

Dove Care Homes Limited

Emmanuel Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 30 September 2015 and was unannounced. We previously visited the service on 11 September 2014 and we found that the registered provider met the regulations we assessed.

Emmanuel Nursing Home is registered to provide accommodation for a maximum of 44 people who require nursing or personal care. The service looks after older people and people living with dementia. The service is situated in a quiet residential area of Hessle on

the outskirts of the city of Hull and consists of a large traditional house with a modern extension to the rear of the property. There were 29 people living in the service at the time of the inspection.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘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.

We found that people were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding issues. Staff were trained in safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Assessments of risk had been completed for each person and files had been put in place. Incidents and accidents in the service were accurately recorded and monitored each month.

The registered provider had a system in place for ordering, administering and disposing of medicines and this helped to ensure that people received their medication as prescribed.

We found that the service’s premises and equipment were not all clean and properly maintained. We found that some furniture at the service was unsafe and that some carpets needed replacing.

This was a breach of Regulation 15 (1) (a) (c) Premises and equipment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the registered provider to take at the end of the full version of the report.

Staff understood the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS are part of the MCA legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people’s best interests.

We found that people were given adequate nutrition and their health care was monitored.

We found at meal times tables did not have table cloths, napkins, condiments or any jugs of water for people. We have made a recommendation around this which you can see in the full version of the report.

People who lived at the service told us they felt staff cared about them and we observed positive interactions between people who lived at the service and staff on the day of the inspection. People told us that they were treated with dignity and respect

We found that people who used the service had care files in place for staff to follow regarding people’s physical, emotional and social care and health care needs.

We found that people who used the service were not offered regular activity or stimulation. We saw no activity on the day of the inspection. We have made a recommendation around this which you can see in the full version of the report.

We found people’s complaints were responded to appropriately.

There were no systems in place to seek feedback from people, their relatives and the service’s staff about the service provided. We have made a recommendation around this which you can see in the full version of the report.

Quality audits were being carried out by the registered manager to monitor that the systems in place were being followed by staff to ensure the safety and well-being of people who lived and worked at the service.

Summary of findings

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.

People received their medicines safely because appropriate systems were in place for the management and administration of medicines.

People that used the service were protected from the risks of harm or abuse because the registered provider had ensured staff were appropriately trained in safeguarding adults from abuse and the registered provider had systems in place to ensure safeguarding referrals were made to the appropriate department.

We found that the services premises and equipment were not all clean and properly maintained. We found that some furniture at the service was unsafe and that some carpets needed replacing.

Requires improvement



Is the service effective?

The service was not always effective.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and people were supported to make decisions about their care.

Staff undertook training that equipped them with the skills they needed to carry out their roles.

People were given adequate nutrition and their health care was monitored.

We found that the lunchtime experience for people in the service could be improved and enhanced.

Requires improvement



Is the service caring?

The service was caring.

We observed good interactions between people who used the service and the care staff throughout the inspection. People told us that staff were caring and this view was supported by the relatives we spoke with.

People's privacy and dignity were respected and their overall wellbeing was considered.

Good



Is the service responsive?

The service was not always responsive.

People were not offered a programme of activities which were tailored to their needs, hobbies and interests. We saw people did not have things to do to keep them occupied on the day of the inspection.

Requires improvement



Summary of findings

People told us they knew how to complain if they were unhappy about anything. They told us they had no concerns but were confident if they did these would be looked into.

Is the service well-led?

The service was not always well led.

There were no systems for people to express their views about the quality of the service being provided.

The manager was registered with the Care Quality Commission as required. Staff and people who used the service told us they found the registered manager was approachable and felt able to speak with them if they needed to.

Requires improvement



Emmanuel Nursing Home

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

This inspection took place on 30 September 2015 and was unannounced. The inspection team consisted of two inspectors and one expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people and those living with dementia.

