

Mr Stephen John Oldale

Emyvale House

Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Emyvale House is a residential care home providing care and support for older people. The service also provides support for people living with dementia. The service can support up to 16 people.

On the day of our inspection 11 people were using the service.

The service was previously inspected in August 2018 and was rated requires improvement. We found there were two breaches of the regulations. These referred to shortfalls medicine management and governance. At this inspection, we identified improvements in medicines management. However, risks were not managed, and governance was still not addressed.

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

On the day of our inspection there were not enough staff to meet people's needs in a timely way. People we spoke with told us they had to wait for assistance as staff were always busy. Relatives also told us it was usual to not see staff in communal areas as staff were busy in people's rooms. Staff were knowledgeable about people needs, however, at times staff could not provide the support required due to lack of staff available.

Staff received appropriate training and staff were supervised and supported. However, staff felt they were not always listened to as they had raised the staffing issues. The operations manager told us this was being addressed and staff were aware they were looking at staffing levels.

When staff engaged with people we observed they were kind and caring. However, we observed staff did not have time to spend with people. Staff we spoke with understood people's needs however, were not always able to respect their choices, due to staffing levels. For example, people told us they did not get a bath as often as they would like.

The service did not have a dedicated activities coordinator. People told us there was limited in-house activities taking place. Care staff told us they did not very often provide any social stimulation as there was not enough staff on duty.

Predominantly people received personalised care that met their needs. Risks associated with people's care and support had been identified, they contained good detail. People had access to health care professionals. However, we found risks were not always updated and documentation did not evidence professional's advice was followed.

People received a balanced diet. However, from our observations, people could be offered more support to ensure their needs were met.

There was a registered manager in post. There was a quality monitoring system in place, but this was not always effective. We saw the audits had not always identified issues we raised on inspection. The registered manager had made some improvements to the environment. However, there were still areas that were not well maintained and not able to be kept clean. The provider was also trying to improve the bathing facilities by installing a walk-in shower on the ground floor which would be easily accessible to people. They had considered the needs of people living with dementia, however, many areas were still not dementia friendly and could be improved further. The outside space was easily accessible and safe this area had greatly improved.

Staff understood safeguarding and whistleblowing procedures and would use them when required. Accidents and incidents were monitored, and lessons were learnt.

Medication systems were in place and we observed these were followed. However, some protocols were not in place, but these were addressed immediately by the registered manager.

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

People and relatives were involved in the service, quality questionnaires were sent out and meetings were held.

Rating at last inspection

The last rating for this service was requires improvement (published 26 July 2018). The service remains rated requires improvement. This will be the third consecutive inspection to be rated as requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. Since our inspection we have been provided with a detailed action taking place to improve the staffing. We have also had reassurances that bathing facilities will be improved so people have access to a shower.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Emyvale House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Emyvale House is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We asked the provider to complete 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. We used the PIR as part of our planning. We also spoke with other professionals supporting people at the service, to gain further information about the service.

During the inspection

We spoke with nine people who used the service. We spent time observing staff interacting with people. We spoke with six staff including care workers, senior care workers, the cook, the operations manager and the registered manager. We also spoke with seven relatives. We looked at documentation relating to three people who used the service, staff files and information relating to the management of the service

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data sent to us by the manager. We have also received an email from the registered manager and operations manager, which detailed how they will address some of the shortfalls.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. There was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Medicines were not managed safely. At this inspection this key question has remained requires improvement. Although, we found improvements in medicines management, we identified other risks were not always managed safely.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support had been identified. Some we looked at were very detailed and gave good details for staff to follow to manage risks. However, some did not always have up to date information. For example, one person had lost over ten percent of their body weight in less than six months. The care plan and risk assessment gave contradicting information. The care plan stated, 'needs full assistance from staff to prompt/encourage assist to eat meals', yet the risk assessment states, 'able to eat independently' and states 'usual appetite'. This meant the risk assessment had been completed incorrectly the person should have been high risk, but they had been assessed as medium risk. This put them at risk of not receiving appropriate support.
- information from health care professionals were not recorded in care plans. For example, one person had previously been seen by a dietician, but the information relating to this had been archived so was not available to staff. It was not clear from records we saw that risks were managed to ensure people were safe.
- Risk assessments were not reviewed or monitored. We saw people's needs had changed but the risk assessments had not been reviewed since July 2019.

