Mr Stephen John Oldale

Emyvale House

Inspection report

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South Yorkshire
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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection was carried out on 8 August 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

Emyvale 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 was previously inspected in August 2017 and was rated requires improvement. We found there were three breaches of the regulations. These referred to shortfalls in risks of unsafe care and treatment, medicines, quality assurance and staffing. We asked the provider to complete an improvement plan to show what they would do and by when to improve the key questions of Safe, Effective, Responsive and Well-Led.

Emyvale House is situated in West Melton close to the village of Wath-Upon-Dearne, which is approximately six miles from the town of Rotherham. The home provides care for up to16 older people. Bedroom facilities are provided on the ground, first and second floor levels of the building. Access to the first and second floor is by a lift. There are communal areas including a lounge, small conservatory and a separate dining area. There is a small car park at the front of the building and a small enclosed garden to the rear. At the time of this inspection, nine people Lived at Emyvale House.

A registered manager was in post. A registered manager is a person who has registered with CQC 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.

At this inspection, improvements in monitoring and resolving problems in the running of the service resulted in sufficient progress to meet the previously breached regulation for staffing. However, we concluded that more progress was still needed to ensure the processes for medicines and governance were fully embedded and development of the service was maintained. Previous areas identified as requiring improvement, about peoples care needs and risks, staff training, care planning and activities had suitably improved.

People were protected from harm by staff who were trained to recognise signs of abuse. Where risks to people were identified, staff acted to minimise them. There were enough staff to meet people's needs and staff were recruited safely. People were protected from the risk of infection by robust prevention and control measures. Analysis and reflective practice meant lessons were learned when things went wrong.

Medicines were given to people as prescribed and disposed of safely by properly trained staff. However, the storage, recording and stock control was not always robust or in line with guidance.

People's needs were assessed before they moved into the service. These needs were met by staff who had

the skills and knowledge to deliver effective support. People were supported to eat and drink enough to have a balanced diet, including those with associated health needs. People were supported to have healthier lives by having timely access to healthcare services. People lived in an environment which was suitable for people living with dementia. People were supported to have maximum choice and control of their lives, staff supported them in the least restrictive way and the policies and systems in the service reflected this practice.

People received a service which was caring, they were treated with dignity and respect. Staff were compassionate and caring, this was commented upon positively by people and their visitors. Staff treated people's private information confidentially. People, where possible, made decisions about how their care was provided and were involved in reviews of their care together with people important to them.

Care was personalised to people's individual needs and preferences. A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff. Staff knew people's interests and needs well. There was a complaints policy available to people. Staff were open to any complaints and understood that responding to people's concerns was a part of good care.

People and staff were positive about the culture of the service, people and relatives felt the staff team were approachable and polite. The staff team worked with other organisations to make sure they followed current good practice. Maintenance records for equipment and the environment were up to date. Policies and procedures were up to date and available for staff to refer to. Staff said they were encouraged to suggest improvements to the service. Relatives told us they could visit at any time and were always made to feel welcome and involved in their relative's care. People were supported at the end of their life to have a dignified and comfortable death.

The provider's vision and values were embedded into the service, staff and culture. The provider had sent CQC notifications in a timely manner. Notifications are changes, events or incidents that the service must inform us about.

Governance systems were not always effective in ensuring shortfalls in service delivery were identified and rectified.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Medicines were administered safely by appropriately trained staff. Systems in place did not ensure medicines were accurately stored, recorded and stock checked.

Risk to people had been assessed. There was clear guidance for staff to follow to reduce the risk.

Accident and incidents were recorded and action taken to reduce risks of reoccurrence.

Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and what to do if they had any concerns.

Is the service effective?

Good

The service was effective.

People's capacity to make decisions was assessed. Staff enabled people to make choices.

The needs of people were assessed before their admission to the home.

The staff had the skills and knowledge needed to meet the changing needs of people. People's dietary requirements were catered for.

Is the service caring?

Good

The service remains 'Good'.

Is the service responsive?

Good

People received personalised care and support which was responsive to their changing needs.

Most care plans contained up to date and relevant information for staff.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to activities which were provided by the staff.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems and processes used to assess and monitor the quality of service needed to be further strengthened to ensure progress is sustained.

The service worked effectively in partnership with other organisations and agencies.