Before this inspection we reviewed the information we held about the service, such as notifications we had received

from the registered provider, information we had received from the East Riding of Yorkshire Council (ERYC) Contracts and Monitoring department, Safeguarding Team and other health and social care professionals. The registered provider submitted a provider information return (PIR) prior to the inspection; this is a document that the registered provider can use to record information to evidence how they are meeting the regulations and the needs of people who live at the service.

During the inspection we spoke with the registered manager and the regional manager, three members of staff, one cook and two visiting health care professionals. We also spoke in private (with their permission) with eight people who used the service and five relatives.

We spent time in the office looking at records, which included the care records of four people who used the service, the recruitment, induction, training and supervision records for four members of staff and records relating to the management of the service.

Is the service safe?

Our findings

We spoke with eight people who lived at Emmanuel Nursing Home and they all told us they felt safe living at the service. One person said, “Yes I feel safe.” A relative told us, “Yes my [Name] is certainly safe and sound here.”

Visitors had to ring the doorbell to gain entry to the service and a key code system was in place for exit. This meant that people who lived at the service could not leave the premises unnoticed.

We asked staff how they kept people safe. One member of staff said, “We use the correct equipment such as hoists and try and keep the person comfortable.” We observed staff assisting people in their wheelchairs and noted that this was done safely ensuring the footrests were positioned correctly. However, we observed one person in their room on the morning of the inspection and we saw the person’s turn charts for positional changes had not been completed since 05.40am. We looked at the person’s care files and saw that pressure care had been identified as high risk in September 2015 and required positional changes every three to four hours whilst in bed. A specific pressure relieving mattress to reduce the risk of harm had been identified and we saw this was in place. We asked staff about people using the service that required pressure care. They told us, “There are five people that require positional turns. This never gets missed but sometimes may not be exactly on time.”

We saw the registered provider had systems in place to ensure that risks were minimised. Care files contained risk assessments that were individual to each person’s specific needs. This included assessed risk for falls, pressure care and nutritional status. We saw the risk assessments considered both the individual and their environment and identified any equipment that was needed to safely deliver the person’s care such as a pressure mattress. We saw risk assessments were up to date and reviewed regularly.

We saw the registered manager monitored all accidents and incidents in a log each month. This included the nature of the injury and if medical attention was required. We saw 72 hour short term personal plans linked to any accident or incident in people’s care files. This recorded any action taken; for example, relatives informed. The registered manager completed a monthly analysis of all accidents which showed a breakdown of the accident type, injuries,

frequencies and people who used the service with more than one accident. This was a measure to help ensure that any learning was identified and appropriate adjustments made to minimise the risk of the accidents or incidents occurring again.

We found the registered provider had policies and procedures in place to guide staff in safeguarding people from abuse. The registered manager told us in the PIR document that staff members were trained in the safeguarding of vulnerable adults (SOVA) during their induction and after that on a yearly basis. This was confirmed by evidence in the staff training files and showed that staff had completed training on SOVA as part of their induction, and that staff had completed further training during 2014 / 5. The staff who we spoke with were able to describe different types of abuse, and they told us that they would report any incidents or concerns they became aware of to the registered manager. Staff also told us that they would not hesitate to use the registered provider’s whistle blowing policy if they were concerned about any incidents or care practices at the service. One member of staff told us, “If I thought someone had done something wrong I would report it.”

We saw that safeguarding concerns were recorded, audited monthly and submitted to both the local safeguarding team and also the CQC as part of their statutory duty to report these types of incidents. This meant systems were in place to ensure people were safe and protected from the risk of abuse or harm

We saw that the registered manager monitored the maintenance of the building. The service had in place, a current fire safety policy and procedure which clearly outlined what action should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible. We saw that the maintenance staff completed regular fire drills which helped prepare staff to respond appropriately in the event of fire. Records showed that all necessary checks were carried out on equipment and installations such as gas, electricity and any lifting equipment including hoists. This ensured they were safe and in good working order. The registered provider had also developed an up to date personal emergency evacuation plan (PEEP) for each

Is the service safe?

person they cared for. Personal emergency evacuation plans (PEEP's) were in place for people who would require assistance leaving the premises in the event of an emergency.

