

Mr Stephen John Oldale

# Emyvale House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

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?

**Good**



# Summary of findings

## Overall summary

The inspection was unannounced, which meant the provider did not know we were coming. It took place on 10 June 2016. The home was previously inspected in May 2015, this was a focused inspection as we had received concerns. It was not a rated inspection, however, we found two breaches of regulations.

Emyvale House is a care home for older people, providing accommodation and personal care for up to 16 people over three floors. It is situated in West Melton which is approximately six miles from the town of Rotherham.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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.

We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding vulnerable people and were able to explain the procedures to follow should an allegation of abuse be made.

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The individual plans we looked at included risk assessments which identified any risk associated with people's care.

Systems were in place to ensure people received their medications in a safe and timely way from staff who had been trained to carry out this role. However, we identified these had not always been followed.

People were supported to eat and drink sufficient to maintain a balanced diet and snacks were available in-between. People we spoke with who used the service told us they liked the food and could choose what they wanted and when they wanted to eat.

We found there were enough staff with the right skills, knowledge and experience to meet people's needs. However, at times due to staff shortages and holidays staffing levels fell below the required hours that the dependency tool determined so people's needs may not always be met in a timely way.

Staff were provided with appropriate training, support and supervision to help them meet people's needs.

We found the service to be meeting the requirements of the mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). The staff we spoke with had a good understanding of the requirements.

Systems were in place to assess and monitor the quality of the service, including obtaining feedback from people who used the service and their relatives. Records showed that systems for recording and managing

complaints, safeguarding concerns and incidents and accidents were managed well and that management took steps to learn from such events and put measures in place which meant lessons were learnt and they were less likely to happen again.

## 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 always safe.

There were sufficient numbers of staff to meet people's needs safely. However, staffing levels were not always maintained at required levels due to staffing shortages and holidays.

Systems were in place to make sure people received their medicines in a safe and timely manner. However, these had not always been followed.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

### Is the service effective?

**Good** ●

The service was effective.

Staff were trained to enable them to meet people's needs in a person-centred way.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation. Staff promoted people's ability to make decisions and knew how to act in their best interests if necessary.

Meals were designed to ensure people received nutritious food which promoted good health and reflected their specific needs and preferences.

### Is the service caring?

**Good** ●

The service was caring.

People we spoke with told us the staff were always patient and kind. We saw people were treated with respect, kindness and compassion.

Staff were passionate about ensuring the care they provided was

personalised and individualised. Staff were very respectful of people's privacy and dignity.

People were supported at the end of life to have a comfortable, dignified and pain free death.

### **Is the service responsive?**

**Good** ●

The service was responsive.

We saw people had health, care and support plans. These were regularly reviewed and updated and reflected people's changing needs. Care plans reflected people's choices, wishes and decisions and showed involvement of the person.

There was a range of activities on offer at the home. These were enjoyed by people. People were also encouraged to pursue their own hobbies or interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

### **Is the service well-led?**

**Good** ●

The service was well led.

Quality monitoring and audits took place to ensure policies and procedures were being followed.

The provider asked people, their relatives and other professionals what they thought of the service to ensure improvements if required could be made.

Staff we spoke with felt the service was well led and were supported by the management team who were approachable and listened to them.

# 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 checked 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.

This inspection took place on 10 June 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service including the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at notifications sent to the Care Quality Commission by the registered manager. We spoke with the local authority commissioners, contracts officers and safeguarding. They told us they were not aware of any issues or concerns regarding the service.

As part of this inspection we time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We looked at documents and records that related to people's care, including two people's support plans. We spoke with eight people who used the service and three visitors.

During our inspection we spoke with four support staff, the cook, the registered manager and the operations manager. We also looked at records relating to staff, medicines management and the management of the service. We also spoke with a visiting health care professional.

# Is the service safe?

## Our findings

At our previous inspection in May 2015 the service was in breach of regulation 12 and 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people did not always receive safe care and treatment and there were not always enough staff on night duty to meet people's needs.

