

Hextable Care Limited

Emerson Grange

Inspection report

Emerson Park
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Kent
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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

Emerson Grange is a residential care home providing nursing and personal care to 61 people aged 65 and over at the time of the inspection. The service can support up to 85 people in one purpose-built building. Rooms were spread across three floors; one floor was designated to care for people living with Dementia.

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

Risks to people were managed safely. Some changes needed to be made to Diabetes and Choking risk assessments. The registered manager addressed these concerns straight away and changes were made.

People and their relatives told us they felt safe at Emerson Grange. Safeguarding concerns were dealt with appropriately and the registered manager reported concerns to the local authority safeguarding team. There were enough staff to meet people's needs in a timely way and staff were appropriately trained.

People's medicines were managed safely by competent and trained staff. Records were in place and audits were carried out monthly.

People supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People told us the food was good. Activities were provided regularly throughout the day and people were encouraged to feed back about what they wanted to do.

People and their relatives told us the staff were kind and caring. Staff were observed to know people well and how best to support them.

People were involved in planning their own care. Care plans were person centred, including likes and dislikes and they were reviewed regularly. Relatives were kept up to date and involved where necessary in their loved one's care.

The management team were new to the service. People, relatives and staff were positive about them, said their door was always open and they were visible in the service. Positive changes had been made to the service such as improvements to communication.

The service had a quality assurance system in place. Various audits were carried out and actions were put in place where necessary to reduce risks or to make improvements.

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

Rating at last inspection and update

The last rating for this service was good (published 18 September 2019).

Why we inspected

The inspection was prompted in part due to concerns received about safeguarding alerts. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

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?

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.

Emerson Grange

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was undertaken by 3 inspectors.

Service and service type

Emerson Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Emerson Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

Inspection activity started on 31 October 2022 and ended on 04 November 2022. We visited the location on 31 October 2022.

What we did before the inspection

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 sought feedback from the local authority about the service.

We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 5 relatives. We also spoke with 12 staff including the registered manager, the care manager, quality and care managers, support workers and registered nurses. We reviewed a range of records. This included the day to day care records, risk assessments and care plans. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, incident records, complaints and quality assurance processes. After the inspection we continued to seek clarification from the provider to validate evidence found.

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. At this inspection the rating for 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

- There had been an increase in safeguarding alerts received about the service which prompted our inspection. During the inspection we found no concerns in relation to safeguarding and people were safe.
- People were protected from the risk of abuse. Policies and procedures were in place for staff to follow.
- People who lived at the service told us they felt safe and knew where to go if they had concerns. One person said, "Yes absolutely I feel safe, I could go to [registered manager] if I needed to but I am happy to talk to the girls [staff]."
- Staff had received training in safeguarding. They were able to tell us how they would protect people from harm and abuse. This included reporting to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. Where people were at risk of developing pressure sores tools such as waterlow risk assessment were used. Where high risks were identified actions were taken to prevent pressure damage.
- Falls risks were managed safely. Actions were taken such as increased observations, falls team referrals and monitoring for infection to reduce the risk of falls reoccurring. There had been a visible decrease in falls occurring at the service over the last few months.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular health and safety checks were undertaken by staff responsible for the maintenance and safety of the premises. Fire safety checks were regularly carried out to ensure effectiveness in the event of a fire.

Staffing and recruitment

- Safe recruitment procedures were in place. New staff had appropriate pre-employment checks which included requesting references and a Disclosure and Barring Service (DBS) check before they were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people safely. Call bells were answered quickly, and people did not appear to be waiting for help when they needed it. Dependency tools were used to assess safe and appropriate staffing levels.
- The service was actively recruiting additional staff to help reduce the use of agency staff. Where agency staff were used, the same staff were requested to ensure familiarity for people living at the service.

Using medicines safely

- Medicines were stored and managed safely. Medicines were administered by trained nurses and competencies were checked by the clinical services manager.
- Where medicines were prescribed 'as required' (PRN) there were protocols in place so nurses knew when this medicine could be used. Where PRN medicine had been given, nurses recorded the outcome, for example, if the medicine had the desired effect.
- Medicine audits were carried out regularly by the nursing and management team. Any concerns identified were recorded and actioned appropriately.
- An excessive amount of medicine stock was waiting to be returned to the pharmacy. We discussed this with the provider, and they had recently changed their contract and were awaiting a collection date. This stock was stored safely.