There were 29 people using the service during the inspection. We spoke to the registered manager about how they ensured there was enough staff on duty to safely meet people's needs. We were told there was a nurse on every shift through the day and night. The registered manager told us there were between four and five care staff on each morning, between three and four care staff each evening and two care staff during the night. This was confirmed by the duty rotas we looked at from week commencing 31 August 2015 through to 4 October 2015.

The registered manager was supernumerary in addition to the nurses and care staff. The registered manager told us that they were also a registered nurse and when needed would cover shifts at the service. The registered provider had recently recruited a deputy manager who we were told would be starting imminently.

Staff told us that they felt that there was not enough staff on shift, particularly in the morning. One said "Sometimes staffing is low and only three staff are on duty." Another said "Staffing has been up and down for a long time as some staff leave when they find that the job is not for them. A few of the staff have spoken with the registered manager about staff numbers and it has been recognised and staff are being recruited." One relative told us, "I sometimes think three staff is not fair on them as it's really hard work." No one we spoke with told us people who used the service were at risk due to staffing levels.

Ancillary staff were employed in addition to care staff; there was a cook, domestic staff and activity staff on duty each day. This meant that nursing and care staff spent most of the day supporting people who lived at the service.

We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the service. We saw application forms, terms and conditions of employment and references. A Disclosure and Barring Service (DBS) check had been completed before they started work in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who

intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Nurses are required to register with the Nursing and Midwifery Council (NMC) in order to practice as nurses. When they do so they are given a personal identification number (PIN) which enables employers to check their nursing credentials. We saw that six nurse PINs had been updated, including the registered manager.

We looked at how medicines were managed within the service and checked a selection of medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. The nurse / senior care staff informed us that they had received training on the handling of medicines. This was confirmed by our checks of the staff training plan and staff training files. We saw records in the staff files that indicated the registered manager was completing competency checks on the nurses / senior care staff and the registered manager confirmed that staff were unable to administer medicines until they had their practice observed and 'signed off'. We saw four senior staff and nurses had recorded medicine observations in 2015.

We observed staff giving out medicines at the lunch time meal. Staff communicated effectively with people; even those who could not say if they were in pain or were in need of support. One person told us they looked after their own medicines and that they were very happy with this arrangement.

We saw that staff had adequate access to personal protective equipment (PPE) in the corridors of the service. However, we noted PPE was not available on one upstairs landing. We saw an effective laundry system in place with red bags used for soiled linen and white bags used for dirty linen. This helped to reduce the risk of cross infection.

There was a lack of domestic staff within the service due to sickness that meant the cleaning within the service was not effective. We saw the cleaning schedules were not completed or signed in the correct places. This made it difficult to identify which rooms had been cleaned and which had not. We saw that peoples' rooms were on the whole personalised and clean with the exception of one

Is the service safe?

room which had a strong malodour of urine. We saw there was two domestic staff on duty during the inspection. We discussed this with the registered manager who told us that the service had a head housekeeper/domestic whose total hours of employment are also used for providing activities for people. We were told that when fully operational the service had between three and four domestic staff.

We saw carpets on the ground floor corridors were marked and stained and one ground floor corridor carpet was held together with tape in parts. One bedroom carpet had an uneven surface which was a potential trip hazard for the person who lived in that room. We saw stains, liquid spills and chips on the skirting boards and one area of flooring in the older part of the service had lifted. This indicated that the cleaning of these surfaces was not carried out effectively. We saw a lawnmower was stored in the hallway. This not only looked unattractive but also represented a health and safety hazard. We addressed this with the registered manager who told us the lawnmower was to be collected by the supplier as it was faulty and would not normally be stored there.

The ground floor dining area carpet was badly stained with food ground into it and we saw that the dining room ceiling showed evidence of a water leak as it was badly marked. The dining room tables felt 'sticky' to the touch and two of the chairs were coming apart at the joints. We discussed this with the manager who had the unsafe chairs removed immediately.