At this inspection we found that improvements had been made and people did receive safe care and treatment to meet their needs. During this inspection we saw there were staff in sufficient numbers to keep people safe. However, the staffing levels required were not always provided due to staffing shortages and holidays. Staff we spoke with told us there was two staff on duty in an afternoon and then an additional staff member worked three hours in the evening to help with teas and a busy period following tea. They told us that these hours were not always able to be covered and when this was not they struggled to meet people's needs in a timely way. People we spoke with told us predominantly there were enough staff on duty to meet their needs. However, explained at times and particularly after tea when many people liked to get ready for bed that they sometimes had to wait to receive assistance as staff were very busy.

The registered manager explained that they used a dependency tool to determine staffing levels and we saw this had been regularly reviewed and staffing was allocated to meet the required hours. However, on occasions the additional three hours required in the evenings had not been covered. The registered manager had identified this and acknowledged that this was required, but was struggling to cover the hours at times due to staff shortages. They told us they would look at staffing again to determine if they could be more flexible to ensure staffing hours were always covered to meet people's needs. They also explained they were in the process of recruiting more staff and when they came into post staff would not need to cover additional shifts, as hours would be covered to ensure people's needs were met.

People we spoke with all told us they felt very safe living at Emyvale House. One person said, "Yes we are safe here the staff are lovely." Another person said, "I love it here. I am very happy and safe."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Where concerns had been raised the registered manager had notified the relevant authorities and taken action to ensure people were safe.

The staff we spoke with were also aware of the whistle blowing policies and procedures. Whistleblowing is one way in which a staff member can report suspected wrong doing at work, by telling someone they trust about their concerns. Staff said they would not hesitate to report any safeguarding concerns and all felt confident the registered manager would respond appropriately.

We looked at three people's care files these showed the actions taken to minimise any risks to people that used the service. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly.

We looked at the systems in place for managing medicines in the home. This included the storage, handling and stock of medicines and medication administration records (MARs) for six people.

Medicines were stored safely, at the right temperatures. However, the room thermometer used was not a minimum and maximum thermometer so it did not record the temperatures it reached throughout the day. The operations manager agreed to purchase a suitable thermometer to ensure the room temperature was monitored sufficiently to ensure medicines were kept at the correct temperatures.

We saw records were kept for medicines received, administered and disposal of medicines. We found people were receiving medicines as prescribed. However, we saw correct documentation procedures were not always followed. We found medicines had not been signed as checked on receipt and there was no carried over amounts recorded. Therefore, it was not possible to determine how many medicines were in stock in the home.

We saw people were prescribed pain relief to be given 'as and when' required. Some people were being given this medicine regularly and there was no evidence that it had been reviewed. We identified that as it was being given regularly, the medicines were running out before the end of the four week cycle, so staff were giving people homely remedies, for example paracetamol, until the new medicines were delivered.

We discussed this with the registered manager and the operations manager they told us they had identified this and were trying to resolve the issues with the medical practice and the dispensing pharmacy. They also explained that due to staffing shortages the last delivery of medicines had been checked in by staff who had not previously carried out this task on their own. They had checked the medicines, but had forgotten to sign the charts. This had been identified as part of the audits and was being addressed with staff through group supervision.

During our inspection the operations manager arranged a meeting with the practice manager and GP to discuss the concerns and review the medicines to ensure enough were prescribed to last the month.

Staff were able to explain how they supported people appropriately to take their medicines that were prescribed 'as and when' required. For example, pain relief. They were aware of signs when people were in pain, discomfort, agitated or in a low mood. This helped to ensure they received their medicines when required.

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.



# Is the service effective?

## Our findings

People we spoke with told us the staff were excellent and that they loved living at Emyvale House. One person said, "Love it, I am very happy." Another told us, "Wouldn't go back home." Another said, "Its good care you get here."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. Staff we spoke with confirmed that they had received training in the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

Staff were also aware of the legal requirements and how this applied in practice. The registered manager had submitted DoLS applications and was awaiting assessment. None were authorised at the time of our visit.