This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks associated with people's care were not always managed safely.

- People had personal emergency evacuation plans [PEEP's] in place to show what support people required in case of an emergency.

Staffing and recruitment

- There were not always enough staff on duty to meet people's needs. There were two care staff on duty, the cook and the registered manager when we inspected. Staff we spoke with told us there were times when no staff were available in communal areas. This was because when they were providing personal care, the two care workers on duty were in people's bedrooms or the bathroom. The cook prepared the evening tea, but the care staff had to serve the meal. They also had laundry duties to perform. The registered manager helped with care duties during the week but at weekends there was only the two care staff. Staff said, "We struggle during the week, but at weekends it is worse, people are not safe in the lounge, but we can't be everywhere."
- We observed people were not safe in communal areas. For example, one person was mobile but extremely

unsteady and at high risk of falls. We observed this person standing and walking on numerous occasions with no support. Two relatives told us they had to tell this person to sit down regularly when they visited as they had on many occasions nearly fallen. One relative told us, "I had to stop [person's name] from falling as if [person] had fallen [person] would have landed on [relative's] legs. The staff are hardly ever present in the lounge, there is not enough of them."

- There was insufficient staff to support people with support at meal times. We observed the meal and the mealtime could be improved for people. For example, there were a number of people who required assistance. We observed staff trying to support two and three people to eat at the same time. This meant it was not a pleasant experience for the people. Staff were standing giving assistance moving for one to the other it was not personalised.

- People's needs, and choices were not always met. People told us this was due to lack of staff, which impacted on how staff were able to respond to people's needs and choices in a timely way. For example, people told us they could not have a bath as often as they would like.

- The operations manager told us they had been looking at increasing staffing numbers. They explained they had previously increased staffing but what we observed on the day of our visit and from what people and relatives told us it was evident there were not enough staff.

This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. There were insufficient staff deployed to meet people's needs. Following our inspection we were aware staffing levels had been increased.

- Recruitment procedures were followed to ensure staff were recruited safely.

Using medicines safely

- Medication procedures were in place to ensure people received their medication as prescribed. We observed administering medication and this was done following procedures.

- People had protocols in place to guide staff when to give medication that was prescribed to be given as and when required. For example, pain relief. However, we saw not all people had detailed protocols in place. This was addressed by the registered manager immediately and confirmation was sent to us in writing following our inspection.

- The temperature of the medication room was monitored and recorded, although on some days it was above the recommended temperature limit. A fan was used to bring the temperature down. The registered manager was monitoring this to ensure the required temperature could be maintained.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from abuse. The registered manager kept a log of safeguarding concerns and recorded actions taken to keep people safe.

- Staff we spoke with were aware of the safeguarding and whistleblowing systems. Staff informed us that they received training in this subject.

Preventing and controlling infection

- People were not always protected by the risk and spread of infection. We completed a tour of the home with the registered manager and found some areas were not well maintained and not able to be kept clean. For example, the carpet was badly stained and various fabric chairs were also very stained. We found wall plaster and wall paper damaged, wall tiles damaged and areas of untreated wood which could not be cleaned effectively.

- There were two cleaners employed at the service. One was on annual leave the week of our inspection and the other was off sick we were informed they had been off nine weeks. Staff were having to cover where they were able. The day of our inspection there was no cleaner. The cook told us, "I am doing some cleaning this afternoon, I cover some hours where I am able."

- The provider had identified the need to improve the environment and had an action plan which they provided to us at feedback at the end of our inspection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends and patterns.
- The manager completed a monthly audit to ensure any lessons were learned and action was taken to minimise the risk of further accidents and incidents occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection it has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received food and fluid which supported them to maintain a healthy balanced diet. The meal was well presented. People told us the food was very nice. One person said, "The food is always lovely, home cooked. We all enjoy it."
- people were offered drinks and snacks throughout the day. We observed staff serving drinks and snacks and people being given a choice of what they would like.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care and support was person-centred and predominantly delivered in line with people's choices and preferences.
- People's diverse needs were met in all areas of their support. The protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were taken into consideration.
- Staff we spoke with were knowledgeable about people's needs and choices.

Staff support: induction, training, skills and experience

- Staff received training to fulfil their roles and responsibilities. Staff we spoke with knew people well.
- Staff told us they felt they were supported.

