

Mr Stephen John Oldale

# Emyvale House

## Inspection report

29 Brampton Road  
Wath-upon-Deane  
Rotherham  
South Yorkshire  
S63 6AR

Tel: 01709874910

Date of inspection visit:  
14 March 2017

Date of publication:  
21 April 2017

### 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

Emyvale House is a care home for older people, providing accommodation and personal care for up to 16 people over three floors. It is situated in West Melton which is approximately six miles from the town of Rotherham. At the time of our inspection there were no vacancies at the home.

At the last inspection, the service was rated overall 'Good' with some areas requiring improvement in the 'Safe' domain. At this inspection we found the service remained 'Good' and improvements had been made.

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 living at the home. Assessments identified potential risks to people, and management plans were in place to reduce these risks. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures.

Recruitment processes were thorough and helped the employer make safer recruitment decisions when employing new staff. At the time of the inspection there was sufficient staff to meet people's needs and a new rota system had been introduced to help ensure enough staff were always on duty.

Systems were in place to make sure people received their medications safely, which included key staff receiving medication training and regular audits of the system.

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 support this practice.

Staff had completed an induction and essential training at the beginning of their employment. This was followed by additional training and periodic refresher sessions. They also received regular support and supervision to help them meet people's needs.

People were supported to eat and drink sufficient to maintain a balanced diet, and snacks were available in-between set mealtimes. The people we spoke with said they were happy with the meals provided.

People were treated with respect, kindness and understanding. Staff demonstrated a good knowledge of how to respect people's preferences and ensure their privacy and dignity was maintained. We saw staff took account of people's individual needs and preferences while supporting them.

People had been encouraged to be involved in planning their or their family members' care. Care plans checked reflected people's needs and had been reviewed and updated to reflect people's changing needs.

People had access to social activities, as well as occasional outings into the community. However, the recording of their participation did not always provide sufficient detail to evidence what activities people enjoyed.

There was a system in place to tell people how to raise concerns and how these would be managed. People told us they had no complaints, but would feel comfortable raising any concerns with the registered manager.

People we spoke with told us the registered manager was visible around the home, approachable, always ready to listen to them and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. In the main, action plans had been put in place to address areas that needed improving.

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 safe.

Changes had been made since the last inspection to ensure there were sufficient numbers of staff to meet people's needs safely.

Medication systems had been improved to make sure people received their medicines in a safe and timely manner.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

### Is the service effective?

Good ●

The service was effective.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff induction and a varied training programme was available which enabled staff meet the needs of the people they supported.

People received a well-balanced diet that offered choice. The people we spoke with said they were happy with the meals provided.

### Is the service caring?

Good ●

The service was caring.

People told us staff were always welcoming, caring and kind and treated people with respect, kindness and compassion.

Staff met people's individual needs and respected their preferences, while ensuring their privacy and dignity was maintained.

### Is the service responsive?

Good ●

The service was responsive.

People had been encouraged to be involved in care assessments and planning their care. Care plans reflected people's needs and preferences.

People had access to various activities and occasional outings into the community, which they said they enjoyed.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with the management team.

### Is the service well-led?

Good ●

The service was well led.

People told us the registered manager was approachable, always ready to listen to what they wanted to say and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

# Emyvale House

## 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 unannounced inspection took place on 14 March 2017. The inspection was undertaken by an adult social care inspector, who was accompanied by 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.

Prior to the inspection visit we gathered information from a number of sources. For instance, we looked at notifications sent to the Care Quality Commission by the registered manager and requested information from the local authority.

As part of the inspection we spent time talking with people who used and visited the service and observed care and support being delivered, this helped us understand the experience of people who used the service. We spoke with five people who used the service, five visitors and a district nurse.

During our inspection we spoke with registered manager, two care workers, the activities co-ordinator, the hairdresser and one of the owners.

We looked at records relating to staff, medicines management and the management of the service. We also looked at the care records of four people using the service, including their care plans.