We saw evidence that equipment was not being cleaned effectively. For example, two wheelchairs were heavily

soiled with food, which would make the use of these unhygienic and unpleasant for people using the service. Equipment and personal items were also not being dried appropriately and away from communal areas as we saw moving and handling slings and people's footwear drying on radiators in the dining room where people were eating and drinking.

Staff and people who used the service did not have toilet facilities fit for purpose provided for them. We saw the toilets had hand washing facilities available. However, we observed one toilet near the dining room between 08.50am and 10.15am was continually soiled despite the cleaning regime. We saw the toilet that was allocated for the staff did not have a working light and the hot tap was continually running very hot water.

We checked three of the bathrooms at the service and saw a number of people's personal hygiene products stored all together; we could not be sure who these belonged to. One shower seat had rust on the underneath and we saw flooring was split near one radiator. This meant that any water spillages would be able to leak under the floor and therefore the floor could not be cleaned effectively.

One bathroom had not had the water temperature checked and recorded since 9 June 2015. We were told that nobody used this bathroom. However, we were unable to confirm this as the bathroom was not locked and had no signage to indicate to people it was out of order.

This was a breach of Regulation 15 (1) (a) (c) Premises and equipment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

People we spoke with thought the staff were competent in their roles. One relative told us, “They are very well trained and I have no worries or concerns about [Name’s] care and welfare,” and another told us, “They are well trained. I have helped one of the staff with their NVQ.”

The registered manager told us in the PIR document that 33 staff had completed Skills for Care Common Induction standards or the Care Certificate and 26 staff had achieved a Level 2 or above National Vocational Qualification (NVQ) or Diploma in Health and Social Care. Skills for Care are a nationally recognised training resource.

A staff member told us they had induction training when they were new in post and that this included working alongside experienced care workers. Staff files included information which recorded inductions had taken place.

We saw records of supervision and team discussions where performance and professionalism were discussed. However, not all of these were dated. We also saw practical observations that had been completed on moving and handling and infection control. We asked staff if they were given regular supervision and received mixed responses. Comments included, “Yes I have supervision and help others as I have been here a long time,” “Yes I get enough” and “No I don’t really get much support.” We saw in staff files we checked that staff had received supervision by a senior staff member in 2015.

Staff told us they had completed training in safeguarding, mental capacity act (MCA), health and safety, fire awareness, moving and handling and food hygiene. One staff member told us the in-house training provided was very good. We saw evidence of additional training in staff training files and on the service training record that included falls awareness and prevention, infection control, control of substances hazardous to health (COSHH), assisting people to eat and drink and end of life care (EOL). This meant the staffs were competent and skilled in providing the support and care people that used the service required.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies

to care services. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We saw that a person’s capacity to make decisions had been assessed and there was evidence that best interest meetings had been held to assist people with decision making. Training records evidenced that staff had attended training on MCA and DoLS. In addition to this, the registered manager and staff who we spoke with were aware of the principles of MCA and DoLS, how they impacted on people and how they were used to keep people safe. One staff member told us, “Sometimes people need help to make decisions.” The registered manager told us the service had submitted DoLS applications which we were able to evidence in the records we looked at.

The registered manager told us that only a small number of people using the service were living with dementia. We observed that people who could mobilise independently went to and from their rooms during the day and peoples bedroom doors were numbered with their names displayed.

A social care professional told us that there was good communication between themselves and staff who worked at the service. They said that staff were knowledgeable about people that used the service and contacted other agencies when required. We saw records of contact made with health care professionals such as GP, dieticians and speech and language therapists (SALT). This meant that staff had access to information about people’s health care needs.

Is the service effective?

People who used the service and their relatives told us that they had good access to GPs and other health care professionals when they needed it. We observed one person using the service who was living with dementia. The person's relative was concerned by their demeanour and discussed this with a staff member. The staff member was very supportive and spoke with the person's GP who agreed to visit later in the day. Relatives told us that they were kept informed of any changes to their relative's health and well-being. We saw people's care files recorded their health needs and were reviewed on a regular basis to ensure that there was an up to date record of their current health care needs.