We saw evidence that decisions were made following best practice guidance where a person who used the service lacked capacity to make a certain decision.

People were offered a nutritious and healthy diet which was based on their preferences and dietary requirements. We saw snacks and drinks were available throughout the day which included a choice of hot and cold drinks and snacks such as crisps, cakes and a selection of biscuits. We asked people if they enjoyed their food and they all commented positively. One person said, "The food is lovely, we have a good cook." Another said, "There is no shortage of food, if anything we are fed too well, (They laughed) I have to watch my waistline."

We observed lunch and found staff offered choice and respected the person's decision. People were assisted with their meal where appropriate and this was done in a kind and caring manner. For example, care workers sat with people who required assistance and there was a good conversation and banter between the staff member and the people at the table. This provided a positive mealtime experience encouraging people to eat their meals. We also saw one person when they were given their meal changed their mind, staff immediately offered them something else to eat and the cook prepared their choice. The person told us, "We have good menu choices and a good variety."

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure that they received a balanced diet. We saw people's weight was monitored if they were assessed as at risk of not receiving adequate nutrition. This was monitored and professional advice obtained if required.

People had good access to healthcare services such as dentist, optical services and GP's. We spoke with a visiting health care professional who told us the service was very good at seeking advice and guidance to ensure people's needs were met. They said, "I can't fault this home , it is one of the best homes I visit, I never

have any problems here."

Staff we spoke with said they had received training that had helped them to understand their role and responsibilities. We looked at training records which showed staff had completed a range of training sessions. These included moving and handling, infection control, safeguarding of vulnerable adults, fire safety, and health and safety.

Records we saw showed staff were up to date with the mandatory training required by the provider. Staff we spoke with told us the training was good. Staff also told us they did additional training to further understand how to meet the needs of people they supported.

Staff told us they felt supported by the registered manager and confirmed they received regular supervision sessions. Supervision sessions were individual meetings with their line manager. Staff felt they were able to contribute to their supervision session and felt valued.

## Is the service caring?

### Our findings

Everyone we spoke with was positive about the staff and the management team. People told us staff were considerate, kind and caring. One person said, "I came here for six weeks and have now been here three years as I am so well looked after." Another person said, "We have fun, we are very well looked after." Another person said, "This is a happy home, it is all good here, very caring."

We spoke with relatives of people who used the service and they told us the staff were kind and caring. One relative said, "We can't fault this home the staff are lovely. I visit at various times and the staff are always pleasant."

During our visit we spent time in communal areas talking to people who used the service. We saw positive interactions between people and staff. Staff were caring and compassionate. From conversations we heard between staff and people who used the service it was clear staff understood people's needs, how to approach people and when people wanted to be on their own. People we spoke with praised the care staff and said that the staff were good. We also saw the staff and people they supported talking, laughing and joking together.

We spoke with staff and found they knew people well. They explained how they would maintain people's privacy and dignity by closing doors and curtains when attending to personal care. One care worker said, "I always explain to people what we are going to do and it is in their time, if it takes 20 minutes to get someone out of their chair it takes 20 minutes. It is in their time." They also said, "One person likes to have a wet shave and this can mean it takes up to 45 minutes to get them ready in a morning, but he likes it, it is important to him to have a wet shave so we support him to do this."

We spent time observing staff interacting with people who used the service. Staff were supportive and caring in nature. Staff consistently offered choices to people and ensured people were happy with the option selected.

At the time of our inspection one person who received a service was at end of their life. We saw their care plan had been reviewed appropriately. Staff we spoke with were aware of how to care for people at end of life. Records we saw showed the person's needs were being met ensuring they were comfortable, pain free and that their dignity was maintained. Staff we spoke with were passionate about ensuring people were respected and cared for appropriately.

## Is the service responsive?

### Our findings

We found from talking with staff they were knowledgeable on people's needs and how to best meet people's needs. People we spoke with told us the staff understood them and helped them. One person said, "Staff are brilliant, they look after us well." Relatives we spoke with were also very positive about the care received. One relative told us, "Care is brilliant, (My relative) can be difficult at times, the staff know how to deal with them appropriately, they redirect or divert to calm them. We are very satisfied with the home." Another relative said, "It is great, the residents come first, can't fault it."

