

Mrs Kim Jomeen

# Emm Lane Care Home

## Inspection report

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Date of inspection visit:  
18 April 2016

Date of publication:  
20 May 2016

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 18 April 2016 and was unannounced. The service was previously inspected on 20 March 2014 and was found to be meeting regulations.

The service provides personal care and accommodation for up to 14 adults with a mental health illness. At the time of inspection, there were 12 adults living at the service. Accommodation was provided over three floors with communal areas where people could spend time, as well as a large enclosed garden.

The home had a registered manager. 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.

People told us they felt safe in the home. Staff told us they felt confident people were safe and that they had not seen anything of concern whilst working in the home. Safeguarding procedures were in place which staff understood.

There were shortfalls in the medicine management systems which meant people were at risk of not receiving 'as required' medicines when they needed them. The storage arrangements for some medicines were not safe, and some medicine records were not always fully completed.

There were some concerns about the safe maintenance of the service with some areas being in a poor state of repair.

Risks to people's health and safety were assessed and risk assessments which were in place were well understood by staff. People's care and support needs were regularly reviewed which ensured the service remained responsive to people's individual needs. People were involved in the planning and reviewing of their care.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA).

There were sufficient quantities of staff to ensure people were kept safe and had opportunities to participate in activities. Recruitment procedures were in place. However these needed to be more robust to ensure staff were of suitable character to care for vulnerable people.

Staff had access to a range of training to support people's care and felt they had access to personal development within the service.

People were appropriately supported to eat and drink and maintain a healthy lifestyle.

The service supported people to access a wide range of healthcare services to help ensure their healthcare needs were met.

The atmosphere in the service was relaxed. People said staff were caring and treated them well, with attention paid to maintaining people's dignity and respect. During observations, we saw people were treated with kindness and respect and that positive relationships had developed between people and staff.

The service helped people maintain their independence by encouraging them to assist with daily life within the home and engaging with activities outside the service.

Staff told us they felt supported by management in their roles and that staff morale was good.

Some systems were in place to monitor the quality of the service. However these were inconsistent, for instance the medicines audit had last been completed in 2012.

We found two breaches of the Health and Social Care Act (2008) Regulated Activities 2014 Regulations. You can see what action we asked the provider to take at the back of this report.

## 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 was not consistently safe.

Improvements were needed to the some aspects of the medicine management system, for example to ensure medicines were stored and given in line with recognised guidance.

Sufficient numbers of staff were deployed to ensure people received a sufficient level of care, supervision and support. Recruitment practices needed to be more robust to ensure staff were of suitable character to care for vulnerable persons.

People told us they felt safe in the home. However a number of environmental concerns were identified which meant that people were not adequately protected from risk of injury or harm.

### Is the service effective?

**Good** 

The service was effective.

People's rights within the service were protected. Staff had a good understanding of the Mental Capacity Act, Deprivation of Liberty Safeguarding and their application.

Staff had received training appropriate to the needs of the service and training was up to date.

The food looked appetising and people had input into the menu. Dietician referrals were made when required.

People had access to a wide range of health care professionals.

### Is the service caring?

**Good** 

The service was caring.

Staff were kind and compassionate.

People told us that staff treated them well with a good level of dignity and respect. This was confirmed in the interactions we observed between people and staff.

The service helped promote people's independence by encouraging them to do as much as possible for themselves.

### Is the service responsive?

**Good** ●

The service was responsive.

Care plans contained detailed information on people's needs and were reviewed on a regular basis.

Activities took place according to people's preferences.

A complaints procedure was in place and complaints were seen to be recorded and investigated appropriately.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well led.

Some audits and checks were carried out but not robust enough to fully identify risk and improve the service.

People's views on the service were sought and mechanisms were in place to involve them in the running of the service

# Emm Lane 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.

This inspection took place on 19 April 2016 and was unannounced. The inspection team comprised of two adult social care inspectors.

Prior to the inspection, we contacted the local contracts and safeguarding teams who had received no complaints or concerns about this service. Information was also reviewed about this service from notifications received from the provider. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we reviewed four people's care records, some in detail and others to check specific elements of care and support, as well as other information regarding the running of the service including policies, procedures, audits and staff files. We spoke with two care managers and a senior care worker, as well as two people who used the service and two health care professionals who regularly worked with the service.