Staff were aware of the values of the organisation. They said the team worked well together and the registered manager had introduced improvements.

There were clear lines of responsibility and accountability at the service. Staff morale was good.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was prompted in part by the need for us to check what improvements the provider had made following our last inspection on 15 August 2017 where we found the service was rated as requires improvement. We inspected to see if the provider had taken steps to address issues identified within our last inspection report.

The inspection took place on 8 August 2018. The inspection was unannounced and carried out by an adult social care inspector.

We reviewed other information we held about the service such as notifications, which tell us about incidents which happened in the service that the provider is required to tell us about. The provider had completed a provider information return (PIR) prior to our inspection; this document told us how the provider was maintaining and improving the service as well as providing other data. We also contacted other agencies such as commissioners. We used this information to help us plan our inspection.

We spoke with four people who lived at the home. We also carried out a Short Observational Framework for Inspection (SOFI) to observe people's experience of life at Emyvale House. We spoke with a visiting relative, a visiting GP, the registered manager, the provider, two care staff and the operations manager. We reviewed three people's care records; four medicine administration records (MARs) and two staff files. We also looked at other records relating to the management of the service. For example, audits and certificates of safety for equipment.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection in August 2017 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because we found issues with the systems in place for managing, storage, handling, and stock of medicines and medicines administration records (MAR's). We previously rated this domain as 'requires improvement'. At this inspection, whilst we found that a number of improvements were evident, there was an on-going breach of the regulation.

Medicines were administered in a friendly and professional manner and best practice guidelines were followed. Staff sought consent to administer medicines and people were asked if they required their PRN (as required) medicines. People had a MAR that contained a photograph and information about allergies.

Medicines and controlled drugs were stored appropriately in locked trolleys and cabinets, however the room temperature, whilst recorded daily had not been within an appropriate range for a month. The temperatures recorded since 8 July 2018 had been recorded between 26 degrees Celsius and 35 degrees Celsius. We looked at a number of medicines where the manufacturer's guidance was not to store the medicines above 25 degrees Celsius. If medicines are not stored properly they may not work in the way they were intended. The home had introduced fans in an attempt to control the problem. The recorded temperatures showed that this measure had been unsuccessful, yet, there was no evidence the home had contacted their supplying pharmacist for advice.

We reviewed people's MARs and found these were predominantly completed accurately. However, we found a recording gap in the controlled drugs record, a handwritten MAR which had not been signed and stock levels of PRN paracetamol did not always correspond with running balances. Boxed and liquid medicines had been signed on opening. We discussed our findings with the operations manager and registered manager who assured us an air conditioning unit would be introduced immediately to address the room temperature and more frequent medicines audits to identify and rectify other issues more swiftly.

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

People were protected from potential abuse and avoidable harm. People told us they felt safe in the presence of staff and they were treated well. A relative said they were reassured leaving their family members in the home. Comments included, "Yes, I believe they are safe, I have absolutely no concerns."

The provider's safeguarding policy clearly defined the different types of abuse and the actions to be taken where abuse was suspected. Staff demonstrated a good level of understanding and could clearly describe the steps they would take to protect people from abuse. Staff also knew how to 'whistle blow' and the external agencies that could be contacted to escalate their concerns. The registered manager was appropriately notifying CQC and the local authority safeguarding team of any concerns which were of a safeguarding nature and understood their responsibilities around reporting concerns.

At our previous inspection in August 2017 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because they did not have a tool to determine the care hours required to meet people's needs in a timely way.

At this inspection we observed there to be sufficient numbers of care staff available around the home. Care staff did not seem rushed and were able to attend to people's needs in a timely manner. Rotas seen for the days of the inspection, confirmed that the stated number of care staff were present in the home. People and relatives told us there were enough staff on duty to attend to their needs. One person told us, "Staff are good and give me the time I need." We observed during the inspection that call bells and individual requests were responded to in a timely manner. Systems were in place to monitor call bell response times.

