

Mrs Kim Jomeen

Emm Lane Care Home

Inspection report

72 Emm Lane
Heaton
Bradford
West Yorkshire
BD9 4JH

Tel: 01274541444

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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

About the service

Emm Lane residential care home is situated in the Heaton area of Bradford. The home provides accommodation and personal care for up to 14 people living with mental health conditions. At the time of the inspection there were ten people living at the home.

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

People told us they felt safe and secure. The staff team were consistent and experienced and had the skills to support people appropriately. They were knowledgeable about people and the topics we asked them about including a good understanding of how to safeguard people from abuse. 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; the policies and systems in the service supported this practice. The principles of choice and independence were embedded in the culture of the home.

People's care needs were assessed, and they received person-centred support from staff who understood their needs well. People were involved in reviewing their care plans and they were detailed and up to date.

The service was caring and there was a homely and inclusive atmosphere throughout. People were relaxed and comfortable and were treated in a warm and respectful manner. They felt listened to and were actively involved in the local community and the day to day running of the home.

The service was responsive to people's health and social care needs. Medicines were managed safely and there were close links with health and social care professionals to ensure people's physical and mental health were met and changes responded to promptly.

The management team were approachable and provided day to day support to people living at the home and the staff team. Systems to monitor and check the service were organised and up to date to ensure the service consistently met the required standards.

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

Rating at last inspection

The last rating for this service was good (published 20 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Emm Lane 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Emm Lane 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 was not required to have a manager registered with the Care Quality Commission as the provider was a single individual.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we received about the service since the last inspection. We asked for feedback from the local authority and commissioning teams. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people about their experience of the care provided. We spoke with five staff including the owner, manager and care workers and one health care professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 spoke with one relative. This was considered as part of the inspection.

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. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection we found some areas of the premises were poorly lit. At this inspection improvements had been made. Lighting and internal decoration had been replaced and all areas of the home were bright and well lit.
- Safety and environmental checks were undertaken. These included comprehensive daily health and safety checks. Issues identified were rectified promptly.
- Each person had a Personal Emergency Evacuation Plans (PEEP's). They provided clear and person-centred information to support people if an emergency arose.
- There was a culture of positive risk taking. Risks to people's health and safety were assessed. Assessments were individual and personalised to each person and covered areas such as falls and physical and mental health conditions. Staff were aware of the risks to people they supported.

Using medicines safely

- Medicines were managed safely. Staff who supported people with their medicines received regular training. Competency checks were carried out in line with good practise.
- At our last inspection we found medicine audits were not detailed. At this inspection we found detailed weekly and monthly checks were completed.
- We observed people were supported with their medicines kindly and patiently.
- The home had created close links with the local pharmacy. Staff were proactive about seeking regular support and guidance. People were involved in regular reviews to ensure they were only taking the medicines they needed. A health professional commented, "Staff are responsive and follow up on any recommendations."

Staffing and recruitment: Systems and processes to safeguard people from the risk of abuse

- People said there were enough staff and they felt safe and secure.
- Staff confirmed there was enough staff to support people. There were a low turnover of staff and people received consistent and experienced support.
- Recruitment procedures were in place to ensure only staff suitable to work were employed.
- Staff received safeguarding training and it was a topic in one to one supervision meetings. They had a good understanding about how to raise concerns. Safeguarding referrals had been made appropriately and actions put in place to ensure the safety of people.
- Records and receipts were kept of financial transactions where the service supported people with their personal monies.

Preventing and controlling infection; Learning lessons when things go wrong

- The home employed a cleaner. Communal areas were tidy and free from odour on the days of the inspection.
- Staff completed training in infection control. We saw they had access to gloves and aprons when supporting people with personal care or serving food.
- The service had received a five-star food hygiene rating. This is the highest award that can be achieved and demonstrated food was stored and prepared appropriately.
- Accidents and incidents were monitored and reviewed to ensure any lessons were learned.

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 this key question has remained the same. This meant the people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before being offered a service. The information gathered during the assessment was used to develop care plans and risk assessments. They clearly described the support required and contained person-centred information.

Staff support: induction, training, skills and experience

- Staff received a range of training to support them in their role. They had recently undertaken refresher training in a range of topics including mental health conditions. One care worker spoke enthusiastically about the quality of the training. They told us it highlighted different ways of supporting people if they were anxious. They confirmed changes they had introduced had a positive impact on one person they were supporting.
- Staff felt well supported and received supervision and appraisal. The homes' supervision policy stated staff should receive a minimum of four supervisions a year, but some staff had not received this frequency. We asked the manager about this who recognised there was work to be done to ensure all supervisions and appraisals were completed.

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

- The building was adapted to meet people's needs. There was a choice of lounge areas, bathing and shower facilities and a spacious accessible garden, including a sheltered seating area for people who chose to smoke. One person described the home as being, "A nice, warm place and homely."
- Communal areas included a range of pictures, plants and ornaments to make them homelier. In some areas the furniture and décor were tired and worn. We discussed this with management team. They confirmed there was an ongoing programme of refurbishment and redecoration.
- People were able to personalise their bedrooms. People had their own keys, so they were able to keep their bedrooms locked.

