

Cumbria Emmaus Trust

# Emmaus House Residential Care Home

## Inspection report

Walkmill Close  
Moresby Parks  
Whitehaven  
Cumbria  
CA28 8XR

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Tel: 01946591362

Website: [www.emmaustrust.co.uk](http://www.emmaustrust.co.uk)

## 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

The inspection took place on 12 July 2017 and was unannounced.

Emmaus House Residential Care Home, (Emmaus House), provides accommodation and personal care for up to 26 older people, people living with dementia and people who have a physical disability. The home is in a residential area of Moresby, Whitehaven. Accommodation is provided in single bedrooms over two floors. There are a range of sitting rooms and a large dining room that people who live in the home share. The home is owned by Cumbria Emmaus Trust. Cumbria Emmaus Trust is a registered charity formed to provide residential care for older people of the Christian faith.

At our last inspection of the home in October 2014, the service was rated Good. The service was meeting the fundamental standards of quality and safety. However we found some aspects of the safety of the service required improving. One issue had not been reported to the local safeguarding authority when required and the management of medicines needed to be improved.

At this inspection in July 2017 we found the service remained Good. Medicines management had improved and people were safe and protected against abuse.

There were enough staff to provide people's care. Robust systems were used when new staff were employed to check they were suitable to work in a care service.

People enjoyed a choice of meals and drinks. The staff were trained and competent to provide people's care. People were supported by appropriate health care services to maintain their mental and physical health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People agreed to the support they received and their rights were protected.

The staff were kind and caring to people. People liked the staff and enjoyed laughing and joking with them. The staff gave people the time they needed to carry out tasks themselves and to maintain their independence.

Care was planned and delivered to meet people's needs. People were included in planning their own care and expressing what was important to them. People enjoyed a range of activities that they enjoyed and that supported their spiritual needs.

There were systems in place to ensure the effective management of the home. People were asked for their views about the service they received. The registered provider and registered manager maintained good oversight of the quality of the service to ensure people received high quality care. The registered provider

was open to advice to further improve the service provided.

Further information is in the detailed findings below.

## 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 is Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Emmaus House Residential 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 checked 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 was a comprehensive inspection. This inspection took place on 12 July 2017 and was unannounced.

The inspection was carried out by one adult social care inspector 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. The Expert by Experience had experience of caring for older people.

During the inspection we spoke with 16 people who lived in Emmaus House Residential Care Home, eight visitors and three health care professionals who supported people who lived in the home. We observed how staff interacted with people in all areas of the home. We also spoke with three care staff, two ancillary staff, the registered manager and the deputy manager of the home and with the chairman of Cumbria Emmaus Trust.

We looked at care records for four people who lived in the home and training and recruitment records for three staff members. We also looked at records relating to the safe operation of the home and how the registered manager and registered provider monitored the safety and quality of the service.

We reviewed the information we held about the service before we visited the home. We also contacted the local authority commissioning and social work teams and local health care services to obtain their views of the service.

# Is the service safe?

## Our findings

Everyone we spoke with told us that people were safe living in the home. People who lived at Emmaus House Residential Care Home, (Emmaus House), told us, "I feel very safe" and said, "I'm very happy here, I feel safe."

The visitors we spoke with said they were confident people were safe living in the home. One visitor told us they visited the home regularly, at different times of the day. They said they had never seen anything that made them worry that people were not safe. They told us, "I'm in and out of the home all the time, I've never seen anything that worried me." Another visitor told us, "We're so happy we found this place [Emmaus House], it gives us great peace of mind."

All of the health care professionals we spoke with told us they had never seen anything that concerned them when they visited the home. They said they were confident people were safe living there. One told us, "I'm happy people are safe here."

At our last inspection of the home in October 2014 we were told about one issue that should have been referred to the safeguarding authority but had not been. We also found the management of medicines needed to be improved. Although the fundamental standards of quality and safety were met, we found that there were aspects of the safety of the service that needed to be improved.

At our inspection in July 2017 we found that these areas had been addressed. Medicines were managed safely and staff we spoke with understood how to identify and report abuse. Care plans were in place to guide staff around the use of medicines that were only given to people occasionally. We discussed with the registered provider how these could be further improved and action was taken promptly. This showed the registered provider was open to advice about how to further improve the service.

