

Minster Care Management Limited

Emmanuel Care Home

Inspection report

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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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Emmanuel Care Home is a residential care home providing personal care to people living with dementia and or aged 65 and or over. The service can support up to 44 people, at the time of inspection 32 people were living at the service.

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

Improvements had been made since the last inspection, however further time was needed for the improvements to be fully embedded. Surveys were taking place to gather people's views; however, these had not always been fully explored to ensure people's feedback was used to improve the service. Audits were taking place, but they had not identified some of the issues found by the inspection team that required further improvement.

People told us they felt safe, there was sufficient staff to meet people needs. Risk assessments had been carried out to mitigate the risks to people. The service was clean and tidy. Medicines were managed safely. However, records required further improvement.

Staff received regular training and supervision to ensure they had the skills and support for their role. 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.

People were supported by kind and caring staff, who knew them well. People's privacy and dignity was maintained.

Activities were available for people to participate in and these were organised in relation to peoples, hobbies and interests. Complaints had been responded to in line with the providers policies. People's wishes at end of life had been explored.

We received positive feedback about the improvements the service had made since the last inspection. Staff were positive about the support they received from the management team.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 23 November 2018).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Emmanuel 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

This inspection was carried out by two inspectors and one assistant inspector.

Service and service type

Emmanuel Care Home 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, area manager, assistant

manager, team leader, two care workers, chef, a maintenance and a domestic member of staff. We also spoke with two visiting health professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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; Preventing and controlling infection

- People told us they felt safe, one person told us, "I feel safe here, the staff make me feel safe."
- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks, for example, risk of falls and risks to skin integrity.
- The service was clean and tidy. At the last inspection we identified concerns with the storage of equipment, at this inspection we found the equipment was stored appropriately.
- Staff used personal protective equipment when appropriate.
- Measures were in place for window safety During the inspection the registered manager took action to make some of these measures more robust.

Using medicines safely

- People received their medication as prescribed. One person told us, "I always get my medication, and I can ask for pain relief at any time."
- People had been assessed to see if they were able to self-administer their own medicines. We saw where people administered their own medicines, such as creams and eye drops measures were in place to support them to do so.

Systems and processes to safeguard people from the risk of abuse

- The provider had a procedure in place to safeguard people from the risk of abuse.
- Staff had access to appropriate training and to policies and procedures. Staff were aware of their responsibilities and reporting to the appropriate external agencies.

Staffing and recruitment

- Staff were recruited safely. Pre-employment checks had been conducted to ensure staff were suitable prior to them starting their employment.
- The registered manager used a dependency tool, and we saw staffing levels had been reviewed and then increased to meet peoples' changing needs
- There was sufficient staff to meet people's needs. One person advised, "If I ring my bell they come quickly." A member of staff told us, "The registered manager increased the staffing levels. It's been really positive, we have more time to spend with people."

Learning lessons when things go wrong

- Accident and incidents were monitored and analysed to support learning lessons. Audits identified any trends, so actions could be taken without delay.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Since the last inspection improvements had been to the supervisions and appraisals of staff. Staff were now receiving more regular supervision and appraisals. Staff told us they felt well supported, one staff told us, "I have a supervision every few months and just recently had an appraisal, I feel well supported."
- Staff received induction and ongoing training. The staff completed mandatory online training, and additional training was sourced to ensure staff had the appropriate skills to meet individual needs. During the inspection we observed additional training courses taking place such as dementia friends and training from a physiotherapist to prevent admissions to hospital.

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

- At the last inspection people were not always fully offered a choice of meals and people were not always satisfied with the quality of food. At this inspection we received positive feedback regarding the food available to people. One person told us, "The food is very good, the chef is good, and we get a choice."
- People were offered a choice of meals, and the meal time experience was a pleasant experience.
- Food and drink was offered to people throughout the inspection.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were supported to access healthcare professionals. Records showed these included GPs, opticians and district nurses. Advice from professionals was incorporated into care plans to ensure this was followed.
- Assessments of people's needs were carried out prior to them moving to the service.
- Best practice tools were used to ensure people's needs were met in relation to pressure care, and nutrition.
- Assessments and care plans were in place around oral health care. People were supported with their oral hygiene and had routine dental check-ups.

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

- Doors had been painted specific colours and appropriate signage was in place to support people with their orientation and recognising their rooms.
- The service had a choice of communal rooms so people could choose where to spend their time. For example, the service had a reminiscence lounge where people could spend time reminiscing.

- People's rooms were personalised, and communal areas had been recently decorated to make the service more homely.