# Is the service safe?

## Our findings

Although we observed some good practices in relation to the administration of medicines we also identified some shortfalls in medicine management systems. We found discrepancies in information recorded about three people's allergies which could lead to mistakes being made. For example, the front sheet in the medicine file for two people stated they were allergic to an antibiotic, yet the medicine administration record (MAR) stated they had no allergies. Another person's front sheet stated they had no allergies, yet their MAR stated they were allergic to an antibiotic. We found some handwritten entries on the MARs with no staff signatures. We saw one person who was prescribed insulin had the doses handwritten on the MAR. We checked the care records to see if there was written confirmation from the prescriber. Staff had recorded these doses had been determined following a diabetic review, but there was no written authorisation. The senior care staff member confirmed they did not ask for written confirmation when verbal changes were made to prescriptions.

There were no protocols in place to guide staff in what circumstances 'as required' (PRN) medicines should be given. For example, we saw some people were prescribed a painkiller to be given as required. The instructions stated how many tablets could be given each time and the maximum number that could be given in a day. We saw staff had written on the MAR 'for fever and headaches'. We saw three people were prescribed a sedative to be given 'as required' and staff had written on the MAR 'when agitated'. Without complete and accurate records we were unable to evidence that effective systems were in place to ensure that PRN medicines were being given appropriately, that their effectiveness could be monitored and that any associated risks were being managed. We found some medicines were not been administered in accordance with the prescriber's instructions stated on the MAR, for example medicines to be given before or after food. Once we brought this to the senior care staff member's attention they made sure they administered these correctly.

We found medicines were not always stored securely. For example, although the medicine fridge was kept in an outside store room which was locked when not in use there was no lock on the medicine fridge. We went to look at the medicine fridge and saw the room was open and other people were inside who had access to the room due to its' use as a storage area.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). The Misuse of Drugs (Safe Custody) Regulations (1973) state that all schedule 2 (e.g. opiates) and some schedule 3 (e.g. temazepam) drugs should be stored in a cabinet or safe, locked with a key. The cabinet should be made of metal and fixed to the wall or floor. We saw controlled drugs were stored in an unsecured locked metal box in a metal cabinet which was padlocked. This was not in line with current legislation. We spoke with the senior care staff member who agreed to look into the provision of an appropriate CD cabinet.

We found the provider's medicine policies required updating as they referred to superseded legislation and standards. When we raised this with the administrator they printed off a copy of the NICE Guidelines for managing medicines in care homes.

We asked to see the medicines audits and were shown two audits dated July 2011 and July 2012. No other medicine audits were provided.

This was a breach of the Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We observed the senior care staff member administering the morning's medicines to people in a calm, caring and professional manner. People were given their medicines with a drink and supported to take them. People were asked if they required any pain relief. We saw the MAR charts were signed after the staff member had seen the person take the medicines. We saw two staff checked and administered controlled drugs, the MAR was signed and both staff signed the controlled drug register.

Staff told us they had received medicines training which was confirmed by the training matrix. The care manager told us medicine training was updated every three years.

People told us they felt safe living in the home. One person said, "I feel safe. No-one has physically hurt me." Staff told us they had no concerns about people's safety and felt people were protected from harm. People appeared relaxed and comfortable around the staff that supported them. A health care professional also said they felt people were safe at the service. Information about safeguarding was displayed in the home for people who used the service and safeguarding procedures were displayed for staff including contact numbers for the local authority safeguarding team. Staff we spoke with showed a good understanding of the different types of abuse and safeguarding reporting systems. Records showed safeguarding incidents had been referred to the local authority safeguarding team and notified to CQC. We saw appropriate action had been taken in response to these incidents to investigate and help keep people safe. Staff were aware of whistleblowing procedures and knew who to contact if they thought concerns were not being dealt with appropriately. We saw information about whistleblowing clearly displayed.

The care manager told us some people's personal allowance was held, with their agreement, for safekeeping. We saw evidence of people's signed consent for this in their care plans. Secure arrangements were in place and we checked the records and balances of two people's money and found these were correct.