We saw that some people had Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documentation in their care files that had been reviewed regularly. The purpose of a DNACPR decision is to provide immediate guidance to those present (mostly healthcare professionals) on the best action to take (or not take) should the person suffer cardiac arrest or die suddenly.

We saw that people's care files recorded any special dietary needs and that when concerns had been identified about people losing or gaining too much weight, advice had been sought from a dietician and that this had been incorporated into their care files. For example, one person using the service had undergone a nutritional assessment and guidance had been followed from SALT regarding the person's diet and support to eat.

When nutrition had been identified as an area of concern, we saw that appropriate referrals had been made to health care professionals. We saw charts that were used to monitor people's food and fluid intake, and noted that these were being completed with the exception of one person's food chart which did not record what type or quantity of food had been eaten. People were also weighed as part of nutritional screening. This ensured people's nutritional intake could be monitored to promote their health.

Staff were able to demonstrate a good knowledge of people's dietary requirements. A staff member told us "Four people have their food blended at the moment and another person has their fluids thickened."

People who use the service were given a choice of meals verbally. We saw people having their breakfast which was

varied and included different types of juice, choices of cereal, fruit, toast and porridge. A full cooked breakfast was also available. We saw one person had eggs, tomatoes and toast and another person chose a bacon sandwich. We saw that drinks were readily offered. A person that's used the service told us, "The breakfasts here are brilliant; you can have anything you want." Kitchen staff showed us four weekly menus that were kept in the kitchen. We were told, "I get information from the residents meetings of what changes they want and I change the menu. Choices are given and I sometimes do specials like toasties as I know what people like." We saw the menus contained various foods including roast meats, fresh fruit, casseroles, pies, flans and numerous desserts.

The food in the service is provided by various different suppliers. The kitchen staff were responsible for ordering all of the food supplies. They were able to demonstrate knowledge of people who required food supplements and how these were given to people and had received training regarding fortified diets.

We observed people were given choices of the lunch time meals which were; meat pie, mashed potatoes, green beans, carrots and gravy or salmon and dill sauce, mashed potatoes and carrots. For dessert people were offered the choice of chocolate pudding with chocolate sauce or ice-cream. We saw the lunchtime meal was held in the main dining room. Tables did not have table cloths, napkins, condiments or any jugs of water for people. Having tables set for mealtimes could assist people with memory impairment to understand that it was a mealtime. We saw that people were given a drink in a glass. Some people who used the service had explained to them what the meal was by the staff supporting them. However, others received their food with little explanation of what they had to eat from the staff. We saw that the meal served looked appetising, wholesome and home cooked, and people appeared to enjoy it. We saw that two people were supported by relatives with eating their meal and three staff members sitting and eating their meals with people who used the service. People told us they liked the meals provided at the service and commented on how plentiful it was and how they enjoyed it.

We recommend the registered provider ensures the meal time experience for people that use the service is positive.

Is the service caring?

Our findings

On the day of the inspection we observed that staff had a caring and considerate manner with people who lived at the service. People who lived at the service told us that staff cared about them and were kind and courteous.

Comments included, “It’s a wonderful caring place, and nothing is too much trouble” and, “I could not be happier.”

We observed a member of staff whilst they were talking to a person in the dining room and saw that they spoke gently into the person’s ear and used thumbs up sign to show positivity. We saw another staff member supporting a person to take their medicines. The staff member was patient, offered encouragement and checked to ensure that where medication was taken orally it had been swallowed.

Relatives expressed their views on the care provided. Comments included, “I am always impressed with how the staff talks to [Name]. They have an inclusive culture here which they all work to. There is a real dimension to this place whereby it is real care as opposed to institutional care” and, “Staff are excellent. They are very caring which is what we felt when we first visited here.”

We saw from care files that people had signed the documentation whenever possible, such as their care plan, to provide formal consent to care and support. When we asked visitors if they knew about their relatives care files and had been involved in devising them some did and some did not.

