

Emerald Care Services (North Lincs) Ltd

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Inspection report

Suite 6, Haldenby House
Berkeley Business Centre
Scunthorpe
DN15 7DQ

Tel: 01724846111

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Emerald Care Services (North Lincs) is a domiciliary care agency providing personal care to people in their own homes. The agency provides support to older people, people who may be living with dementia, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 36 people were receiving personal care.

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

Right Support

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People had support from safely recruited staff. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse.

Systems were in place to record and respond to any accidents or incidents that occurred. People received their medicines when they needed them. Staff enabled people to access specialist health or social care support when needed.

Right Care

Care plans were not always fully complete or lacked relevant details about people's care needs. Care and support plans did not always provide sufficient guidance for staff on how to promote their wellbeing. However, people and relatives told us staff treated people with dignity, respect and in a person-centred way. Staff were kind and compassionate.

We received mixed feedback from people about call times, and duration of calls.

Right Culture

The culture of the service did not always enable staff to continuously learn and improve. For example, lessons learned from incidents were not always analysed and shared with staff.

The provider's quality monitoring processes were not always effective at highlighting issues found at this inspection. The provider offered assurances about actions they would take.

We received mixed feedback from staff about the support they received from management in order to fulfil their roles and responsibilities. Staff knew people well and were responsive to their needs. People and their relatives were involved in their care.

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

Rating at last inspection

The last rating for this service was good (published 8 November 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service and when the service was last inspected.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to consent and good governance at this inspection. We have also made a recommendation in relation to safe care and treatment.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Emerald Care Services (North Lincs) Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 November 2023 and ended on 24 November 2023. We visited the location's office/service on 23 November 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We spoke with 10 members of staff including the director, nominated individual, registered manager, training and development officer, office staff, senior care staff and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and numerous medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people were not always fully assessed or managed robustly. However, staff knew people well.
- Where risk assessments were in place, they had not always been updated to reflect people's current needs. Whilst the registered manager was able to describe actions taken to manage risk, and we could not find any negative impact to people featured, the records did not always reflect this.

We recommend the provider reviews their systems to capture people's current needs.

- Environmental risk assessments were completed of people's homes to ensure the safety of the person and staff.
- Processes and systems were in place to record some key areas of people's care to allow staff to monitor people and take action if needed.

Staffing and recruitment

- People were supported by enough staff who had been recruited safely.
- A sample of care rotas showed there was no allowance for travel times between visits which resulted in late calls. People said, "Calls are erratic." And "Because the rota is so stretched it puts a strain on the staff, I never know what time they will come."
- Some people and their relatives told us staff did not always stay for the allocated time. We raised this with the registered manager who told us this had been an issue in the past. At the time of the inspection the service used electronic monitoring to ensure staff stayed with people their allocated time. We saw evidence the system was operational at the time of the inspection and the registered manager monitored staff punctuality. Records confirmed action had been taken to address this.
- Pre-employment checks had been carried out to ensure staff were suitable to work with vulnerable people. Checks had been made such as criminal record checks, references and obtaining proof of staff identity and right to work in the UK.

Learning lessons when things go wrong

- There was a system in place to report and record incidents and accidents. However, there was minimal evidence to support sharing of lessons learnt. Information was not always collated to evidence any potential themes, trends or lessons learnt. The provider was responsive to our feedback during the inspection and began making improvements in this area.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. People and relatives told us people felt safe. One said, "I definitely feel safe."
- The provider had policies and procedures in place to safeguard people from abuse.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- All staff had completed safeguarding training. Each staff member confirmed they knew what to do and who to tell if they had concerns about the welfare of anyone who used the service. One staff member commented, "We make sure people are safe here."

Using medicines safely

- People's medicines were safely managed. People received their medicines as prescribed.
- People either self-administered or were supported by staff to take their medicine. Where people required support with medicines this had been assessed and care plans included guidance for staff to do this.
- Staff completed training and had their competency assessed to make sure they understood how to safely support people to take their prescribed medicines. Staff said, "We have competencies and spot checks."

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff had received up to date infection prevention and control training and had adequate supplies of personal protective equipment (PPE).

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to consent to their care and support had not always been thoroughly explored.
- The service had not always followed the principles of the MCA. Records did not show mental capacity assessments and best interest decisions had been completed in line with relevant legislation and guidance, where there were concerns about people's ability to consent to their care.