We saw that accidents and incidents were well recorded with individual risk assessments and action plans followed to help prevent reoccurrence. For instance, we saw information that a person had been smoking in their room, causing a fire hazard. Information was documented in the daily notes, the person's care plan was updated and a risk assessment was put into place.

We found the home to be mostly clean and hygienic, although there was a build-up of dust on the walls of the downstairs shower room which we brought to the attention of the senior care staff member who agreed to take remedial action. One person told us, "The standard of cleanliness is high here." The service had received a five star food hygiene rating from the local authority.

The premises were not sufficiently maintained to keep people safe. Three bedroom windows on the upstairs floors did not have window restrictors, or these were not working correctly, allowing the window to be fully opened, and therefore would not prevent a person falling from them. We saw the glass at the side of the inner front door to the service was badly cracked and needed replacing. We saw none of the radiators were covered or of a cool panel design which meant people were not adequately protected from the risks associated with hot surfaces. We saw no evidence of premises checks to ensure the service was kept in a safe condition.



The décor was generally tired and dated, with mismatched furniture in communal areas and people's rooms. Carpets were old and mismatched throughout the building and we saw areas where duct tape had been used on carpet joins and edges, for instance in the downstairs lounge area and around the lounge doorway. We saw the top window in the downstairs shower room was on a rope pulley system for opening and closing and that the cord was unreachable. This meant that the window in this room was permanently open and the room was cold. The downstairs shower room had old, unsightly grouting around the tiling in the shower area, the shower chair had degrading rubber feet and the seat was old and cracked in two places which posed an infection control risk. It was not possible to attach the shower head to the wall in the downstairs or upstairs showers. This meant that people were not supported to shower properly to meet their personal hygiene needs.

Some areas were poorly lit, for instance, the inner landing on the first floor. There were drafts around the windows in a number of rooms that did not have double glazing. The window frame in the upstairs lounge was partly rotten, with a visible gap to the outside. We saw a large enclosed garden at the rear of the service which had various pieces of unused furniture, windows and old bins around the edges. This gave the area a feeling of neglect rather than a place in which to spend time.

This was a breach of the Regulation 12 (1)(2)(d)(e)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at documentation which showed regular maintenance checks such as fire, gas and water systems were undertaken to help keep the building and people safe and clear policies for emergency procedures, with personal evacuation plans in people's care files and documentation showing regular evacuation drills took place.

We looked at two staff recruitment files. Both had completed application forms and proof of identity documents were on file. Disclosure and Barring Service (DBS) checks had been completed and references were in place. However, we found the employment history for one person was not clear about the name of their last employer. Although references had been obtained it was not clear if any of these were from the staff member's last employer, the role of the person who had provided the reference or in what capacity they knew the staff member.

Sufficient numbers of staff were deployed to keep people safe. Staff told us the majority of people using the service were independently mobile with only one person requiring a wheelchair over long distances. Our observations confirmed this during our inspection. People managed their own personal care needs with support from staff when required and no concerns were raised about staffing levels. We observed staff worked well together as a team, ensuring people's needs were promptly met. The care manager told us that staff numbers were assessed according to the needs of the service, for instance one person had one to one support for two hours per day. We saw arrangements in place to ensure this was consistently provided. However there was no tool in place to assess or monitor people's dependencies so it was not clear how staffing levels were determined.

## Is the service effective?

### Our findings

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty. The care manager told us everyone living in the home had capacity to make decisions and therefore no DoLS applications had been made. We found no evidence to suggest people lacked mental capacity in particular regarding decision making.

We saw people were able to come and go freely from the home. One person told us, "I can come and go. I've never been refused going out."

Care records showed people had been involved in decisions about their care and support and had signed consent forms. We saw staff took time to explain to people the support or care they were offering and ensured they had their consent before proceeding. Staff confirmed they had received training in MCA and DoLS and guidance was displayed for staff about the legislative framework.