We found a recruitment and selection process was in place that specified the checks needed to confirm the staff member's suitability to work with adults; for example, last employer references, health checks and exploration of their working history. We saw these checks were completed. All staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

We found the provider had systems in place to ensure there was a good standard of cleanliness and people were protected from cross infection. One person told us, "It [the home] always seems to be spick and span." We saw the environment was clean and the home smelt fresh throughout the inspection. We saw appropriate protective gloves and disposable aprons were worn by staff when needed to prevent cross infection. Some areas of the home were 'tired' and in need of redecoration. We found the registered provider had identified these areas and a programme of repair and upgrade was in place.

Comprehensive risk assessments were in place and provided detailed information to staff. Risk assessments covered areas important to people and aimed to protect people from harm. Risk assessments and management plans were regularly reviewed with the involvement of relevant professionals. Staff had a good working knowledge of risk assessments and measures to be taken to keep people safe.

Accurate detailed information was available to support emergency evacuations. Personal emergency evacuation plans (PEEPs) were in place and held in the person's care plan as well as in an emergency 'grab bag'.

Records of accidents and incidents were completed and kept along with the details of the necessary action taken. The registered manager considered what happened before, during and after the incident or accident. They used this information to consider, what preventative measures could be taken to reduce the risk of reoccurrence. We saw the registered manager regularly reviewed these to identify any themes or trends.

From our discussion with the management team we saw that they had worked together to rectify some of the concerns identified at our last inspection and were currently in the process of making further improvements to the home.

Good

Is the service effective?

Our findings

At our previous inspection in August 2017 we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because training records we checked were disorganised with no system or index to identify easily what training had been completed for each staff member. The training matrix showed many staff still had to attend mandatory training, including moving and handling, and safeguarding of vulnerable adults. It was therefore not possible to determine if staff had the skills and competencies to meet people's needs. We had and rated this domain as requires improvement. At this inspection, we found improvements had been made and rated this key question 'Good'.

At this inspection we found the service had systems in place to keep track of which training staff had completed and future training needs, staff supervisions and appraisals. Staff told us that they had received regular training which was confirmed by records seen. Training courses, which were predominantly with the local authority, included; safeguarding, fire safety, infection control and moving and handling. Newly recruited staff completed a period of induction and probationary period with regular review meetings

Staff told us they felt supported with regular supervisions and an annual appraisal. Records indicated that supervisions took place with staff on a regular basis. Supervision sessions were individual to the staff member and topics such as work performance, objectives, personal development, organisational values, communication and any personal concerns the staff member may have were discussed. The annual appraisal followed a similar format and was for staff who had been in employment for more than one year.

From the care documents we looked at, it was evidenced that people's day-to-day needs were being met and staff were recording the care that was being provided. Information about health care, medicines and treatments was available within people's care documents. These were kept up to date and regularly reviewed with any visiting healthcare professionals.

People and their relatives told us they were satisfied with the food at the service. Comments included, "It's very nice indeed", "It's lovely, always on time and there is a choice", and "Very good, always a choice and always more if you want it."

The cook told us there was a four week menu cycle which was changed seasonally. We observed the breakfast and lunch time meals. There was a positive atmosphere with interaction and conversation between staff and people. One person told us, "I really like a cooked breakfast and I can get it everyday if I wish." Prior to lunch we saw staff and the cook ask people what they wanted for lunch from the options available. One person didn't want any of the choices and expressed a different preference. We noted at lunchtime their request had been observed. Some people preferred to eat their meals in the privacy of their room. We saw that these preferences were upheld and staff took meals to them. The dining room was nicely set with linen table cloths and napkins. There was a written and pictorial menu displayed, although they did not display the same meal options, which could lead to confusion.

People's personal dietary preferences and their likes and dislikes were recorded in their care plans, along with the level of assistance they required with eating and drinking. People told us if they needed support with food, staff helped them. Comments included, "They support you if you need it." Posters and information in the kitchen gave staff guidance on foods that were suitable for diabetics and also on good meal preparation and plate presentation. Staff were in the process of identifying any allergens that may be present in the menu options.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. One application had been made to the local authority for a DoLS assessment, the home was awaiting the outcome. The registered manager was aware advocate services were available to support people who had DoLs in place to ensure their rights were protected.

People were supported to access suitable healthcare provision. The service had good links with other healthcare professionals such as, district nurses and GPs. We spoke to a visiting GP who attended the service to review people's healthcare needs. They were positive about the communication between the home and the GP's practice. They said, "Staff are knowledgeable about the people they care for and all contact with the surgery is always appropriate."