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

- People had access to health care professionals when required.
- We looked at care plans and saw that when healthcare advice had been given, staff had followed it to ensure people were supported appropriately. However, in some care plans the documentation did not support this. We discussed this with the registered manager who addressed this immediately.

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

- The service was not fully designed to meet people's needs. Most people using the service were living with dementia, the environment did not fully meet their needs. The registered manager was fully aware of this and had made some progress. The garden had been made easily accessible and safe and some areas had been redecorated. The provider was also installing a walk in shower room on the ground floor to improve facilities for people. The registered manager was aware further improvements were required, and an action plan was in place.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was working within the principles of the MCA and DoLS applications had been made, some of which were awaiting authorisation.
- Where decisions had been made on behalf of people, they had been completed in the person's best interests and documented within their care plan.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We spent time observing staff interacting with people who used the service. We found staff were kind and caring.
- Staff respected people's privacy and dignity. People told us the staff were very good. One person said, "The staff are lovely, we are very lucky." Another person said, "Staff can't do enough for you." They did add, "Although they are always very busy." Relatives spoke highly of staff and praised the way they provided support.

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

- During our observations we saw people were involved in decisions about their care. Staff explained the tasks they carried out.
- Care plan documentation reflected people's choices and decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were maintained. We saw staff knocked on bedroom doors before entering and kept bathroom and toilet doors closed when carrying out personal care.
- Staff supported people to be independent. Staff supported and encourage people to do things for themselves.
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely which maintained people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was lack of social stimulation. People told us there used to be good activities, but recently there had been none. One person said, "We have a sing-a-long sometimes, but not often." Relatives we spoke with also told us there was lack of social stimulation, one relative said, "The care staff try to do some activities, but not many, most times we visit, and it is every other day there is no activity going on. People are just sat." The operations manager explained at inspection feedback, that they were looking to recruit an activity coordinator who could also help support at meal times.
- We observed staff interacting with people and saw they were kind and caring but lacked time to fully interact. Staff were very frustrated that they could not provide adequate time to people they supported, staff were passionate about providing good personalised care.
- People received person-centred care which met their needs and preferences. People praised the staff.
- We looked at a sample of care plans and found they predominantly reflected the care and support people required to ensure care was delivered in a consistent way.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. This gave clear guidance on how to complain and explained how complaints would be handled.
- The registered manager dealt with complaints appropriately and recorded actions taken.

End of life care and support

- People were supported at the end of their lives. Care planning was completed with people choices and decisions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found these standards were followed. Staff understood how to communicate effectively with people. There was some information in a format that people living with dementia could understand. However, the registered manager was aware that this could be improved.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. There was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Quality assurance systems were not always operated consistently, which meant people were not protected from risks that can arise from ineffective audits of the service. At this inspection we found the audits were still not effective and this key question remained requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had systems and processes in place to monitor the service. The registered manager completed a range of audits which included infection control, care records and medication.
- Actions raised as part of the audit process were recorded. However, they were not always effective as they had not identified all the issues we found during inspection. For example, risk assessments were not up to date or accurate.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Governance systems did not effectively monitor the service.

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

- At the time of our inspection there was a manager in post. The manager was supported by the operations manager.
- Staff understood their roles and responsibilities and knew when to ask for support from the registered manager.
- Staff told us that they worked as a team, but were frustrated at the time of our inspection as they felt they could not provide good care due to staffing issues. Although the registered manager told us they had communicated with staff the plans to increase staffing numbers. The staff we spoke with did not always feel listened to as they had been raising concerns about staffing numbers for a while.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Care and support was mostly person centred. The registered manager planned and promoted person-centred care.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The registered manager was knowledgeable about what to raise and had informed CQC of events as required. The one incident we found which had not been reported

was reported immediately after our inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were invited to attend resident and relative meetings to discuss ways to improve the service. Relatives told us they were kept informed; however, some had raised issues regarding staffing but did not feel it was being addressed.
- The provider sent out questionnaire to people and their relatives to gain feedback about their experience.

Working in partnership with others

- The service worked with other professionals such as health care workers. The provider ensured that appropriate support was obtained as required. Although this was not always evidenced in people care records.

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 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 The provider failed to ensure all risks were managed to ensure people's safety.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure the governance systems were effective to ensure continuous improvements.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider has failed to ensure sufficient numbers of staff were deployed to meet people's needs.