. We also observed how staff interacted with people in their own supported living settings.

We viewed a range of records relating to people's care the management and running of the service. This included parts of eleven people's care records; staff training, communication and engagement records; complaints and safeguarding records; the provider's checks of the quality and safety of people's care and related improvement plans.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People felt safe and they were safeguarded from abuse.
- People were informed and supported to keep safe to report any concerns they may have about their own or others safety.
- Staff understood how to recognise and report any witnessed or suspected abuse of any person receiving care.
- The provider had told us about safeguarding concerns when they happened at the service and acted to ensure people's safety when needed.

Staffing and recruitment
- Staffing arrangements were safe and sufficient.
- Staff described safe procedures for their recruitment and deployment, which the provider's related records showed. This included relevant employment checks, which the provider obtained before any offer of employment to staff for people's care.
- People received timely care, as agreed with them. Staff deployment and related care co-ordination arrangements were effectively planned, monitored and ensured for people's safety.

Assessing risk, safety monitoring and management
- Risks to people's safety associated with their health condition, environment or any care equipment used were assessed before people received care. This was subject to ongoing monitoring and care plan review when needed to ensure people's safety.
- Staff understood the care steps they needed to follow, to help reduce any risks identified to people's safety. This information was recorded as agreed with people, in their written care plans. For example, to help people to move, eat and drink or take their medicines safely.
- Staff understood the provider's communication and reporting procedures concerned with people' safety and also for their own. Such as, in the event of a fire alarm, emergency health incident or any adverse weather. Relevant safety principles were established to support any staff lone working

Using medicines safely
- The provider followed relevant protocols to ensure people's safety in relation to their medicines when needed.
- Staff were trained, competency checked and understood how to support people to take their medicines safely.

● People confirmed they received the level of support agreed with them, to enable them to take their medicines safely at the times they should.

Preventing and controlling infection

● Arrangements were in place for the prevention and control of infection in relation to people's care.

● Staff were trained and understood the universal principles for infection prevention and control. Staff were supplied with sufficient amounts of personal protective equipment, such as disposal gloves which they used when needed for people's personal care. This helped to protect people from the risk of an acquired health infection.

Learning lessons when things go wrong

● The provider had taken action for people's safety when things went wrong at the service, to help prevent any re-occurrence. This included following a safety incident, which had resulted in one person's serious harm.

● The provider ensured regular management monitoring and analysis of any health or safety incidents involving people who received care from the service. This was used to check for any trends or patterns that may help to inform or improve people's care when needed. Examples of recent improvements, either made or in progress from this, included medicines safety improvements and to ensure timely incident reporting, including for individual care equipment repairs.

Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to 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.
- The provider's arrangements helped to ensure people received care in line with nationally recognised guidance, which met with their needs and choices.
- People's personal care needs and choices were assessed before they received care and regularly reviewed with them. People and relatives were very happy with the care they received from the service and felt staff knew and supported their care needs and choices.
- . Staff we spoke with understood people's care needs, which were shown in their written care plans.
- People's care plans we looked at were reflective of nationally recognised care guidance and showed people's involvement, including in their regular review.
- Staffing and care delivery arrangements helped to ensure people received consistent and effective care from staff who knew them well.

Staff skills, knowledge and experience
- Staff were trained, motivated and supported to provide people's care. This included support to achieve recognised vocational qualifications and to progress.
- Staff were provided with a comprehensive care induction. All new care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care. Bespoke information and training was also provided to help staff understand people's learning disability and general health conditions and how they affected them.

Ensuring consent to care and treatment in line with law and guidance
- The service was working within the principles of the Mental Capacity Act 2005 (MCA).

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
- Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.
- Staff ensured people's consent to care was in line with law and guidance.

● Decisions that needed to be made for people's care in their best interests were decision specific and lawfully accounted for in their care plan records.
● DoLS applications were submitted to relevant local authorities responsible for their formal authorisation where required; for people who were subject to continuous supervision and whose access to their local community was restricted in relation to their safety needs.

Supporting people to live healthier lives, access to healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Working with other organisations to deliver effective care.
● People were happy with their care and were effectively supported to maintain or improve their health and nutrition when needed.
● Staff we spoke with understood people's individual learning disability, health conditions and how they affected them. This information was shown in people's written care files, which staff followed. This included any instructions from relevant external health professionals involved with people's care. For example, to ensure effective movement and nutrition.
● Arrangements were in place to ensure relevant information sharing with external care providers when needed for people's care. Such as in the event of a person needing hospital admission because of ill health. This helped to ensure people received consistent, timely and informed care, as agreed with them, or their representative.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained 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; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's equality and rights were respected and promoted by staff who knew people well.
- Staff we spoke with and observed interacting with people in their care; demonstrated they understood the provider's published care values.
- Staff understood the importance of establishing effective relationships with people and knew how to communicate and support people in the way they understood.
- Key service information was provided for people, to help them understand what they could expect from the service. This included alternative formats such as large print.
- Feedback we received from people and relatives showed staff ensured people's dignity, rights and inclusion in their care.