We saw the environment was small and homely. A relative told us, "It's a small home and that's one of the reasons we all like it so much." The size of the building made it easier to navigate, for example for those people living with dementia. People's bedrooms were decorated to their taste with family photos and ornaments. The home had access to a garden, which was utilised for activities whenever possible. Some bedrooms had balconies which overlooked the garden area.

Good

Is the service caring?

Our findings

At our last inspection, this key area was rated good. At this inspection, the rating remained good.

People and their relatives said the staff were caring. One person said, "The staff are very kind indeed." Another person told us, "All the staff are lovely." Another explained, "The staff can't do enough for you. They are friendly and very professional, I love talking to them." A relative said, "The staff are always welcoming and seem to be doing a great job. They are all very caring."

We saw people being treated in a caring, compassionate and respectful way by staff. Staff were friendly, sensitive and discreet. Staff clearly knew people well and respected them. We saw staff took individual approaches to people and undertook conversations and care tasks at the person's preferred pace. One person said, "I can't do things as quick as I used to do. The staff are always very patient and never try to rush me."

Care plans included a section called 'life story' which gave details about people's childhood, adulthood, significant relationships, places and events and other aspects that were important to people. Care records captured key information about people's personal preferences recorded in relation to personal hygiene and also any cultural and religious beliefs. This allowed staff to be aware of people's diverse needs and so that care could be provided that meant their rights were respected. Staff received equality and diversity training and were aware of people's individual needs.

People were treated with dignity and respect. We observed staff knocking on people's doors and seeking permission before they entered people's rooms. Staff told us what they did to make sure people's privacy and dignity was maintained. This included keeping people's doors closed whilst they received care, telling them what personal care they were providing and explaining what they were doing throughout.

The atmosphere at the home was calm, but cheerful. We saw people enjoying staff company and enjoying laughs and jokes with them, and staff knew people well. Most staff told us they had time to chat with people as they provided care and assistance.

People's friends and relatives could visit and keep in contact without being restricted. We observed visitors arriving throughout our inspection who told us that they could visit the home freely and were welcomed by staff and management. Visitors were encouraged to share mealtimes or tea and biscuits with their family members.

No one was using advocacy services at the time of the inspection although when we asked the registered manager they said if a person needed support with any issues they would use local advocacy services to gain this support for them.

We saw people's records were kept confidential. Staff were also aware of the home's policy about not discussing anything personal in communal areas. We saw people had been asked for consent in respect of

sharing information about them with others as needed, for example health care professionals, and had signed to consent to this in their records.

Good

Is the service responsive?

Our findings

We inspected the service in August 2017 and rated this key question as 'Requires Improvement' because care plans were in the process of being updated and did not reflect people's current needs. People were unable to access regular activities and we saw no activities taking place on the day of the inspection. At this inspection, we found improvements had been made and rated this key question 'Good'.

People and relatives told us that the service was responsive to their care needs. People using the service and their relatives told us the management and staff responded to any changes in their needs. One relative told us their relative's health was actively monitored by staff. They told us they had noted how their loved one had gained weight in the time they had been at Emyvale House.

Care records had improved at this inspection. Most of the care records had been updated to a new, more organised, format. When we spoke with staff we found they had a good understanding of what was important for people. We saw there was regular reviews and care plans were updated when changes were observed, this confirmed what the registered manager and staff told us. People had been asked about their preferences when assessed and these included their needs in relation to any protected characteristics under the Equality Act, such as disability and religious needs. We saw where people had preferences under these characteristics staff were aware and respectful of them. Care plans contained details such as what clothes people preferred, whether they wanted to wear make-up or jewellery, how often they preferred to shower or bathe and what time they liked to get washed and dressed.

Care plans contained information about how people needed to be supported, however we found instances of omission which had been identified by an audit as requiring update. The issues identified by the audit were yet to be completed. For example, one person's list of belongings was not completed. The malnutrition assessment in another person's care plan showed a decline in weight over a period of months. However, the monthly review recorded there was no change to this aspect of the person's wellbeing. The completed weight graph did not correspond with weights indicated in other sections of the care plan. This information was historic and the person had gained weight in recent months and as such was no longer at risk. The registered manager committed to reviewing this area of the care plan immediately to ensure all the information was accurate and up to date.