Staff we spoke with said they received the training they needed to fulfil their roles. The training matrix showed staff were up-to-date with their training and identified when refresher training was due. We saw staff knew people well and had a good understanding of their needs and how to meet them. Staff said they felt supported in their roles and received regular supervision and this was confirmed in the records we reviewed. We saw supervisions and appraisals were planned for the year.

We saw people got up at their leisure in the morning and came into the kitchen/diner to help themselves to breakfast. Staff were on hand to help anyone who needed assistance and we saw people could choose what they wanted to eat. For instance at breakfast, some people chose to have cereal, others toast and one person a fried breakfast. A lighter meal was offered at lunchtime with a more substantial meal provided at teatime, with drinks and snacks offered during the day and evening. One person told us, "The standard of food is high here. There is a choice of food and often an Asian option which is very good." The service did not employ a cook, with staff members preparing meals. We saw people helping in the kitchen/diner, either by setting the table, clearing away dishes or helping to prepare the meal. We saw mealtimes were a pleasant sociable occasion with people chatting with each other and staff.

The menu was displayed in the kitchen/diner and was on a four week rotation. Staff told us that people were consulted about menu planning during the residents meetings and people we spoke to confirmed this. We

spoke with staff about people's dietary needs and they were able to tell us which people were nutritionally at risk and what measures were in place, including the use of full fat products and assessments of dietary needs. This provided us with assurance that people were provided with a diet that met their individual needs. For instance, we saw from reviewing the care plans that one person had recently lost weight and was nutritionally at risk. We saw that an up to date risk assessment was in place in their care plan, weekly food and weight monitoring charts were being completed and a referral had been made to the dietician.

We saw from people's care files that there was good access to a wide range of health care professionals including GPs, community psychiatric teams, dieticians, dentists and opticians.

## Is the service caring?

### Our findings

We observed staff were kind, compassionate and caring. There was a calm, relaxed atmosphere and people were comfortable around staff. One person told us, "I'm happy here. Staff are kind and very good to me." Another person said, "Staff are nice."

We observed some excellent interactions between people and staff, who were patient and gentle in their approach. For instance, we observed a member of staff comforting a person who felt unwell, kneeling down by their side, touching their shoulder and speaking to them in a calm and comforting manner. We saw this reassured and calmed the person.

Staff encouraged people to maintain their independence. For instance, we saw a member of staff watching an older person making their way upstairs and discreetly waiting a few steps behind them to check they could reach the top without needing support. They told us this person liked to do as much as possible for themselves. This showed us that staff knew, understood and were supporting people to be as independent as possible.

We saw staff treated people with dignity and respect. One person told us, "Staff are respectful." For instance, we observed staff knocking at people's bedroom doors and waiting to be invited in before entering. People had keys to their own bedrooms which were kept locked. Two bedrooms had twin occupancy and we saw that privacy curtains were in place around the beds and washbasin. We tested these and confirmed they were an effective way to provide a level of privacy and dignity. However, we saw the upstairs shower room lacked curtains or a blind at the window which, although obscured glass, would allow people to be seen from the outside if the light was on.

Staff we spoke with knew the people in the home well and were able to tell us about various people's likes, dislikes and care needs. For instance, a staff member told us about the activities that one person liked to undertake. We spoke with the person who confirmed this was correct, demonstrating staff had a good understanding of them.

The service involved people in the planning and reviewing of their care. For instance, people signed their care plans and had regular care plan review meetings with their key worker. We saw evidence of these meetings in the care files where any changes or concerns were discussed and noted. Review notes were signed by people and their key worker.

## Is the service responsive?

### Our findings

Care records were highly detailed, person centred and were reviewed on a six monthly basis. Care plans included people's histories, personal preferences including likes and dislikes, personal care, nutrition, medication, mobility, mental health and capacity. These were signed by the person and their key worker. We saw these were updated regularly and re-signed by both parties to reflect the current needs of the people in the service. For instance, we saw that a person had recently been found to be smoking in their room. A risk assessment had been completed and a care plan implemented to manage the risk. We saw that the person had had a meeting with their key worker to discuss this. We saw in people's care plans where people had been deemed at risk nutritionally a referral had been made to the dietician, a risk assessment completed and the care plan amended accordingly.