# Is the service safe?

## Our findings

When we asked people if they felt safe living at Emyvale House they said they did. One person told us, "I have no complaints, staff are very good, they make sure I don't fall and always help me to move about when I ask." Another person said they felt, "Very safe, because there are always plenty of people about." A relative told us, "They [staff] don't let them [family member] move about on their own [because they are at risk of falling]." Another relative told us they felt, "Confident that staff always use equipment well [for moving people] which gives [person using service] confidence in their ability to handle them safely."

We found care was planned and delivered in a way that promoted people's safety and welfare. Potential risks to each individual person had been assessed and recorded in care files. These explained to staff what action they needed to take to protect the person and minimise the risks. Topics covered included risk of falls, poor nutrition, risk of pressure damage and moving and handling people safely. We also found equipment such as specialist beds and pressure relieving equipment was used if assessments determined these were needed.

Staff understood people's individual needs and knew how to keep them safe. We saw they encouraged people to stay as mobile as possible while monitoring their safety. Where assistance was required this was carried out in a safe way. Staff had received training in how to move people safely, as well as in other health and safety subjects. We also saw appropriate arrangements were in place in case the building needed to be evacuated, with each person having an evacuation plan.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager and the staff we spoke with understood their responsibilities in promptly reporting concerns and taking action to keep people safe. They could identify the types and signs of abuse and told us they had received training in this subject. One person living at the home told us they were, "Not afraid of anything here [living in the home], it's safer here than at home [meaning their own home]." Another person said, "No one does me harm here. I am well happy with the carers."

Since our last inspection the provider had reviewed the arrangements for staffing the home, to make sure there was enough staff available at all times. They had considered people's needs and the layout of the building to determine the number of staff required on each shift. A new rota had been devised which provided longer day shifts, with additional staff at busy times. Staff told us they thought this would work well. However, we noted that the rota did not have a key that explained what certain letters stood for, for instance 'H' for holiday. The registered manager said they would add an explanatory key to the rota document. A relative told us, "There are enough staff on duty." Another relative commented, "Staffing levels seem okay, they're always rushing around, but people never wait for long."

We saw call bells we answered promptly and people received care in a timely manner. One person said, they did not need to use their call bell often, but if they did it was usually responded to quickly. They added that if staff could not attend to their needs quickly, for instance because they needed two staff to provide their

care, "They will come and tell me and check I'm okay and then come back. Carers have to decide what is most important and then deal with it."

A satisfactory recruitment and selection process was in place. We sampled the files of three recently recruited staff, which contained all the essential pre-employment checks required. This included written references, and a satisfactory criminal records check. These helped the company make safer recruitment decisions. We saw new staff had also completed an induction to prepare them for working at the home.

We looked at the arrangements in place for the management and administration of medication and found these had been improved since our last inspection. At that visit we found that although medicines were stored safely the thermometer used to check the room temperature was not appropriate. At this inspection we found a suitable thermometer was in use to ensure medicines were kept at the correct temperature.

At the last inspection we found medicines had not always been signed as checked on receipt and there was no record of the amounts of any medication carried over from the previous month. At this inspection we saw improvements had been made in relation to medication records, so it could be determined how many medicines were in stock in the home. We also saw that additional medication checks had been introduced to ensure staff were following the correct procedures.

When we last visited the service we found people's medication had not always been reviewed in a timely way. We discussed this with the registered manager and the operations manager who told us they had identified this and were trying to resolve the issues with the medical practice and the dispensing pharmacy. At this inspection we found that as part of the regular GP surgeries held at the home people's medication was periodically reviewed to make sure it was still appropriate.

We saw medications being administered at lunchtime. The senior care worker offered people pain relief medication, but in most cases this was declined. On one occasion the medication trolley was left open for a short period of time while unattended. We spoke with the registered manager about this and she said she would reiterate to staff that the trolley must never be left unattended when open.