Preventing and controlling infection

- The service was clean and free from clutter. We observed regular cleaning taking place during our inspection. Cleaning schedules were in place and being used.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- "The provider ensured that people could have visitors when they wanted, and the provider was following the latest guidance on safe visiting in care homes."

Learning lessons when things go wrong

- Accidents and incidents were monitored and reviewed. A weekly report was carried out to ensure all appropriate measures were taken following an incident. Additional measures were taken where necessary.
- Patterns and trends were analysed to help reduce falls. They identified an increase of unwitnessed falls in the Dementia unit and advice was sought from the Dementia team. Changes were made to the layout of the unit and the amount of unwitnessed falls had significantly reduced.

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 for this key question has remained 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

- People had their needs assessed prior to admission. Care plans reflected people's choices and best practice guidance was used for areas such as nutrition. We observed people receiving care in line with their assessed needs.
- Care plans included person-centred information. People's wellbeing and emotional support was planned in a personalised way. We observed staff using specific de-escalation techniques to reassure people and prevent people from experiencing anxiety and distress.
- Electronic care plans were being used. Comprehensive assessments were completed and reviewed regularly to ensure they included up to date information. Regular alerts were sent to staff when reviews were due to ensure updates were completed.
- Resident of the day had been introduced to open lines of communication with relatives. Regular calls were made to update relatives regularly of their loved one's care. One relative told us, "They always update me on changes to mum's care every few weeks when she is resident of the day."

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and had received appropriate training and support. The training provided to staff included key areas such as safeguarding and manual handling. Additional training was also given to staff to help care for individual needs, such as learning disabilities training.
- Staff told us they received regular supervisions and enough training to undertake their role. One staff member told us they had received dementia training which helped them to care for people living with dementia. They told us, "When [person] lost their loved one, they would ask where they were. Telling them they had died is the worst thing you can do. [Person] thinks they are in Italy at the moment, they used to travel. I mean, what a great place to be."

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

- We observed people enjoying a positive dining experience. Staff engaged with people throughout their meals, ensuring choice was given. Staff supported people that needed help with their meals in a dignified way.
- People and their relatives we spoke to were positive about the food. One person told us, "The food is very good, lovely." A relative told us, "The food is always appetising and nicely presented."
- People who were at risk of malnutrition were managed safely and the Malnutritional Screening Tool was used (MUST). Care plans included individual needs and appropriate action was taken if people lost weight. Weekly or monthly weights and monitoring of food and fluid intake were being tracked, and people's

weights were slowly increasing.

- Where a person was at risk of choking referrals were made to the Speech and Language Therapists (SALT). Guidelines were followed by staff and the chef was knowledgeable about people's needs.

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

- Healthcare professionals were involved in people's care and referrals were made when necessary. GPs, falls prevention team and tissue viability nurses were just some of the visits people received. Outcomes from healthcare visits were recorded in people's care notes and hospital appointments for people were attended with care staff.
- Relatives we spoke with told us their relatives had access to GPs and hospital appointments. Staff always kept them up to date and they felt involved in decisions.
- The registered manager confirmed a good professional relationship with the local authority safeguarding team. Along with healthcare professionals and the Eleonor Hospice team. This helped provide support to people who lost a loved one.
- Physical observations were carried out daily to monitor people's health and to look for deteriorations. Temperature, pulse, blood pressure and oxygen saturations were monitored and recorded. This helped the nursing staff notice any changes to a person's health and seek medical advice when needed.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Mental capacity assessments were in place. These were reviewed regularly and care plans reflected the support people required to make decisions. Where necessary best interest decisions were in place for people who lacked capacity.
- The provider had made applications to the Deprivation of Liberty Safeguards (DoLS) when people needed it. Where DoLS were in place and conditions were set, these were being met.
- We observed staff asking people for consent before supporting them. Questions were asked such as, "Would you like to go back to your room now?", and "Shall I help you find your slippers?".