Ensuring consent to care and treatment in line with law and guidance

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

- The service was working within the principles of the MCA. Where people had been deprived of their liberty this had been done through a DoLS authorisation.
- Improvements had been made to the recording of capacity assessments. Where people's relatives were consenting to care, it was clear in the care plan they had the legal right to do so.
- Staff gained people's consent prior to providing them with support.

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 were treated with respect by kind and caring staff.
- We received positive feedback from people about the staff and support people received. Comments included, "Staff spend time with me, they make me feel special" and, "Staff are very good, kind and help you as much as they can. If you want anything they will get it."
- We observed all staff who worked in the service knew people well and spent time with people, this included domestic and maintenance staff.
- Staff respected people's equality, diversity and human rights, these were discussed during the assessment process and included in care plans.

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

- People confirmed they were able to make their own choices and decisions. Staff encouraged people to make decisions independently about their day to day routines.
- Meetings were held where people were encouraged to express their views. One person told us, "The staff encourage me to make my own opinions and choices."
- People chose how they wanted their bedrooms decorated and had input into changes made in the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us, "Staff always knock before they come in and they always close the door."
- Confidential records were held securely. These were stored in locked cabinets in a locked room and records held on computers were password protected.

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

- People received person-centred care. Staff knew people well and were aware of their needs and preferences.
- Work had been carried out to ensure people's care plans were person-centred and met their needs. We saw some really person-centred care plans; however, we identified some care plans which required further information. The registered manager was aware of this and was continuing to carry out work to develop care plans.
- People and their relatives were complimentary about the care they received. One relative told us, "Staff know [name] well, they have built a good relationship, we could not have picked a nicer place for her."

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.

- People's communication needs were assessed and documented in their care plans.
- Information was available in different formats such as easy read documents.

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

- The service had an activity coordinator who provided regular activities to meet people's needs.
- We observed people taking part in a variety of activities during the inspection which they enjoyed, such as, 'pampering' and arts and crafts. One person told us, "We are always doing games and exercises, I can only use one arm and its really helped me with the strength in my arm."
- People's hobbies and interests had been fully considered and measures put in place to ensure their needs were met. For example, one person really enjoyed gardening, a small garden and seating area had been made outside their room for them to enjoy their gardening hobby in winter months.
- People were supported to access the local community to participate in shopping and visiting local cafes.

Improving care quality in response to complaints or concerns

- The complaints process was on display in the service. People told us they were aware of how to complain.
- Complaints had been investigated and responded to in line with the providers policy. The area manager reviewed complaints to identify where lessons could be learnt.

End of life care and support

- People's end of life care wishes had been explored and were recorded appropriately in their care plans.
- The staff team had experience of caring for people at the end of their life. Staff were knowledgeable about how to provide support at end of life to ensure people received a dignified and pain free death.

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

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

- Although governance systems had been developed and improved, some areas still required further work. Audits had not always identified or acted on improvements that were required. For example, we identified some areas that required attention in the home, for example, two showers had no covers on, and hand rails required work as the paint had chipped off. This was addressed at the time of inspection.
- Records were not always completed robustly. Medication records were not always completed in line with best practice guidance and some people's fluid and diet intake charts were not completed robustly.
- There was no schedule for care plan audits, and one care plan was audited each month meaning it could take a number of years before a full audit of the care plan takes place. The registered manager developed a schedule during the inspection and this was due to commence the following week.
- Surveys had been carried out with people, staff and relatives and we could see some actions had been taken from this. However, we saw some of the feedback had not always been fully explored and used to improve the service.

We recommend that the provider consider current guidance about quality assessment and monitoring and update their audit processes accordingly.

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

- People and their relatives were complimentary about the care they received and the improvements in the service.
- Staff told us they felt well supported by the management team.
- The service had received a number of compliments. One of the compliments stated, "There seems to have been changes that give a better quality of life and well-being for the residents. The introduction of the delightful rabbit, little dogs and care for interiors, wallpapers and a little shop. The staff also appeared happier, smiling and courteous. I wanted to thank you [registered manager] for the vision and organisation that has brought about changes for the better in residents and staff, welfare and changed such a dreadful anxious time."

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

- The registered manager was aware of their legal responsibilities. For example, they were knowledgeable about what issues they had a duty to notify the Care Quality Commission [CQC] about. Records showed they had notified CQC appropriately.
- When complaints had been submitted and accidents had occurred, these were investigated and the service was open and honest with their findings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and staff were engaged in the running of the service. Regular meetings were held where people and staff were kept up to date with any changes and able to give their opinions and ideas.
- The service was developing links with the local community. They were part of a group to help the local town become more dementia friendly. The local community regularly attend the service to put on activities for people.
- The service worked in partnership with health and social care professionals.