

Cumbria Emmaus Trust

Emmaus House Residential Care Home

Inspection report

Walkmill Close
Moresby Parks
Whitehaven
Cumbria
CA28 8XR

Date of inspection visit:
14 September 2021

Date of publication:
03 November 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Emmaus House is a modern, purpose built home that can accommodate up to 26 older people in single en-suite rooms. The home is situated in a residential area of Moresby. The home is owned by the Emmaus Trust which is a Christian Brethren charitable organisation.

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

We did find some issues around care and support at night. There were problems related to fire safety because fire drills and instructions were out of date. At times there were only two staff on duty at night and this could compromise safety. The registered manager and the provider started to address this shortly after the inspection and also took advice from Cumbria Fire service.

Medicines were given at 6 a.m. and some people found this a problem as they did not wish to be woken at this time.

Quality monitoring had not been undertaken to a satisfactory level. A review of governance in the home was needed to ensure continued good standards of care were delivered.

Safeguarding was understood by the team but we made a recommendation that management clarify how to report safeguarding matters to CQC and other external bodies.

Staff and the people they supported were happy with care delivery. People were given good levels of personal, pastoral and emotional care from experienced, trained and enthusiastic staff.

We noted that some systems and routines needed to be reviewed to ensure that care plans were followed and that individualised, person centred care was delivered to meet the needs of people. Staff sometimes followed routines that did not meet individual needs. This meant that people were not always supported to have maximum choice and control of their lives

Staff had received training but their competence did need to be confirmed and staff supervision be done regularly.

The team worked with health and social care professionals and were able to contact relevant professionals.

Infection prevention and control measures were taken to keep people safe and to lessen the risk of further outbreaks of Covid-19.

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

Why we inspected

The inspection was prompted in part due to concerns received about support at night. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

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.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Emmaus House Residential Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Emmaus House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means 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 and started at 5.50 a.m.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with fourteen members of staff including the registered manager, deputy manager, administrator, senior care workers, care workers and domestic and catering staff. We also spoke with the nominated individual who is responsible for oversight of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, rosters and quality assurance records. We spoke with two professionals who had contact with the service. We also spoke with five other relatives by telephone.

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 good. At this inspection this key question has now changed to requires improvement. 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

- The management of fire safety had not always been followed appropriately. We found that drills and instructions had not been carried out since February 2021 and only for nine members of the team. Personal evacuation plans (PEEPS) for people had not been updated to reflect changing dependency needs.
- On the night of our inspection there had been only two night staff on duty and this would have proven problematic for evacuation. One of these staff members had not had the required level of fire instruction for a new care assistant.
- Risk assessments in care plans needed to be reviewed and updated.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate fire safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed plans were in place to action the issues around fire safety. They arranged for a visit from Cumbria Fire Service to give them further guidance and support.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from harm and abuse.
- We spoke with service users who said they felt safe and to relatives who said, "My relative is safe and well cared for."
- One issue was reported to the local authority but not taken as a safeguarding by them. The registered manager was unsure about whether this should have been reported to CQC.

We recommend the provider and registered manager review guidance in relation to notifying safeguarding concerns to CQC'

Staffing and recruitment

- Suitable considerations were given to recruitment and staff disciplinary matters but some evidence was not readily available until after the inspection.
- The registered manager told us that recruitment was very difficult due to the current situation but that they continued to fill vacancies with the highest calibre of staff. Staff files had some missing information , however these documents were sent after the inspection.
- Day staff said they rarely worked under numbers and the provider had used agency staff when necessary.

Rosters by day showed good ratios of staff to service users.

- There had been times when staffing ratios at night might have put people at risk or had engendered some institutional practices. When we inspected there had been only two staff on at night due to last minute absences. The registered manager said they had now recruited new staff and this would prevent this reoccurring.

We recommend the provider ensures, through robust deployment and suitable recruitment, there are always sufficient staff on duty at night.

Using medicines safely

- Medicines were used safely in the home but arrangements for administration needed to be reviewed.
- We noted that time was given for senior care staff to do stock checks of medicines but that an overview of the audits was not being done by managers. We discuss this further in Well led.
- Some staff had found the electronic medication administration to be difficult and there had been a number of errors. These had lessened over time and senior care staff had supported team members in using the system. There was no evidence of harm from these errors. The controlled drugs book was completed correctly.
- 'As required' medicines were given rarely but we judged that more detailed protocols were needed for some medicines, especially if these had a sedative effect.
- We observed staff administering medicines in a safe and measured way. We noted that some medication was given at 6 a.m. and we judged that some medicines did need to be given early but others could have been given a little later, when people were ready for breakfast.

We recommend the provider review both the systems in place for the timing of medicines administration and the protocols for 'as required' medicines.