We saw some people had brought in their own furniture and personalised their rooms. This showed us the service encouraged people to express their personal preferences.

We saw signed consent forms in people's care files, covering topics such as medication, night checks and finances. We saw evidence that consent was discussed at regular review meetings between the person and their key worker, with people signing their agreement after the meeting.

We saw information about daily and weekly activities displayed in the downstairs lounge. This included knitting, dominoes, karaoke, paper tearing, log making and walking out in the local park. We observed one person playing dominoes with a staff member, and another person sitting knitting and chatting with another staff member. One person told us they'd been out for walk and often went out to the local park and another person told us they enjoyed playing music in their room. We observed two people watching a quiz on television and answering the questions and others sitting, chatting and assisting staff preparing the evening meal in the kitchen/diner. However the kitchen/diner could only accommodate seven people sitting down at one time which limited the opportunity for social interaction between people. We saw an exercise bike in the lounge for people's use and staff told us one person enjoyed using this on a daily basis. When we spoke with the person they confirmed this and we saw they had done so during the afternoon of the inspection. An activities book had recently been introduced, detailing what activities people had done each day. We saw that this had been completed and was up to date.

The complaints procedure was displayed in the home. One person we spoke with said they felt able to speak to staff if they were unhappy about anything and they felt confident any issues would be resolved to their satisfaction. We looked at the complaints records, which showed five complaints had been received in 2016. The records showed all complaints were taken seriously, however minor, and there was evidence to show each had been investigated and resolved to the complainant's satisfaction.

## Is the service well-led?

### Our findings

We found there was a lack of systems in place to assess and monitor the quality of the service. We asked the care manager for any quality audits carried out in the home and were shown records of daily and weekly checks such as cleaning schedules, food, fridge and freezer temperatures and boiler checks. We saw an infection control audit had been carried out in July 2015 and saw records of medicines audits. However these had been carried out in 2011 and 2012 which indicated a lack of up to date controls in place to monitor safe management of medicines. The shortfalls identified with management of medicines and the service environment had not been identified and dealt with through the provider's own audit check.

The care manager told us the registered provider carried out regular monitoring visits at the home. When we asked to see these reports, the care manager told us they did not have access to these as they were kept by the registered provider who was on holiday. This meant we were unable to see what improvements had been made as a result of these visits.

This was a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the care manager if there was any analysis of accidents and incidents and they said not as these occurred 'very rarely'. This was confirmed when we reviewed the accident reports which showed only seven accidents had occurred since January 2015.

We reviewed some of the home's policies and procedures which we found needed updating. We found many of these referred to legislation and guidance that had been superseded. For example, the management of medicines policy referred to the National Minimum Standards and 2010 Regulations rather than the NICE guidelines which are what providers should currently be working to in residential care homes.

We were provided with matrices which showed supervision, appraisals and care plan reviews planned for the year. Staff we spoke to confirmed that these took place on a regular basis.

People told us they felt able to approach staff with any concerns about the service. One person told us, "Staff are very professional," and, "The manager runs it well." Health professionals we spoke with voiced no concerns about the overall running of the service.

A registered manager was in place, although they were away at the time of inspection. Statutory notifications had been submitted to CQC such as notifications of abuse. This helped us to monitor events which occurred within the service.

Staff told us they were happy in their roles and morale was good in the service. Staff told us they felt well supported by management and could approach them with any concerns. One staff member said, "I like working here. I'm very happy here." They explained they had expressed their interest in career progression within the service and this was being explored during supervisions and on-going support.

People's views were regularly sought on the quality of the service. We saw quarterly residents meetings were held which covered such topics as smoking in rooms, activities and menu planning. People we spoke with confirmed these took place. Staff meetings were also held on a quarterly basis.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  12(2)(d) The service was not ensuring the safety of their premises and the equipment within it. 12(2)(e) The provider was not ensuring the safety or correct maintenance of equipment within the premises. 12(2)(h) The provider was not assessing the risk of, and detecting and controlling the spread of infection. 12(2)(g) The provider was not ensuring the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17(2)(a) The service did not have systems and processes in place such as regular audits to assess, monitor and improve the quality and safety of the service.