We looked at records relating to how people were protected against risks to their safety. We saw hazards had been identified and managed. This helped to ensure people were safe.

The registered provider had identified areas where fire safety could be improved. They had identified new fire evacuation equipment that they were purchasing to ensure people could be safely evacuated if required.

We saw that there were enough staff deployed in the home to provide people's care. One person told us, "There are always staff about."

The registered manager had identified that the support people required was increasing. They were reviewing staffing levels to ensure there continued to be sufficient staff deployed in the home to care for people and ensure their safety.

People we spoke with told us they received the support they required with taking their medicines. Medicines

were stored securely to prevent them from misuse. The management team in the home carried out checks on the medicines and medication records to ensure people received their medicines as they needed and as their doctors had prescribed.

Safe systems were used when new staff were employed in the home. All new staff were checked thoroughly before being employed to ensure they were suitable to work in a care service.

## Is the service effective?

### Our findings

People who lived in the home told us they received the support they required and said they were confident the staff were skilled and competent to provide their care. One person told us, "The staff seem to know what they're doing." Another person said, "I don't know exactly what training they [staff] do, but whatever it is, they know their stuff."

All of the staff we spoke with told us they completed a range of training to ensure they had the skills and knowledge to provide people's care. This was confirmed by the records we looked at. During our inspection staff were undertaking training in the actions to take in the event of a fire. One staff member told us they found this training to be "really useful".

People told us, and we saw, that the staff asked for their agreement before providing their care. We observed the staff asked people discreetly if they required support and only provided this with their consent. Some people had made decisions about what treatment they wanted if they became unwell. We saw their care records clearly recorded the advance decisions they had made. This would help to ensure their wishes were respected.

Some people who lived in the home had dementia and required support to express their wishes. The staff in the home had completed training in supporting people who were living with dementia and the Mental Capacity Act 2005, (MCA). The MCA provides a legal framework for making important decisions on behalf of people who are not able to do so for themselves. We saw that the staff were patient and gave people the time they needed to make choices about their care. The registered manager was aware of her responsibilities under the MCA and how to ensure people's rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no one in the home at the time of our inspection who required restrictions on their liberty in order to maintain their safety.

We asked people if they enjoyed the meals and drinks provided in the home. People told us they enjoyed a choice of meals and told us the food provided was "very nice". One person told us they were looking forward to the midday meal and said, "It's a roast [dinner] today, they are always very good." We observed that where people required support from staff to enjoy their meal, this was provided in a patient and unhurried way. People were given the time and support they required to enjoy their meal.

People told us they were supported to see their doctors as they needed. Health care professionals we spoke with told us the staff in the home contacted them appropriately if they were concerned about a person's health or wellbeing. They all told us that the staff acted on any advice they gave. Records we looked at showed that people were supported by their GPs, the local district nursing team and specialist services such as the Community Mental Health Team. People received the support they required to maintain their mental



and physical health.

## Is the service caring?

### Our findings

Everyone we spoke with told us that that people were well cared for in the home. People who lived at Emmaus House told us they liked living there. Most people told us the staff the kind and caring. One person said, "The staff are all lovely, very caring." Another person told us, "Everyone here [staff] is very caring, they are lovely lasses." A visitor we spoke with told us, "The staff are very kind."

Two people told us that one staff member was not always caring towards them. They told us the staff member had, on occasion, been "abrupt" when supporting them. We passed this to the registered manager for them to look into and address the concern.

During our inspection we observed all the staff treated people in a kind and patient way. The staff knew people well and provided the support they required promptly and patiently.

We saw people enjoyed laughing and talking to the staff on duty during the inspection. One person told us, "I like to have a laugh with the staff." The chairman of Cumbria Emmaus Trust was in the home on the day of our inspection and we saw one resident enjoyed laughing and joking with him. We saw how these interactions supported people's wellbeing.

People told us they were supported to maintain their independence and to carry out tasks for themselves. One person told us this was important to them. They said, "I like to be independent, the staff let me do what I can and don't always "jump in" before I have time to do something myself." Some people used small items of equipment to assist them to move around the home independently. The staff knew what items people required and ensured these were available when they required them.

Throughout our inspection we saw the staff protected people's privacy and dignity. They knocked on doors to private areas before entering and asked people discreetly if they required support with their personal care.