Preventing and controlling infection

- We observed staff on duty, and In general, infection prevention and control were of a good standard. We discussed one or two minor issues with the registered manager.
- We were assured that the provider was preventing visitors from catching and spreading infections. The arrangements in place were of a good standard with volunteers supporting staff to carry out tests. All visitors signed a declaration stating that they had taken every precaution prior to the visit and would follow the guidelines set out for visits.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service. Suitable assessments had been completed and people understood the arrangements for isolation after admission.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff. Tests were being done on the day of the inspection,
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home clean and orderly on the day of the visit.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The team had managed an outbreak and had sought advice from specialists.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance. Some relatives wanted a more person centred approach to visiting and the registered manager agreed to look at this.

Learning lessons when things go wrong

- The issues we identified at inspection were acknowledged and actions had started to prevent the problems continuing.
- A professional who worked with the service during a Covid-19 outbreak said that the registered manager and the deputy took on board suggestions in order to ensure good infection control measures continued to be in place.

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 good. At this inspection this key question has now changed to requires improvement. This meant the service management and leadership were inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was an experienced registered manager in post but there was a lack of clarity around understanding quality performance, risk and regulatory requirements.
- Regular reports were completed for the Emmaus Trust board by the nominated individual and the registered manager. These covered pastoral care, activities, staffing and the environment but didn't look in depth at the way quality was monitored. These had not looked at the issues around fire safety, staff supervision, competency and routines that would promote person centred care.
- The Emmaus Trust had detailed policy and procedures. Some of these needed updating because they related to previous legislation or contact details for external agencies had changed. Some had not been reviewed since 2015.
- Senior care staff told us they wrote care plans but did not supervise care staff and had not had recent supervision themselves. Night staff had received some formal supervision but their practice at night had not been observed by management. Other staff had not had regular supervision that was recorded. One staff member produced their last supervision record dated 2017. A regular system of supervision had not been followed for sometime prior to the first pandemic lockdown.
- Staff told us one senior carer did check their competence in moving and handling but this was not recorded. We could find no record of staff competencies completed for medicines administration, care delivery or other specific skills. Some audits were in place but a systematic auditing of the service had not been done.
- Routines, including staff handovers, timing of medication and preferred times for care delivery might have led to somewhat institutional practices. The registered manager and the provider had looked at some allegations of this kind of practice but had not actioned change until after our inspection. Deployment of staff had not prevented shortage at night.
- Not all documents relating to management systems were readily available but were sent after the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate quality was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They assured us they were working towards a more robust system of managing quality.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Cumbria Emmaus Trust is a Christian, not for profit, organisation and their values reflected this and kind and caring care delivery was evident.
- We judged the culture of the service gave people good outcomes because the well-established staff team were committed to a caring approach. Staff spoke about acting with integrity to support vulnerable people.
- The Trust members, the registered manager and the nominated individual ensured that people had very good access to pastoral care and some people came to the service because of this. Some practices had become a little institutionalised and could lead to people not being empowered. One person told us their relative was unhappy with the timing of medication and time for rising but did not want to complain because they really liked the care staff. Another relative told us, "The staff are lovely but management need to support staff to deliver person centred care that would give [my relative] their preferred options...Sometimes the care plan isn't followed."

We recommend the provider consider current guidance on the principles of person centred care to ensure the culture of the service is inclusive and empowering.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the provider understood the concept of duty of candour and were open with people and their relatives.
- Relatives said they were kept informed of how their family members were coping during the lockdowns. One or two relatives felt they wanted more involvement, especially when they had full lasting power of attorney.
- There was evidence in files to show that relatives were contacted when there were any problems and that the registered manager spoke with the Trust members in an open and honest way.

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

- The provider had a policy that included engagement and inclusion that allowed for equitable treatment of people, their staff and other key contacts.
- Residents and relatives meetings were being started again and surveys were to be sent out to stakeholders.

Continuous learning and improving care

- The staff told us that they had continued to receive training during the pandemic and they, as a whole team, were keen to make people's lives as comfortable as possible. Staff were keen to learn more and understand needs of individuals. Staff told us that they would welcome more guidance and supervision.
- After the inspection the provider and the registered manager had started to work on the issues we found at inspection.

Working in partnership with others

- The provider and the registered manager were able to work well with others
- Records showed us that the team worked well with health care providers and the deputy and a senior carer had met with the local G.Ps just before our inspection. This had allowed them to look at any barriers to

good health care during the pandemic.

- A health care professional told us that they felt the staff team sometimes called on health care professions instead of taking guidance from management. This person told us they were happy to support but that more guidance from management could be in place. We discussed this with the provider and the registered manager after the inspection.
- We contacted social work staff and there were no concerns raised about working relationships.

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 Systems were either not in place or robust enough to demonstrate fire safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate quality was effectively managed