Some people were prescribed medicines to be taken 'when required' [PRN], for example painkillers. Although PRN protocols were in place regarding these medicines they were very basic and did not provide enough detail. For instance, one protocol for pain relief had no clear instructions about what this medicine was for, when to give it or how to judge whether one or two tablets were necessary. However, the senior care worker we spoke with demonstrated a good knowledge of when and how PRN medication should be given. We spoke with the registered manager about this, she assured us additional information would be added to ensure staff had access to sufficient information about each PRN medicine.

Medicines were only handled by members of staff who had received appropriate training. We also found staff administering medication had undertaken periodic observational competency assessments, to ensure they were following company policies and best practice.



## Is the service effective?

### Our findings

People felt there was a good rapport between staff, people who used the service and relatives. One relative told us, "I see the same staff regularly and they make us feel welcome." Another relative said, "The girls [care staff] are very good with him."

People were supported to maintain good health and had access to healthcare services when needed. Care records detailed any health care professionals involved in the person's care, such as doctors, district nurses, chiropodists and opticians. The registered manager told us GP's from the practice where people were registered visited the home each week to hold a surgery. This meant people's changing needs could be regularly reviewed, which they said had cut down on emergency calls requesting visits by the GP. We spoke with a visiting district nurse who told us they were very happy with how the staff at Emyvale worked with their surgery. A relative told us if their family member was ill appropriate medical care was arranged and they were kept fully informed.

The registered manager used a computerised training matrix to monitor which training staff had completed and when it required updating. This showed that most staff had completed essential training such as fire safety, first aid, safeguarding people from abuse and food hygiene. We found that overall staff had the right skills, knowledge and experience to meet people's needs. However, the registered manager acknowledged that some staff were overdue refresher training. She told us further training sessions had, or were being arranged as soon as possible to address any shortfalls. We also found many of the staff had attained a nationally recognised care award.

New staff had completed an induction when they started to work at the home. The staff we spoke with said this had included spending time learning about how the home operated and shadowing an experienced member of staff. The registered manager was aware of the new care certificate introduced by Skills for Care, which they said would be utilised as needed. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff told us they had received regular supervision sessions and an annual appraisal of their work and felt well supported. One care worker told us they had completed their appraisal the week before adding, "I feel well supported and I have regular chats with the manager." Staff meetings were also used to keep staff informed and discuss any changes planned at the home.

We found 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. Records sampled demonstrated that where people could not speak for themselves decisions had been made in their best interest and these were recorded in their care files.

At lunchtime we saw tables were attractively laid with linen place mats and napkins contained in flowered rings, there was also a small vase of flowers on each table, as well as condiments. However, we noted there

were no menus on the table and no menu board telling people what options were available that day. The registered manager later showed us the menus that should have been placed on each table. She said people often removed them if they felt they were in the way. We saw the format was not very user friendly. We discussed with the registered manager that they may wish to consider a better way of keeping people informed about menu choices.

We saw that the chef plated the meals up while care staff served people. While people waited for their meal to be served one resident began to sing and this was enjoyed by everyone in the dining room. When they had finished they were prompted to sing again with songs being suggested by other people. The mealtime had a very relaxed and happy atmosphere with staff assisting people in an unobtrusive way. We saw staff assisted people to cut up their food if they needed a little help. One care worker assisting someone to eat their meal sat at the same level as the person they were helping and chatted while maintaining good eye contact.

The food served was homemade and it looked and smelled appetising. There was only one main course option offered to people, but staff told us they knew people's preferences and alternatives were available if they did not want the planned menu. Gravy was offered separately and staff asked each person where on their plate they preferred the gravy. People were asked if they wanted second helpings before being offered a choice of two puddings.

People told us they were happy with the meals and snacks provided. One person said the food was, "Very good and there's always plenty of vegetables and a steamed pudding." Another person living at the home said they, "Enjoyed the food" which they described as, "Always enough for my appetite." A third person said they always looked forward to meal times.

Care files contained information about people's dietary needs and preferences. A nutritional screening tool was used to monitor the level of risk people were at with regards of poor nutrition or dehydration. When concerns were highlighted care plans were in place to guide staff regarding supporting people to eat and drink enough. Staff told us monitoring charts were used as needed to record and assess people's food and fluid intake. We also saw that people's weight was monitored on a regular basis.