Staff told us that they read people’s care files and that these included information that helped them to get to know the person. On the day of the inspection we observed interactions that evidenced staff knew people’s individual personalities, needs and wishes. One staff member told us,

“I know about people through their care files and by asking them. One person likes their face cream on in a morning and to wear jewellery.” This meant people’s individual lifestyle choices were understood and respected by staff.

During the inspection we saw that that friends and family were able to visit whenever they wanted to and could stay as long as they liked. One said “I visit every day, it’s a lovely place and I couldn’t wish for anything better for [Name]. The staff give [Name] hugs and cuddles, just like I do. I have total piece of mind” and, “I can come and help as much or as little as I want, which is important to me as I was the main carer.” Relatives told us they were always included in meal times at the service and enjoyed eating their meals with their loved ones.

We noted that people who lived at the service were well presented, appropriately dressed and wearing suitable footwear. Relative’s told us the laundry was always well done and there were hardly ever any problems with the laundering of people’s clothes. Comments included, “My [Name] is always clean though and tidy.” We observed one person who had no footwear on. We asked the person if this was their choice and they told us “Yes.”

We saw the service had received thank you and compliment cards from relatives and friends of people using the service, thanking the staff at the service. This indicated a high level of satisfaction with the service being provided.

We saw that staff respected people’s privacy and dignity. Staff told us that some people who use the service have telephones in their rooms which enable them to have private conversations. We saw some people spending time in their private rooms with relatives. The relatives we spoke with all confirmed their loved ones were treated with dignity and respect. Comments included, “I come every day early and see the staff at very busy times. They are hardworking and treat everyone with dignity and respect.”

Is the service responsive?

Our findings

We looked at the care files of four people using the service. We saw that they included an initial individual assessment which identified the elements of the person's care that required specific care plans. Care files and risk assessments documented information about people's individual needs. We saw that people had a recorded 'map of life' and 'getting to know you questions'. This evidenced that people were involved in the development of their care files. The care files and risk assessments we looked at had been reviewed regularly. This meant that staff had information to enable them to formulate personalised care and support to meet the needs of people using the service.

The service responded appropriately to people's needs for care and support and this was reflected in care files. Care files we looked at contained admission assessments, daily records, support files and nutritional screening tools.

We saw one person's care plan for communication did not incorporate some of the changes that had been indicated. For example, the person had been given pen and paper to help with communicating. However, this had been recorded in the ongoing review process and did not form part of the care plan document. We discussed this with the registered manager that the ongoing review process should inform the care plan not become the care plan. The registered manager agreed to address this.

We saw people's families had been kept informed regarding people's care files, any incidents, accidents or changes in need. Records we looked at showed that people were referred to healthcare professionals in a timely manner. For example, one person had been discharged from hospital and began to lose weight. The service responded by making a referral to SALT.

Some people who used the service had medical conditions that required close supervision and support to maintain their health and wellbeing. Individuals could present with anxieties. We observed one person using the service had refused to eat or drink much with their relative and it was communicated to staff by the person's relative. We saw a staff member stop what they were doing and give immediate support and encouragement to the person who eventually accepted some food. The registered manager told us there had been a change to the number of staff supporting in the dining area at breakfast from 8am. This

was reduced down to one staff member. It had been recognised that too many people in the dining room was creating anxiety for people who used the service. This showed us that staff were responsive to the changing needs of people using the service.

We observed people using the service making choices about what they wanted to eat and drink. A relative told us their loved one had been supported to access a new chair. They told us, "My [Name] is having a new specialist chair which is great. It is to stop [Name] leaning forward and it will mean [Name] isn't in the wheelchair for most of the day," and another told us, "I think they respond well here to things. [Name] had a fall and now has a crash mat and a new wheelchair. It's a lot better for [Name]." We observed a member of staff speaking with people to ask them what they would like for breakfast and what drink they would like with their food. This showed that people were able to make choices and that staff listened to people using the service.

We saw no social activities taking place during our visit. The service has an activity co-ordinator in a dual role for 42 hours each week; 30 hours were designated for the provision of activity and the remaining 12 hours are used for housekeeping. A staff member told us the activity hours had only been introduced over the last three weeks.