We checked care records belonging to three people who used the service at the time of the inspection. We found that care plans identified people's needs, setting out how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed. Care plans were regularly assessed to ensure that they were up to date and captured any changing needs. The registered manager told us that the GP's from the practice where people were registered visited the home each week to hold a surgery. This had been running for a while and had improved the service. It meant people's changing needs could be regularly reviewed and had cut down on emergency calls requesting visits by the GP.

Records showed that people's care was reviewed regularly to ensure it met people's needs. We saw people who used the service were involved in the reviews if they wished. Relatives we spoke with told us they felt involved in their relatives care. Staff we spoke with told us they were involved in writing care plans and ensured reviews took place with people who used the service and their families.

The staff and the activities coordinator told us people living in the home were offered a range of social activities. We observed some activities during our inspection, people were participating in a game of bingo and others were drawing or colouring. These were enjoyed by all the people who took part. People told us they enjoyed the activities and something was organised every day. We could hear laughter and banter during the activities all people were joining in and were happy giving people a good sense of wellbeing. The activity coordinator told us activities were organised depending on what people requested and changed each week. We saw there were regular entertainers visiting the home and people we spoke with told us they enjoyed these sessions. There was also an exercise session provided by an external company. This again people told us they enjoyed.

People told us that a person who lived at the home had recently had a very special birthday and the staff had arranged a party for them. People said it was lovely and enjoyed by everyone. One person told us, "The staff made it a lovely day and they had a wonderful birthday, all their family came and it was a special day."

The registered manager told us there was a comprehensive complaints' policy, this was explained to everyone who received a service. The procedure was on display in the service where everyone was able to access it. We asked people if they would tell staff if they had a worry and they said they would. We had no concerns raised by anyone during our inspection. We check records of concerns and saw the registered manager kept records of any issues raised, no matter how minor and evidenced how these were resolved.

Relatives were encouraged and supported to make their views known about the care provided by the service. There were regular meetings giving opportunity for people to contribute to the running of the home. The provider also sent out quality questionnaires to seek people's views. These were sent to people who used the service, their relatives and health care professionals. We saw a number of completed questionnaires, these all gave positive feedback. People felt they had a voice and they were listened to.

We spoke with the local authority officer, they told us following concerns raised last year the registered manager had responded positively and felt the service was providing a good service that was responsive to people's needs.

## Is the service well-led?

### Our findings

At the time of our inspection the service had a registered manager who had been registered with the Care Quality Commission and managed the service for over 20 years.

We found there was an open, fair and transparent culture within the home. Staff told us they felt that they worked well as a team and they all helped each other. They told us they felt the registered manager and the operations manager were approachable and listened to their concerns and ideas for improvement. One member of staff said, "We work well as a team and are supported."

Staff we spoke with felt the service was well led and they were supported by the management team who were approachable and listened to them. The only negative we received from staff was that, on occasions, staffing levels fell short of the required hours. We had discussed this with the management team who acknowledged that at times this had been a problem due to staff shortages but was being resolved. We were assured at the time of our inspection that staffing would be assessed and adequate staff hours provided because of the action that was being taken by the management team to address the issue.

Staff had told us that they received regular supervision and support. They also told us they had an annual appraisal of their work which ensured they could express any views about the service in a private and formal manner.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered and the general manager. The reports included any actions required and these were checked each month to determine progress.

The registered manager told us they completed daily, weekly and monthly audits which included environment, infection control, fire safety medication and care plans. The operations also carried out monthly audits. We saw a variety of audits and it was clear any actions were identified and addressed. We saw the issues regarding medication and staffing had been identified by the registered manager and were being addressed.

There was regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. There were also meeting each month involving the people who used the service, which ensured people had opportunity to raise any issues or concerns or just to be able to talk together communicating any choices or requests.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to reduce the risk.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that the management team took steps to learn from such events and put measures in place which meant they were less likely to happen again.