# Is the service caring?

## Our findings

People we spoke with described staff as, "caring, friendly and welcoming." One person using the service told us, "They're very caring [staff] and tell me what's happening when they come in. I like my room; it's got a nice view." Another person said they were, "Well looked after, kept clean and cared for." They added, "I wouldn't be here today [if they had not moved into the home]. Nice carers, all friendly, nothing too much trouble. It's not just today because you're here, it's always like this."

The home had a friendly, homely atmosphere. There was a very good feel of 'community' with people having previously lived in the local area and being helped to maintain those connections. A relative told us their family member, "Really likes being here because they have a shared history with other residents, so they have remained in the community where they've always lived." They went on to say they felt there was consistency with the staff who cared for their family member, describing them as, "Exceptionally good." Another relative commented, "It's not home, but it's as homely as it could be." One person living at the home said, "I can't live at home. I think I'm lucky to be here, there is no nicer place." A relative told us, "[Family member] loves it [Emyvale House] and is really happy."

We saw staff were kind, patient and respectful to people, and people seemed relaxed in their company. We saw they communicated with people well and spoke with them in a discreet, quiet and calm manner. One relative said their family member was always asked what chair they would like to sit in at lunchtime and was never just placed where staff felt they would be best seated. A care worker told us, "I want to see a smile on people's faces and that they are comfortable. I know people really well so I make sure each person has what they want. For instance, [name of person using service] likes their music CD on and [another person living at the home] likes to join in sing-a-longs."

We saw staff supporting people in a responsive way while assisting them to go about their daily lives. They treated each person as an individual and involved them in making decisions. People were offered choice and supported by staff as required. For instance, we saw people could choose where they wanted to sit and what they wore, and staff respected these decisions. People told us they could get up at whatever time they choose. One person said they usually got up, "Whenever they bring me a cup of tea, usually at 6am, then I can go down for breakfast at 8:30am. Some [people living at the home] come in about 10am, but that's too late for me because it's too close to dinner."

People's needs and preferences were recorded in their care record, which included information about their abilities, likes, dislikes, history and the people important to them. A care worker told us, "We have a male carer working at the home so we asked people if they were happy to have a male, or preferred a female carer." We also noted that people had been encouraged to personalise their rooms with small items of furniture, mementos and photos.

People looked well-presented and cared for and we saw staff treated them with dignity. One person said they felt their dignity was always maintained because, "Curtains are always drawn" before any care was carried out. They felt this was especially important in a shared room.

We saw relatives could visit without restriction and we saw visitors freely coming and going as they wanted during our inspection. One relative described how they often visited their family member for a full morning and said staff would take their family member into the dining room last, to enable them to get the most from their visits.

## Is the service responsive?

### Our findings

People we spoke with said they were happy with the care they or their family member received. They were complimentary about the way staff delivered care and felt they were responsive to people's needs.

We saw interactions between staff and people using the service was good and focused on the individual needs and preferences of the person being supported. Care workers were responsive to people's needs and requests throughout our visit. A relative told us that as they lived some distance from the home it was important that they were confident that staff would be in touch with them if there was anything they needed to know urgently. They added, "I know that they [staff] would contact me straight away, this gives me peace of mind and I'm not worried. I used to get anxious, but I don't now because I know my relative will be cared for and all steps taken to reduce falls."

Each person had a care file which contained information about them and their individual care needs. The care files we sampled also contained needs assessments which had been carried out before people were admitted to the home. Care records clearly outlining the care and support the person needed, along with information about how staff could minimise any identified risks. There was also information about each person's preferences and their abilities, so staff knew the level of support needed and could therefore enable the person to maintain their independence. Care plans and risk assessments had been evaluated and updated on a regular basis.

Daily notes outlined how each person had spent their day, what care had been provided and any changes in their condition. However, we found records on people's participation in social activities lacked detail. They did not always evidence what people had enjoyed or if other options had been offered if they chose not to take part in planned activities. The registered manager acknowledged this was an area that needed to be improved.