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

- People said the quality and choice of meals was good.
- The mealtime experience was relaxed and sociable. We observed people had access to the kitchen and were able to make drinks and snacks when they wished. Some people enjoyed being involved in preparing and cooking meals.
- People's nutritional and cultural needs and preferences were met. People's weights and details of food and fluids intake were monitored when this was part of their care plan.

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

- People's healthcare needs were met.
- Care plans contained information about people's health needs and records showed they had access to a wide range of health and social care professionals.
- Staff had a good understanding about the importance of oral health care. They had promoted the importance of this with people living at the home in recent reviews and residents' meetings.

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 particular 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their responsibilities under the MCA.
- Everyone who lived at the service had capacity to make decisions relating to their care and support. We observed staff routinely asking for consent from people in a friendly and discrete way.
- People had signed consent forms as part of their care plans and were able to make choices which were respected by staff. For example, people decided what level of support and checks they wanted throughout the night.

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

- People and relatives said staff were kind and caring. Words people used to describe staff included, "lovely" and "helpful and supportive". One relative said, "They [staff] look after him very well. They understand him. They are good in every way."
- Staff had a compassionate approach and we observed them showing respect and kindness when speaking with and supporting people. They knew people's communication needs well and were able to communicate effectively with them.
- People's cultural needs were met, and they were supported to follow different faiths.
- The atmosphere in the home was warm and inclusive and people who lived at the home got on well with each other. We observed people laughing and interacting with each other and staff. One person said, "I am happy living here. We get on with everyone. We are all friends."

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported in a respectful and dignified manner.
- Staff gave examples of how they respected people's privacy and promoted their independence. One staff member said, "We are here for people. We are here to support, we prompt rather than do."
- Care plans promoted people's independence. For example, people were supported and encouraged to tidy their own rooms. One person said, "It's my space. I can tidy it up when I am ready."

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

- People told us staff listened to their views. They participated in regular reviews of their care plans and were asked their opinions. They also had the opportunity to attend regular Residents Meetings. These included discussions about the way the home was run including the meals and activities available. Suggestions people made were acted upon.
- Staff had formed meaningful relationships with people and engaged positively. We observed staff routinely offering people choices and listening to their response.

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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People said person centred care was provided.
- People's care needs were assessed, and a range of care plans put in place. Care plans were regularly reviewed. Where people's mental health impacted on their behaviour and mood, care plans detailed the ways staff should respond to help maintain and improve their well-being.
- Staff were knowledgeable about the people they were supporting. They knew people's preferences, likes and dislikes. People had a named staff member who was their keyworker. This facilitated one to one personalised care and encouraged trusting relationships.
- At the time of the inspection the home was not supporting anybody who was at the end of their life. People's end of life wishes were discussed as part of the assessment process but the information was not detailed. We discussed this with the manager and they said plans were in place to develop care plans and support staff with additional training.

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

- People were supported to be involved in some activities, including maintaining friendships with old friends at a neighbouring home.
- Some people preferred to plan their own activities and went out regularly without any support from staff. Over the course of the inspection we observed people coming and going freely. Where people needed support occasional day trips were planned, outings to the local park and shops and events to celebrate special occasions.
- We observed a group of people playing dominoes. People were enthusiastic about participating and there was light hearted and appropriate banter between people. Another person told us about a planned shopping trip and visit to the beauticians which they were looking forward to.

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.

- The service identified people's needs by assessing them.
- Care plans included information about how to communicate with people. Some staff were multi-lingual, and we observed them adapting their language depending on people's needs and preferences.

Improving care quality in response to complaints or concerns

- Information was available on how to raise concerns and make complaints.
- People and relatives felt able to raise concerns and discuss them with the manager.
- There were a low level of complaints however, there was no system in place to monitor any themes or lessons learned. We discussed this with manager and they confirmed they would implement this.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person centred care.

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

- Quality monitoring systems were in place.
- The manager was clear about their responsibility to be open and honest. Staff were clear about their roles. Throughout the inspection they demonstrated their commitment to ongoing improvement and providing a quality service.
- The manager had complied with the requirement to notify CQC of various incidents, so we could monitor events happening in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team were visible and approachable. We saw there was a warm rapport between the managers, staff and people who lived at the home.
- The manager maintained daily oversight of the home. Staff praised the way the home was run and said they felt involved and included in the day to day running. One staff member said, "They [managers] are here all the time. If I go to them they listen and support."
- Staff spoke about their roles with enthusiasm. They worked well together and demonstrated good teamwork. One relative said, "They [staff] are always caring and respectful."
- Meetings were held regularly for staff and people.
- The provider had not conducted any recent surveys to gather people and relatives' views. We discussed this with the manager and they confirmed they planned to do this.

Continuous learning and improving care; Working in partnership with others

- The manager understood their responsibilities and was committed to learning and improving care. The manager and their team welcomed feedback and responded quickly to issues identified on the first day of the inspection.
- Accidents and incidents were regularly reviewed and used to inform plans.
- The home maintained close links with another home run by the provider. People were supported to use local community services such as shops and hairdressers.
- Records showed staff engaged with a range of health and social care professionals.