Adapting service, design, decoration to meet people's needs

- The service was a purpose-built building over 3 floors. There were 2 dining rooms on each floor along with a range of communal spaces including lounges and quiet areas. Bedrooms were clean and personalised and the carpets were neutral and plain throughout.

- The second floor was for people living with dementia. Some adaptations had been made such as different coloured doors for bathrooms and memory boxes were in situ. However, not all were being used and bedrooms did not include pictures to help people find their way. The provider had a plan to make improvements to the Dementia floor.
- Relatives we spoke to said the home was always clean. One relative said, "Yes, it is spotlessly clean." The second relative said, "The rooms are always kept nice and clean."

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 good. At this inspection the rating for 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; respecting equality and diversity

- People and relatives told us the staff were kind and caring. One person told us, "The staff are marvellous, very kind and patient." One relative told us, "The staff are very kind and caring, especially to my [person] who has Dementia." Another relative told us, "The standard of care is excellent here, I can always speak to a nurse and they will give me answers."
- We observed staff treating people with kindness and compassion. Emotional support was given to a person who became upset. Staff acted kindly, they knew this person well and how best to support them and spent time with them.
- Staff knew how to support people's individual needs. Where people became anxious or distressed during personal care staff knew how to support them in a way that was in their best interest.

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

- People were encouraged to be involved with their care. Resident meetings were held by management to gather feedback and to involve people. People were involved in changes to the activities and staff gave people choice on what they wanted to do.
- Staff supported people to make decisions. We observed staff asking people how they wanted to spend their time. Some people wanted to be in the lounge and joining in activities and others remained in their rooms.
- Where necessary relatives were involved in people's care. Improvements to communication had been started and care plan reviews were being carried out. Relatives were given an opportunity to feedback or make adaptations where needed.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We observed people's doors were closed during personal care tasks. Where people were assisted throughout the day, staff were discreet and kind. One staff member told us, "Personal care should always be in a person's bedroom or bathroom with the door shut. When I assist with showering, I always make sure I cover them with a towel to keep their dignity."
- Staff told us how they promoted people's independence. One staff member told us, "When [person] came back from hospital they had reduced mobility. We supported them on regular walks to help them to walk independently again."
- Relatives were welcomed by staff at any time. One relative told us, "It doesn't matter what time of the day I turn up the staff are always welcoming, they smile and say hello. It helps me to relax when I visit my [relative]"

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People had their needs assessed before being admitted to the service. Plans of care were devised to help staff care for people in their best interest. Reviews were completed by the nursing staff and care manager to ensure they were up to date.
- Staff told us how they kept up to date with people's daily needs. One staff member told us, "We have shift handovers where staff let us know how people are feeling, we also have a communication book which we record in. Like if a person is not feeling well and has had some pain killers."
- Care plans included people's likes and dislikes. Information included what clothes a person likes to wear, whether they prefer a bath or a shower and preference to male or female carer. Care plans also included a person's history and what daily things they liked to participate in.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included people's communication needs. Where one person could not verbalise their needs and had hearing difficulties, instructions were given to staff. Staff were able to support this person in the best possible way.
- Staff were able to tell us about people's individual communication needs. One staff member said, "Some people are non-verbal. We find new ways to communicate and understand their wishes. Just because someone cannot verbally communicate, it doesn't mean they cannot consent."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to fulfil their personal interests. One person told us, "I love gardening, they brought me some trellises so I can sit and care for my flowers. My family are able to visit me any time, this is the best care home around."
- People were able to enjoy visits out to the local community. One person told us, "We get good trips out here on the minibus, they are excellent." Where one person enjoyed socialising with other gentleman, the registered manager arranged visits with a group from the supported living flats on site.

- An activities team were in place to provide a variety of activities for people. We observed singing, dancing, quizzes and other Halloween themed games during our inspection. A Halloween party had been arranged and people were supported to enjoy this with their families.
- Relatives told us the activities had improved at the service. One relative told us, "They have jigsaws, flower arranging and singing and dancing. My [person] cannot enjoy those things now, but they love watching and I see their hand tapping along."