The home employed an activities coordinator who arranged social activities and stimulation within the home and occasionally out in the community. They told us they did not have a set programme of activities, but asked people on a daily basis what they would like to do. Activities provided included bingo, hand manicures and quizzes. People told us they enjoyed the planned activities. One person said they particularly enjoyed the outside entertainers who visited the home. They said one particular group visited on a monthly basis, while others came in periodically. Another person said they sometimes went out with their family adding, "But I stay here for my birthday with my friends now. I can have just as good a time here." During the inspection we saw two people happily engaging in a game of dominoes with the activity coordinator, which they said they enjoyed.

The provider had a complaints procedure which was available to people who lived at and visited the home. We were told this was explained to people when they moved into the home. We saw one complaint had been recorded since the last inspection. The complaint record provided details of the concern along with the outcome and any actions taken.

People we spoke with told us they were happy with the service provided and had no complaints, but indicated they would feel comfortable raising any concerns with the registered manager or any of the staff, if they needed to.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a manager who had been registered with the Care Quality Commission and managed the service for over 20 years. Staff we spoke with were complimentary about how the home was run and said they were happy working there. One care worker described the registered manager as, "Fantastic, we can always rely on her" and said that the team, "Worked well together." Another care worker said, "I love it here, it's very friendly. It's not like a home, more like a friendly hotel."

The people we spoke with said they were happy with the care provided and how the home was run. Someone staying at the home told us, "I wouldn't mind coming back here, it would be my home of choice if I had to stay." Another person said, "Here [Emyvale House] we're not a number we're a person. The owner is always busy rushing around. I can't say too much good about it, I wouldn't like to be anywhere else." A third person commented, "I can't see myself in a better place than this, it's very popular."

When we asked if there was anything they would like to change at the home two relatives said they felt the décor of the home needed attention. One relative commented, "Rooms could be better appointed, but that's not the most important thing, my relative is happy here and that's what's important to us." Another told us they had visited a few homes before choosing Emyvale House adding, "The décor is not brilliant, but the care is superb. I would give it 10 out of 10. They never let us down."

People using the service, and their relatives, were encouraged and supported to make their views known about the care provided by the service. For example, there were regular meetings giving people the opportunity to be involved in the running of the home and share their ideas. The provider also sent out quality questionnaires to seek people's views. We sampled a number of completed questionnaires, which all gave positive feedback. The registered manager said the outcome of the last survey had not yet been shared with people living and visiting the home. However, they said they would ensure this was done as soon as possible.

Staff told us they had received regular support sessions and an annual appraisal of their work, which enabled them to express any views about the service in a private and formal manner. Staff meetings provided a further forum for staff to gain information about how the home was operating, as well as share their ideas and views.

Systems were in place to check the home was operating to the required standards and to identify where improvements could be made. We saw completed audits for topics such as infection control, fire safety, medication and care plans, as well as compliance checks undertaken by senior management. Where it had been identified that action was needed these had been addressed. One of the owners described how they visited the home on a regular basis at different times of day to get an overview of how the home was operating. They told us, "Staff can stop me and talk to me at any time." This was confirmed by the staff we spoke with. The owner also said the operations manager sent them completed compliance audits so they could monitor the home.

The home had a maintenance person who was based at the home for at least one day a week. However, we noted that some areas of the premises required attention. For instance, doors and corridor paintwork was chipped and the home's general décor looked tired and in need of redecoration. We also saw that in one person's room the surface of the vanity unit surrounding the wash hand basin was damaged and in need of repair or replacement. The registered manager said she was aware of this and was looking at how best to address the issue. They also told us there was a rolling programme for redecoration for the home. When we asked how the maintenance person would manage redecoration the owner said external decorators would be used for larger redecoration projects. The registered manager and the owner also said they would consider how best to improve the arrangements for providing an electrical point for the hairdresser to use in the upstairs bathroom.

Policies and procedure were in place to inform and guide people using the service and staff.