

Minster Care Management Limited

Emmanuel Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Emmanuel Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 44 people in one building across two floors. There were 29 people using the service on the day of inspection. The service provides care for older people and people living with dementia.

The service was registered on 17 October 2017 and this was the first inspection. The inspection took place on 17 October 2018 and was unannounced.

The service has recently appointed a new manager who had applied to register with the Care Quality Commission. The previous manager was still registered at the time of inspection although no longer working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Audits had taken place to monitor the quality of the service but actions had not always been taken to resolve any concerns identified. Records reviewed failed to be accurate and contemporaneous in respect of each person. Records did not always state when people had Legal Power of Attorney to make decisions on someone's behalf. Monitoring charts were not always completed correctly or in detail.

People told us they felt safe, however we saw risks were not always managed to safeguard people from harm. Storage of equipment was not always safe. An accident had occurred previously where inappropriate storage of equipment was a contributing factor. Medication was not always managed safely.

Infection control was well managed and staff had adequate stock of personal protective equipment (PPE).

Staff were recruited safely and received suitable induction and ongoing training. Staff were not receiving appraisals and some staff were not receiving regular supervision. This was being addressed by the new manager.

Where required, people were supported to access health professionals. However, action was not always taken as requested by health professionals. People's care needs were effectively communicated through a system of team meetings and handover meetings.

We received mixed views on the quality of food. We observed the meal time experience and found the food looked appetising and people appeared to enjoy their meals. We saw it was difficult for some people to

make choices at meal times.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. However, improvements were needed to help people make choices at meal times.

Staff were supportive in a kind and caring manner. Staff respected people and treated them with dignity.

There was a complaints policy in place and we saw information displayed on how to make a complaint.

The new manager had identified areas for improvement but it was evident further time was needed for these systems to be fully embedded to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service not always safe.

Equipment was stored in bathrooms and toilets which posed a risk to people. Risk assessments had not always been fully completed to reduce the likelihood of harm.

Medicines were not always managed safely.

Staff had been recruited safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received appraisals and regular supervision. People had access to community health professionals when required, but action was not always taken following requests from the health professionals.

We received mixed views on food and people had not always been supported effectively to make choices with their meals.

Deprivation of Liberty applications had been submitted when required.

Is the service caring?

Good ●

The service was caring.

People we spoke with were positive about the staff and how caring they were.

We observed positive interactions between staff and people who used the service.

Is the service responsive?

Good ●

The service was responsive.

People were happy with the care they received. People had the opportunity to engage in activities.

The accessible information standard was met.

Is the service well-led?

The service was not always well-led.

Actions were not always taken following quality assurance audits. Records were not always completed fully.

People who used the service and staff told us the manager was supportive.

Requires Improvement 

Emmanuel Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 17 October 2018 and was unannounced. The inspection team included an inspector and one inspection manager. Emmanuel Care Home was registered with CQC on 17 October 2017. The service was previously registered under a different provider. We inspect a new service within 12 months of registration to ensure it is compliant with the regulations.

Prior to the inspection, we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. We contacted the commissioners of the service from the local authority, the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services. We used their feedback to plan the inspection.

We used 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 our inspection we spoke with seven people who used the service and three relatives. We spoke with a range of staff including the manager, the area manager, deputy manager, a senior care assistant and two care assistants. We spoke to two visiting health professionals. We reviewed a range of records including four care plans, care monitoring records, medicine records, training and staff files and other records relating to the quality and safety of the service.

Is the service safe?

Our findings

We observed throughout the home that people's en-suite toilets and communal bathrooms were used to store items such as wheelchairs and weighing scales. On reviewing accidents and incidents, we found that one person had a fall in their bathroom in June 2018. Staff had identified two frames and a wheelchair stored in the bathroom as a contributing factor to the fall. We saw lessons had not been learnt from this incident as this was still a risk to people on the day of the inspection. We saw there were empty rooms throughout the home that could have been used for storage of equipment. The manager gave us assurances they would address this.

Risk assessments were carried out to ensure people were kept safe whilst being able to retain their independence. However, we found some assessments were not fully completed.

Medications were not always managed safely. Staff confirmed that they had completed training in the administration of medicines and that senior staff regularly checked their competency in this area. However, we saw one person had prescribed medication but had no associated medication administration record and no documented amount of medication in stock. This meant staff may not have been aware this person was prescribed the medication or be able to monitor the amount of medication administered. The staff resolved this issue at the time of inspection. PRN protocols were in place but did not always give clear information of when to administer medication. We observed a medication round and found there were some distractions during the round. At one point during the medication round a box of medication was left on top of the medication trolley in the corridor whilst staff supported a person in their room. We were unable to see evidence of people's abilities to self-administer their medicines being assessed even though some people in the home may have been able to. Following the inspection, the manager sent an action plan of how they were going to address these concerns.

Although people told us there were normally enough staff to meet their needs they didn't always feel that call bells were answered in a timely manner. One person told us, "When it's longer than ten minutes to answer the buzzer I start to get impatient." During the inspection call bells were answered in a timely manner. The area manager informed us they reviewed the staffing levels when there were any changes in occupancy.