Improving care quality in response to complaints or concerns

- Complaints were responded to in full and in line with the provider's policy. Where needed, investigations had been completed and complainants were sent responses to their concerns once they had been investigated.
- Relatives we spoke to said complaints were handled appropriately. One relative told us, "I raised concerns about care delivery, this was managed well and addressed without delay. I am very happy with how it was dealt with."

End of life care and support

- People had individual plans around their wishes for end of life care. Health care professionals and relatives were involved to ensure people's wishes were always protected and their comfort maintained. Some people had chosen not to discuss their end of life wishes, and this was respected.
- No people were receiving end of life care in the home at the time of the inspection. However, staff received appropriate training and had provided such care to people in the past.
- Staff knew how to care for people during the end of their life. One staff member told us, "We involve the GP and Eleanor Hospice nurses for support and to get appropriate medicines in place. We also like to support the families the best we can, the Eleanor team provide counselling."

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 for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had recently taken over the management of the service. Positive changes had been implemented since their appointment and they had created an open culture within the home. One staff member told us, "The manager has only been here 5 months, they walk around every morning to say hello and check things are okay. Their door is always open, both the manager and deputy are very approachable."
- People and their relatives were positive about the management team. One person said, "[registered manager] and [care manager] are excellent, everything is always dealt with. They have been brilliant." A relative told us, "I've found them very polite and helpful, always go out of their way to help."
- Staff were positive about the management team and felt supported in their roles. One staff member told us, "The managers here are fantastic, very supportive, especially for people who don't have experience, they just go the extra mile to help everyone and to motivate people. It's really good, I love it." Another staff member told us, "Managers are excellent here, very supportive and approachable. It is a very friendly place to work."

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; Working in partnership with others

- The provider and registered manager understood their responsibilities under the duty of candour. They knew to be open and transparent when things went wrong with care and treatment. They understood the importance of saying sorry and to make changes where necessary.
- The registered manager was aware of their regulatory requirements and knew their responsibility to notify agencies when incidents occurred. For example, where required, the registered manager had completed statutory notifications to the CQC and provided additional information if requested.
- The registered manager told us they had good links with the local community and worked in partnership with other agencies. Good outcomes for people were achieved by these partnerships. The local GP surgery visited weekly and completed ward rounds at the service.
- Relatives told us their loved ones received support from health care professionals when necessary. Staff supported people to appointments, made referrals when needed and informed them of any changes to people's care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Some areas of improvement were identified in people's care plans around diabetes management and choking risks. Further information such as people's specific blood sugar levels and what to look out for in a choking incident were needed. However, people were not harmed as a result of this and staff were aware of how to look after these risks safely. The registered manager took immediate action and made the relevant changes.
- A new management team were in place at the service. A registered manager and care manager were recently appointed and have been working hard to drive improvement. They were aware of their roles and responsibilities and staff knew who to go to.
- A range of quality assurance audits were in place to ensure oversight. Areas such as medicines, care plans and recruitment were completed monthly. The care and quality management team also had oversight of audits and carried out their own audits at the service.
- Accidents and incidents were audited reviewed for patterns and trends. Where individual patterns had been identified with a person falling early in the morning. Changes were made to their care and falls had significantly reduced.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and relative's feedback from meetings and surveys were used to make improvements. Highlighted concerns such as lack of communication and food choices were addressed. Additional meetings have been put in place with relatives and food choices are regularly reviewed with people in food forum meetings.
- Staff told us they were given the opportunity to feed back during staff meetings. Staff felt listened to and where changes were suggested management took action. Staff said they felt comfortable to raise concerns whenever they needed to and the manager would be available.
- The registered manager included a daily walk around as part of his quality assurance processes. Observations were carried out of various aspects including staff practice and interactions with people. Improvements to care were addressed in care meetings and training and staff were recognised for good practice.
- The registered manager had plans to make improvements to the service. Environmental changes were to be addressed in the Dementia unit to make it more Dementia friendly. Themed rooms were to be introduced for additional activities and to help people feel at home.