People told us they could follow past-times they enjoyed. One person told us, "We have the bingo and quizzes but I like the chair exercises." A second person said, "I like to read, but I can join in the other activities if I wish to." We saw staff had assessed what people enjoyed doing and families we spoke with also confirmed staff tried to provide pastimes that people wanted and enjoyed. We saw there was a daily activities programme on display and we saw planned activities included church services and complimentary therapies. On the day of our inspection we saw some people enjoying a cake and bun decorating activity. This was for a party to be held later that day with a sister home. The party was to celebrate the gold medal success the home had at the recent 'Care Home Olympics' held at Rotherham United football club.

The provider had a complaints procedure in place which was displayed near the front entrance of the home.

People told us they knew how to complain. One person told us "I could go to the manager or any staff." Another person said, "There is nothing to complain about, but if there was I would go to the boss." We looked at the complaints file and saw that no recent complaints had been recorded. Historic complaints had been investigated and people who had complained had been responded to.

Detailed information surrounding people's preferences at the end of their life was recorded and clear guidance was available for staff. Some care plans had information about decisions people had made on hospitalisation, and where appropriate, a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) was in place. A DNACPR is a way of recording the decision a person, or others on their behalf had made that they were not to be resuscitated in the event of a sudden cardiac collapse.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection in August 2017 we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because not all quality monitoring and audit systems were in place. The monitoring systems which were in place had not been effective in ensuring actions were addressed. We previously rated this domain as requires improvement. At this inspection, whilst we found that whilst improvements were evident, there was an on-going breach of the regulation.

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. Although the registered provider had some relatively new quality monitoring systems in place which ensured care plans, medicines management, infection control, maintenance of the building, fire safety and activities were routinely checked; we found these arrangements had failed to pick up or rectify issues we identified during our inspection. For example, omissions within care plan documents had been identified through audit, however the omissions remained unresolved two months after the audit. Systems had failed to identify or remedy the medicines storage and recording problems we found during our inspection. This was because the frequency of audit was not sufficient to identify issues and react in a timely manner. As a result, the registered provider had not taken the necessary action to ensure the wellbeing and safety of people living at the home.

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

A number of arrangements had been made to support people who lived at the home and their relatives to suggest improvements. These included being invited to attend regular residents' meetings at which people were offered the opportunity to give feedback about their experience of living at Emyvale House. People, their relatives, staff, health and social care professionals visiting the service were also sent surveys about their view of the home. There were a number of examples of suggested improvements. One of these involved the recent refurbishment of the garden area. Where menu and activity suggestions were made, these were quickly put into effect.

People, their families and the staff team spoke positively about the visible leadership and open culture at Emyvale House. One person told us, "The manager always stops for a quick chat with me." A staff member told us, "We're encouraged to say what we think; we're very open." A relative said, "I know who the manager is and they are always approachable."

Staff told us how the values of the home were put into their day to day practice. A member of staff said, "Giving people choice and improving people's independence must be second nature." Another member of staff said, "Only excellent care is good enough. That is what we work for everyday."

There was vision and strategy to deliver high quality care and support. There were defined lines of accountability and responsibility both within the service and at provider level. There was a clear

management structure. The manager was supported by a senior carer and a team of motivated staff. Staff told us the team worked well together. One staff member said, "We all get on with the job and work well together." Another staff member told us, "We are definitely a team who work with and for each other to achieve the best possible care for people." Staff also told us morale at the home had improved and the appointment of the registered manager had made a positive difference.

Staff met regularly with the registered manager, both informally and formally through supervision and regular staff meetings to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

Outcomes and actions from accidents and incidents were shared with staff. The registered manager explained, "Accidents and incidents are audited and key points pulled out to share with seniors, staff team, people and families as appropriate. They are used for reflective learning, staff training and care plan reviewing."

The service worked in partnership with other agencies. There were examples to confirm the registered manager recognised the importance of ensuring that people received 'joined-up' care. This was demonstrated when working in partnership with health care professionals, such as GP's, falls teams and dieticians.

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 Appropriate systems and guidance was in place to manage medicines safely. However, these were not always followed or completed by staff.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes used to assess and monitor the quality of the service needed to be further strengthened to ensure progress is sustained.