The service employed domestic staff to maintain the premises, keeping them clean and hygienic. We saw the home was clean and tidy. Staff were able to explain how to use good infection control practices.

People and their relatives said the home was a safe place. One person told us, "I feel very safe here." Staff had a good understanding of how to raise safeguarding and whistle blowing concerns. One staff member told us, "I would report abuse to the senior, if they didn't do anything I would go to the deputy manager. If no action was taken I would report to the Care Quality Commission or safeguarding." Staff had received safeguarding training. Concerns had been appropriately referred to the local authority safeguarding team.

Staff were recruited safely and were suitable to work with vulnerable people. References and a satisfactory

Disclosure and Barring Service (DBS) check had been obtained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The provider ensured that the appropriate certification was in place to confirm the completion of specialist environmental, health and safety checks. For example, we saw certificates for emergency lighting, electricity and gas installation checks as well as tests for legionella.

Is the service effective?

Our findings

People had access to a range of community healthcare professionals when required. Health professionals told us the staff knew people's needs but actions were not always taken following their requests. One health professional told us, "Communication is not always the best; we will ask for things to be ordered such as catheters for the next visit and then when we next come it hasn't been done." We were advised there had been no impact to people because of this. Health professionals told us people sought advice when required. One health professional told us, "If they have concerns they always ring through or they will ask me when I am here."

We were unable to see evidence of any appraisals taking place. The manager had identified this when starting at the service but at the time of inspection these had not been arranged. Supervisions had taken place regularly for some staff, but we saw three staff had only had received one supervision in the past nine months. Staff told us they felt supported, one said, "I had a supervision last week and we get good support." Following the inspection, the manager informed us they had devised new planners for seniors to monitor people's supervisions to ensure all staff received supervision regularly.

Staff had access to induction and ongoing training. We saw people's induction included training and shadowing shifts. Training records identified courses considered essential by the provider and additional ones such as diabetes, allergen awareness and person-centred care. Staff told us they received adequate training. One staff told us, "I have recently completed optical training and dental hygiene which were really good."

We received mixed views on the food provided. One person told us, "The food is terrible, it's always Chinese and stuff like that, that we can't chew." Another person told us, "The food is very good quality, we choose what we want from the menu." We discussed the mixed views with manager who organised for surveys to be carried out straight away so any feedback could be reviewed. Menus were in place which detailed different meals available. We observed the meal time experience; this showed that staff did not always support people to make informed choices with regards to their food. People who were unable to verbally make choices were not shown food choices, which can promote and support their decision making. Food looked appetising. We saw that when people's care plans indicated they needed support with eating and drinking they were supported by staff. We saw food and drink was available throughout the day for people.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions

on authorisations to deprive a person of their liberty were being met. The service ensured that where necessary DoLS applications were made. The manager had developed a new more robust form which documented capacity assessments and best interest decisions which was ready to be rolled out at the time of inspection. It was not always clear when people's relatives were consenting to the persons care if they had the legal right to do so.

We saw people's needs and choices had been assessed. People's decisions about their care was respected. We saw one person who had capacity decline to follow their meal time risk assessment. We saw evidence that their care plan had been reviewed regularly including their wishes and feelings. The care plan recorded the person's choice to make their own decisions. Handovers were taking place at the start of each shift and a communication book was in place to ensure people knew any changes in people's needs.

The environment was suitable for people's needs. Bedrooms were decorated and furnished in an individual way and people had brought in their favourite possessions to make it homely. The manager told us they had made adaptations to the service to meet people's needs. Doors had been painted to help people be able to identify rooms such as toilets and their own bedrooms. Dementia friendly signage had been added to the doors to support people to recognise different rooms.

Is the service caring?

Our findings

People who lived at the service told us staff were kind and caring. One person told us, "Staff are amazing and wonderful, they are a big family." During the inspection we observed staff speaking to people in a respectful manner. One health professional told us, "Staff are respectful and approachable." Staff were attentive to people's needs and we saw staff checking people were ok and they offered reassurance when needed.

We observed staff spending time with people. When completing tasks such as paper work the staff still sat with people talking to them. We could see staff knew people well. One health professional told us, "Yes the staff know people well, they know their needs." We saw people's independence being encouraged and care plans were written which reflected detail of what people were able to do for themselves.

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. People told us staff respected their privacy and dignity. Comments people made included, "Staff always knock before they come in my room." Staff understood people's right to be treated with respect and dignity. Staff told us, "We always knock before we go into people's rooms and ensure doors are closed. We always talk to people and keep them well informed of what we are doing."

People's cultural and spiritual needs were respected. People's cultural beliefs were recorded in their files. We saw people's care plans informed staff about respecting people's choices as one person did not choose to always follow their religion. The manager told us they were in the process of organising church services within the home. People were encouraged to have visitors to the home, whether in the communal areas or alone in other places within the home. There were no restrictions on visiting times and we observed relatives staying for lunch with people living at the service. The service had family communication books in people's rooms so relatives could leave messages to staff or document any updates from their visits. This ensured staff were aware of any concerns or actions that may need to be taken following visits.