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

- People were actively involved to help agree, review and make decisions about their care in the way they understood.
- Bespoke communication information was provided, which they took with them, if they needed to transfer to another care provider for any reason. Such as in the event of hospital admission for health reasons. This helped staff at the receiving service to understand how to communicate with the person in the way they understood.
- People's care plans showed their choices, preferences and communication needs for their care, which staff followed.
- The provider used a range of methods to consult with and involve people in making decisions about their care and daily living arrangements. This included individual, shared meetings and service forums, which were regularly held with people. People, staff we spoke with and related records we looked at showed this was done in a way that helped to maximise people's and independence. For example, by providing people with information in a suitable format to help them understand the law and their rights regarding consent and decision making.
- People were supported informed and supported to self advocate or to access independent advocacy services, if they needed someone to speak up on their behalf.

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has been rated as requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People who used the service mostly received timely, co-ordinated and inclusive person-centred support. This was done in a way that often helped to maximise their choice and control and enable them to experience new opportunities.
- Most staff understood and promoted the provider's published aims of care, which reflected nationally recognised voluntary care standards for supported living. The standards aim to ensure each person is able to live the life they choose with the same choices, rights and responsibilities as other citizens.
- Some people's care had recently transitioned from some of the provider's previously registered care homes into a supported living setting. Related management improvement actions and staffing measures were in progress to ensure the right care culture and outcomes for people, which reflect the principles and values of Registering the Right Support. However, this was not yet fully ensured or embedded; to consistently ensure people's choice, control, independence and inclusion and to enable as many opportunities as possible to gain new skills and become more independent.
- Remedial management measures has also been taken to prevent any further reoccurrence, following a lengthy restriction to one person's independence; when the repair of their mobility equipment had not been ensured in a timely manner when needed.
- Otherwise, people were supported to follow their interests, access their local community and engage with friends and family and learn new skills as they chose for their independence. This included access to educational, work and occupational activities.
- People's individual choice and also for their compatibility with others in relation to any shared living accommodation was promoted and accounted for.

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 were mostly provided with information in a format that was meaningful to them, to help them understand. For example, people did not always have housing tenancy agreements or care plans in suitable formats they could understand. Target improvements actions were in progress to fully ensure this.

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Improving care quality in response to complaints or concerns

- People were informed and supported to raise any concerns they may have about their care and to make a

complaint. The provider's complaints procedure and arrangements for regular consultation with people helped to ensure this.

● Any complaints received were listened to and acted on. Regular account was taken of complaints and concerns to help inform and make any care or service improvements when needed.

End of life care and support

● Consideration was given to inform people's end of life care for their choice, comfort and dignity.

●The service was not supporting anyone with end of life care at the time of the inspection. However, staff were able to tell us about one person who had been living with a life limiting condition, who they had recently supported in this way.

● Staff we spoke with knew best practice care principles concerned with people's dignity, comfort and choice at their end of life care. This included ensuring people's access to relevant lead external health professionals, spiritual or cultural support and any equipment needed for their care and treatment.

● People's choices and preferences in relation to end of life were appropriately explored and recorded where agreed with them or their chosen representative. For example, family and friends they wanted to be with them and care of their body after death.

Good

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider operated revised and effective systems to continuously monitor, sustain the quality and safety of people's care and ensure targeted improvements when needed.
- Records relating to people's care were accurately maintained and safely stored. The provider's operational policy and ongoing management arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information in line with national guidance and legal requirements.
- The provider took regular account of management, staffing and communication arrangements at the service, to make sure these were consistent and effective for people's care.
- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider also ensured the required display of their most recent inspection for public information.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support

- Since our last inspection in February 2018, there had been a change of registered manager, along with some key changes to the provider's senior management team. This included some new or revised roles and responsibilities for the ongoing management and oversight of people's care.
- The registered manager understood the requirements of their registration.
- All of the staff we spoke with were positive about the leadership and management of the service. Many referred to improved management communication, support and staff morale since our last inspection.
- People and relatives knew senior staff who were responsible for people's care. They were also provided with relevant management and office contact details, which they said were accessible to them when needed. This included outside normal working hours.
- There were clear lines of accountability established within the service and both managers and staff understood their roles and responsibilities for people's care. This included related record keeping, information handling, communication and reporting; such as for any health incidents or safety concerns. Management measures concerned with staff performance, support and supervision helped to monitor and ensure this was effectively followed by staff when needed.
- The provider had a comprehensive range of operational policy guidance for staff to follow for people's care and safety. These were periodically checked against nationally recognised standards, to make sure they provided up to date guidance for staff to follow for people's care and safety.

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

● People, relatives and staff were regularly consulted and engaged to help inform, monitor and drive service improvement. This was done in a way that ensured equality of access.

● A range of mechanisms were regularly used by the provider to promote people's engagement. This included newsletters and meetings; service user and staff engagement leads and related engagement forums; drop in sessions, electronic communications and quality surveys.

● Staff felt there was now an open culture where they could raise any concerns if they needed to. One staff member said, "I feel valued and happy to work here; it's an open culture; you can speak your mind; views are listened to and acted on."

● The provider had published their care aims and values against nationally recognised care principles for supported living; so people knew what to expect from the service. Management monitoring and oversight arrangements helped to make sure this was fully implemented and upheld for people's care.

● Where related changes and improvements were needed for people's care, staff and related records confirmed this was communicated in a timely, targeted manner to ensure this was understood and followed.

Working in partnership with others

●The provider worked with relevant agencies, including educational, external health and social care partners, when needed for people's care. For example, to ensure the right support for people to achieve new skills and maximise their independence and life opportunities.