We saw cleaning items and protective clothing, that the staff used when delivering personal care, placed in the corridors in the home. This detracted from the homely feel of the service and could impact on individuals' dignity. We discussed this with the deputy manager of the home. She immediately arranged for the items to be removed.

Some people who lived in the home could experience anxiety. People's care records identified how they may express that they were feeling anxious and the actions the staff needed to take to support and reassure them.

The registered manager knew how to contact local advocacy services if a person who lived in the home needed independent support to express their views or wishes.

## Is the service responsive?

### Our findings

People who lived in the home told us they received the support they needed, at the time they required it. They said the staff responded promptly to requests for support. One person told us, "It's lovely here, there are always staff about and they come quickly if you need them." Another person said, "If you ring for the staff they come quickly."

Each person who lived at Emmaus House had a care plan that gave guidance for staff about the person, their lives before moving to the home and the support they required. People who were able had signed their care plans to show they had agreed to them.

We saw that the care plans included information about what was important to individuals in their daily lives such as seeing their visitors and following their religion. The aim of the service was to support people in their Christian faith. People told us that it was important to them to attend their local churches and to take part in faith based activities in the home.

During our inspection we saw a faith based activity taking place. People chose if they wished to take part in this activity and the staff in the home respected the decisions people made.

People told us they enjoyed a range of activities including gentle exercise sessions and entertainers visiting the home. A health care professional we spoke with told us, "There's always some activity going on whenever I visit."

People told us that their visitors were made welcome in the home and said they could see their friends and families as they wished. Relatives we spoke with confirmed they were able to visit the home as they wished and were made welcome by the staff.

People told us they knew how they could raise any concerns about the service they received. The registered provider had a procedure for receiving and responding to concerns. People we spoke with said they had never needed to raise a formal complaint about the care provided. One relative told us they had spoken to the staff about some minor concerns and said action had been taken to resolve these. They told us, "There were some 'niggles' around [relative's] care, but they were dealt with straight away." Another person said, "If I had a concern I would be fine to discuss it with the staff, but they are on the ball."

## Is the service well-led?

### Our findings

Everyone we spoke with told us this was a good service. People who lived in the home told us they felt fortunate to have the service in their local community. One person said, "I feel so lucky that this home is here." People told us they would recommend the service. One person told us, "I think this is a lovely place, I'd certainly recommend it."

There was a registered manager employed in the home. 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.

The registered manager was supported by a deputy manager. During our inspection we saw that people who lived in Emmaus House and their visitors knew the members of the management team and were confident approaching them as they needed.

The home was owned by Cumbria Emmaus Trust, a registered charity operated by a committee of trustees. The chairman of Cumbria Emmaus Trust carried out regular visits to the home to assess the quality of the service provided to people. People told us they knew the chairman of the trust and we saw people speaking to him during the inspection. One person told us, "He [Cumbria Emmaus Trust chairman] is excellent, very good at his job. He works hard for us."

People told us they were asked for their views of the service provided. We saw members of the management team and staff asking people informally if they had enjoyed their meals and an activity that was provided during the inspection. People were also asked for their views in an annual quality survey. One person told us, "We're always asked what we want."

A relative we spoke with told us they visited the home regularly and were asked for their views informally when they visited. They told us, "They [staff] involve me well and they're always asking if we're happy with the service or if there's anything we want changing."

The home's management team carried out checks to monitor the quality and safety of the service. Regular checks were carried out on how medicines were stored and managed, the quality of care records and the safety of the environment. Where the checks identified that the service could be further improved appropriate action had been taken.

All of the staff we spoke with told us they felt well supported and able to provide a good quality of service. One staff member told us, "This is a lovely place to work."

The health care professionals we spoke with told us that the staff in the home were open to asking for and following their guidance. One told us, "They [The staff in the home] work with us really well. They are open to any advice and contact us appropriately." Another health care professional said, "The staff here do a

fantastic job. This is one of my favourite homes to visit."

At our last inspection of the home in October 2014 we found the procedures for managing medicines and reporting concerns about individuals' safety needed to be improved. At this inspection in July 2017 we found the improvements had been made as required. We also discussed areas of the service that could be further improved and the trust chairman arranged for these to be actioned. This showed the management team in the home acted on advice given to maintain and improve the quality of the service.