The manager told us people were involved in their care plans, and that staff would spend time with people reading through them. We saw people made choices about their care during the inspection. One person told us, "I always make my own choices, I choose my own clothes; the staff will help me get them out and show me different clothes." People chose where they wanted to spend their time whether in their room or communal areas. We saw information leaflets and posters around the home providing people with information. For example, to support people through the process of getting new glasses they had an easy read poster explaining the steps to people.

We considered if people's private information was being kept securely. The manager told us computers had passwords on and people's care records were stored at a staffed station. The manager told us the handyman was also fitting a gate to the area for extra security. The provider was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used.

Is the service responsive?

Our findings

People told us their needs were met by staff in a person-centred way. One person told us, "I like it here so much, they look after me so well." Staff knew people's preferences well and they used this information to deliver person centred care. The detail staff knew was not always recorded in care plans. We discussed this with the manager who agreed to look at these documents. Care plans included information about what people could do themselves and how staff should support their needs.

The manager was in the process of developing the activities in the home. We saw throughout the home pictures of outings and events that had recently taken place. We observed activities taking place during the inspection such as a quiz. The manager had recently organised for people to attend the local fayre and organised for a fayre at the service for people who were unable to attend. One person told us, "The manager did a fayre and it was marvellous. We had chocolate fountains and games." The manager had recently made a small section of the home into a sweet shop. It was clear this had made a difference to people in the home. We observed one person having a conversation with their friend saying, "I haven't been to the shop yet, I am going to get my sweets." It was evident the person was happy about doing this. The activities coordinator post was vacant and the manager had involved people in the interview process.

The manager was aware of the Accessible Information Standard (AIS) and its requirements. AIS is a framework put in place from August 2016 making a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information. We saw activity plans in picture format around the service and easy read information guides. The manager told us she was developing this further and was making easy read copies of meeting minutes and picture menus.

The service had a complaints policy and this was available in an easy read format. There was a complaints and comments book for visitors in the entrance of the home. Complaints and concerns were managed in line with the company's policies and procedures. Complaints were recorded and this showed they were investigated and addressed. People said that if they had any concerns they would be able to raise them. One person told us, "It would be sorted if I wasn't happy with anything."

The service supported people at the end of life. People had end of life care plans in place to document their wishes. Although we did note some plans could have contained more detailed information. For instance, one person's end of life care plan made no reference to how to support the person regarding their religious needs at the end of life. The manager agreed to review this person's plan. Staff had received training in end of life care and told us of the importance of working with professionals such as district nurses.

Is the service well-led?

Our findings

We saw regular quality assurance audits had taken place to monitor the quality of the service. However, some audits had not been effective, as some of the concerns we found at the inspection had not been identified. For example, a contributing factor to a fall was poor equipment storage and the service had failed to respond to and pick this up in their own checks. The manager was trying to address this and had carried out audits on, infection control, health and safety, care plans and medication.

Some audits were incomplete and failed to show the actions taken to meet the required standards. We saw audits that had identified a variety of issues, the remedial action section was not completed and the manager had not reviewed or signed these off. We reviewed two medication audits, that had highlighted the same issues which had not been addressed. The manager responded to our feedback and provided an action plan which addressed this issue. The manager also sent evidence of some audits they had carried out, which demonstrated they had taken action.

Some records failed to be accurate and contemporaneous in respect of each person. Care files failed to accurately reflect when people could or could not consent to care. Details of people who had been appointed as Lasting Power of Attorney (LPA) were not always recorded. Monitoring charts were not accurately completed and other charts lacked detail. This meant that records were not accurate and did not reflect that risks to people were being mitigated. Risk assessments were not always completed fully. For example, one person's bed rail assessment was not completed. Another person's risk assessment stated they need to be checked on hourly. Records did not show this person was checked on hourly. The manager knew there was further work required and confirmed that records would be reviewed and updated.

The registered manager no longer worked at the service. The new manager had started week commencing the 13th August 2018 so was new to the service. It was clear from our discussions with the new manager she had identified areas of development for the service and had started making improvements but further time was needed to embed the systems. Following our inspection, the manager immediately sent an action plan from feedback we had given during the inspection. The area manager was visiting the service regularly to ensure that the manager and the service was supported with ongoing changes.

The new manager told us she was looking at developing partnership working within the home. They told us they attended forums to stay up to date with best practice. They were developing links with the local community, a local shop supported the service with fundraising events and the manager was in the process of organising local schools and churches to attend the service.

People were involved in the running of the service. Regular meetings had taken place with people who lived at the service, their relatives and staff. The manager had implemented a "You said we did" board to record actions taken following feedback from people. We saw feedback from people saying they wanted to go out more often. The manager had responded and organised a variety of outings for people to attend.

Staff told us the new manager was supportive. One staff told us, "The manager is very approachable and

supportive." The area manager told us the culture of the service had improved since the new manager had started. Staff told us, "The culture of the service is really good, everyone is approachable and friendly."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to CQC by law.