We saw no set activity programme for people using the service. Staff told us there were files to implement a programme of activity and this was in discussion with the registered manager. We saw 'key worker diversion therapy' in a log book which recorded individual time spent with people. Entries included chatting about the weather and horseracing. Staff told us they did group activities like dominoes, horse racing games and chair based exercises using DVDs. We saw little evidence of this in the records we looked at. We asked if the service produced a newsletter for people using the service outlining forthcoming events and activities. Staff told us not at present but this was something they planned to implement. We saw an activities report that listed people using the service that had recently enjoyed an entertainer and bramble picking.

Relatives we spoke with told us there used to be more activities in the past but the staff had left and so activity had "Dried up" and one person who used the service had attended a centre on a Monday and Wednesday prior to

Is the service responsive?

living at Emmanuel. This had continued and the relative was happy about this. The information about activities was given to the registered manager in high-level feedback, but not in detail.

We recommend the registered provider ensures there are activities, interests and pastimes for people that use the service.

We saw the service had a complaints policy. The registered manager kept a record of complaints made and complaints were audited and any actions taken recorded every month and analysed quarterly. We reviewed the complaints and compliments records. We saw the service had three

recorded complaints. These had been documented and responded to appropriately. We saw a recent compliment from a healthcare professional that stated good communication and responsiveness from the service.

No one we spoke with told us they had made any formal complaints and relatives told us they knew who to go to if they had any worries or complaints. One relative told us they had complained about the quality of the fish provided at the service. They said the manager responded immediately and raised this with the suppliers. They told us, "At least [Name] did something about it and they are still on the case now." This showed the service encouraged and responded to people's feedback.

Is the service well-led?

Our findings

As a condition of their registration, the registered provider is required to have a registered manager in post. The registered manager had been in post for two years at this inspection and was registered with the Care Quality Commission (CQC).

Services that provide health and social care to people are required to inform the CQC of specific events that happen in their service. The registered manager had informed the CQC of significant events in a timely way. This meant we were able to check that appropriate action had been taken.

We had requested a 'provider information return' (PIR) from the service and had received the information requested within the given timescales.

The registered manager was present during the inspection and was able to assist with the inspection and locate documents that we required promptly. We found that records were well kept, easily accessible and stored securely.

The registered manager told us their door was always open for staff, people using the service and their relatives. A relative told us, "I think the registered manager could have a better presence, you don't see much of them as they are sat up there in the high office." The registered manager told us part of the refurbishment files were to re-locate their office downstairs to make them more accessible to people.

We asked staff and people who used the service about the culture and openness of the service. They told us, "Everyone gets along most of the time," "Since 2006 the culture has gone down sometimes people just work for the money" and, "I like the atmosphere here its settled. The staff are good and don't even wake you up in a morning."

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. The registered manager carried out audits of the systems and practice to assess the quality of the service. We saw audits were completed monthly on medication, safeguarding, incidents, clinical audits, infection control and complaints. This meant any patterns or areas requiring improvement could be identified.

The registered manager told us the last satisfaction survey had been sent out in June 2014 to people that used the service and their relatives. We were told these are usually sent out every year and the registered manager would go and speak directly to people that had given feedback. We did not see any evidence of this. The registered manager told us meetings with people who used the service were not well attended and the service was looking at different ways to do this.

The registered manager told us it had been a while since the last staff meeting. However, staff came to the office and discussed issues if they had any. The registered manager said the service had files to meet with staff every two months. We did not see any evidence of staff meetings during the inspection. We asked staff if they had attended staff meeting. They told us, "I have never had a staff meeting. I would like one but have never been asked" and, "No."

We recommend the registered provider develops the quality monitoring systems to ensure the views of people that use the service are obtained and that staff supervision systems (or meetings) are developed to enable staff involvement in the running of the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and equipment. How the regulation was not being met: People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance and cleaning. Regulation 15 (1) (a) (c).