Failure to follow the principles of the MCA (2005) is a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were not always fully assessed in line with best practice. For example, some people had risks to their skin integrity. However, these risks were not always care planned to guide staff.
- People's care plans and risk assessments did not always contain enough information to guide staff on how to provide effective and person-centred care.
- Despite these concerns people gave positive feedback about the support staff provided. A relative told us, "The individual carers are good with [relative] and are patient, the level of care is good."

Staff support: induction, training, skills and experience

- Staff told us they had received an induction when they joined the service. We saw the induction was in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff said they received regular supervisions, during which they discussed their training needs.
- Staff had completed mandatory training to support them to meet the needs of people they supported.
- Relatives were complimentary about the staff and felt they had the skills and training to support people safely.

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

- People were supported to eat and drink enough to maintain a balanced diet. People with specific nutrition needs received support to eat and drink in a way that met their personal preferences as far as possible.

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

- Staff worked well with other agencies. There was information for staff when healthcare professionals were involved in people's care. For example, where people were regularly visited by the district nurse.
- People and relatives were confident staff would contact healthcare professionals if required.
- Staff and management knew who to contact should a person's health decline or where additional support with people's health and social care needs was required.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were caring and compassionate. People and relatives told us they were supported by staff who were kind and caring. One person commented, "I am happy with the care, the carers are friendly and helpful." And "Emerald was very helpful when I had a serious downturn in my condition. They took the weight off [relatives] shoulders."
- People told us staff were respectful. One person told us, "They [staff] are very respectful and caring." Another person told us, "They [staff] got to know me very well, the carers are a nice bunch."
- A relative told us, "We are very happy with the care, it is good, I can't fault them."

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

- People were supported to express their experiences of the service through various methods of communication and formats such as surveys and feedback forms.
- The relationships staff developed with people helped to ensure people were confident in expressing their views. People told us they made their own choices around activities of daily living.
- People were able to make choices about their care provision. People were involved in the pre-assessment process where all details of people's care and support needs and any cultural considerations, were discussed.

Respecting and promoting people's privacy, dignity and independence

- Staff knew when people needed their space and privacy and respected this.
- Staff encouraged people to remain independent. One person told us, "The carers promote my independence by encouraging me to do things for myself."
- Staff gave us examples of how they respected people's privacy. For example, when supporting people with personal care. This demonstrated people's care was always dignified and respectful.
- The registered manager told us people's records were kept securely in the office location, in locked areas. Electronic records could only be accessed using coded log in details.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's systems for monitoring the quality and safety of the service had not always been effective because they had failed to identify the issues we found during our inspection.
- We found several concerns around the quality and accuracy of the records. For example, in relation to risks to people's care, and care planning.
- The registered manager had not consistently ensured MCA was always considered and recorded.
- The provider's knowledge and understanding of responsibilities was limited. For example, there was no systems or processes in place for provider oversight to monitor the quality and safety of the service.
- The provider did not have a system in place to support the staff to analyse risk information in relation to people's care. This was particularly in relation to peoples changing needs.

The provider had failed to ensure effective and robust governance systems were in place to ensure the health and wellbeing of people who use the service. This is a breach of regulation 17 (governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were generally happy with the support they received. One person told us, "I am pleased to get their help, they do care." However, some people said the office staff do not answer the phones promptly. And when they do they speak in an unprofessional manner, and do not act on concerns shared.
- Most staff we spoke with told us they felt supported by the management team. However, some told us they did not.
- Staff told us they had the opportunity to make suggestions, but we received mixed feedback as to whether they felt they were listened to and their suggestions acted on. Comments included, " Suggestions are not usually acted on." And "Management do listen if we suggest improvements."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood and acted on the duty of candour. Where incidents occurred, staff had contacted relevant family, stakeholders and professionals as needed.
- People told us if they needed to make a complaint, they felt confident any concerns would be listened to.
- The provider is legally required to notify the Care Quality Commission about events that occur at a service.

These notifications had been sent as required.

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

- There were systems in place to communicate and engage with staff. Electronic messaging systems were used to pass over important messages and ensure certain checks were completed during each shift.
- The management team engaged with people and relatives to gather their views. People and their relatives were asked about their experience of care delivered and the provider was able to use this information to establish improvements in quality and care.

Working in partnership with others

- The registered manager told us they maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals such as district nurses and GPs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure capacity assessments and best interest decisions had been carried out in line with the Mental Capacity Act 2005 and associated code of practice.</p> <p>11 (1) (3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust.</p> <p>17 (1) (2) (a)(b)(c)(f)</p>