

Pilgrims' Friend Society

Emmaus House

Inspection report

115 Valley Drive
Harrogate
North Yorkshire
HG2 0JS

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Emmaus House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and care provided, and both were looked at during this inspection. The service is situated in a residential area of Harrogate and is registered to provide support for up to 23 people older people who may be living with dementia. On the first day of our inspection, 18 people were living at the service.

The inspection took place on 4 and 19 January 2018. The first day of the inspection was unannounced and the second day was arranged in advance.

At the last inspection, in December 2015, the service was rated 'Good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A manager started at the service in November 2017 and they had applied to the CQC to become the registered manager. The manager was away from work on the first day of our inspection, but was available for the second day. The deputy manager, operations manager and other members of the staff team assisted us throughout the inspection.

Informal quality assurance checks, alongside monthly provider visits, were completed. The manager was in the process of implementing the audit system, which had not been used due to the absence of a registered manager.

People within the service reported feeling safe and staff training and practice supported this. Staff understood potential signs of abuse, their responsibilities to report any concerns and how they would do this.

Detailed risk assessments described the actions required to keep people safe and reduce potential risks. This is a small service with a consistent staff team and staff knew the needs of the people they cared for.

We found medication was stored, recorded and administered safely.

Staff continued to be recruited in a safe manner to ensure their suitability to work within the service. Staff received training in relation to their role and reported feeling well supported by the management team. Support was provided by way of team meetings and supervisions. Appraisals were in the process of being completed.

People reported the food at the service was excellent. We observed a lunchtime meal and noted a relaxed

atmosphere with food that looked appetising. People were supported to eat and drink and risks in relation to nutrition were responded to.

We found the environment was immaculately clean and tidy. The dining room had recently been updated and further improvement plans were in progress. The environment was not specifically designed to be 'dementia friendly' and would benefit from further consideration to this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

We received positive feedback about the staff team. Staff were caring in their interactions with the people who used their service and we observed patient and discreet care being provided. People's dignity was promoted.

Assessments and care plans were completed which contained person centred information. Activities were arranged for people within the service and the manager was in the process of further developing these.

People understood how to make a complaint. There had been no formal complaints within the last 12 months.

A further detailed summary is provided below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Emmaus House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection site visits took place on 4 and 19 January 2018. The first day of inspection was unannounced. The inspection team was made up of two inspectors, who were present for both days of inspection, and an 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 supported this inspection was a specialist in care for older people and people living with dementia. They spoke with people who used the service and visitors to gather their feedback and observed interactions including the care and support provided in communal areas and with activities.

Before our inspection we reviewed information we held about the service, which included information shared with the CQC and notifications sent to us since our last inspection. The provider is legally required to send notifications about events, incidents or changes that occur and which affect their service or the people who use it. We also contacted the local authority commissioning group and Healthwatch, a consumer group who share the views and experiences of people using health and social care services in England. We used this information in planning our inspection.

Before the inspection, the provider sent us the Provider Information Return. This is information providers are required to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make. This contributed to our understanding of the service.

During the inspection we spoke with four people who used the service and three carers. 'Carer' is a term used to refer to a relative or friend who provides unpaid support to a person. We spoke with two volunteers, four members of staff, the deputy manager, the operations manager and the manager of the service. We reviewed three staff files, which contained information about training, supervisions and appraisals.

We looked at documentation for three people who used the service, which included care plans, risk

assessments and daily records. We also viewed a variety of documentation relating to the running of the service and the provider's policies and procedures.

We undertook a tour of the premises and, with people's permission, looked in their bedrooms. We observed interactions between people who used the service and staff. 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 cannot talk with us.

Is the service safe?

Our findings

People who used the service confirmed they felt safe. One person stated, "I feel safe. I can ask staff anything and they look after me." Another person told us, "I have been here a long time. It is a place I can go where I like from room to room and I feel safe."

Staff received safeguarding training. They were knowledgeable about how to keep people safe and when to report any concerns. Staff told us they would discuss any concerns with the manager and were confident that issues raised would be dealt with immediately. The provider had safeguarding policies and procedures in place.

Where risks had been identified, risk assessments were completed which described actions taken to manage and reduce risks. This included assessments in relation to skin, risk of falling and weight loss. Staff referred to other professionals for their assessment and input around managing risks.

The manager monitored and assessed accidents and incidents to ensure any risks to people's health and safety were identified and addressed.

We received generally positive feedback about staffing levels. Of the seven people we spoke with one person stated, "Sometimes we notice there is a shortage. Sometimes there are situations when there is a lot going on." We reviewed three weeks of staff rotas and found there were consistent numbers of staff. We saw people were getting the support they required, were not waiting for long periods of time and there were plenty of staff moving throughout the service. Staff members explained people's level of dependency within the service had increased. The manager had started to use a dependency tool to determine the level of staff required to safely meet people's needs.

The provider continued to recruit staff in a safe manner with all relevant pre-employment checks being completed before employment commenced.

Medicines were stored, disposed of and administered safely. Staff were patient with people when administering medicines. Information was available which guided staff on when to administer 'as and when required' medicines. The deputy manager carried out an audit of the medicines and completed stock checks to ensure safe practices were followed.

Communal areas were clean, bright and well-furnished and there were no unpleasant odours. People who lived in the service stated, "The whole home is lovely and clean" and described it as, "Absolutely spotless."

Equipment was regularly checked and repaired when required. Environmental checks were completed by staff and the maintenance team. These environmental checks helped to ensure the safety of people who used the service.

There were contingency arrangements in place so that staff knew what to do and who to contact in the

event of an emergency. The fire risk assessment for the service was up-to-date and reviewed yearly. People who used the service had personal emergency evacuation plans (PEEP) in place; a PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. Fire alarm checks were completed on a weekly basis. A Health and Safety Audit, completed in July 2017, identified staff would benefit from a timed evacuation to make sure these are completed in the appropriate amount of time. This has been scheduled by the registered manager.

Is the service effective?

Our findings

We received very positive feedback about the food, which included, "Brilliant, it is really brilliant. Exceptional the food here, it's like a hotel." Another person told us, "The food is lovely just like my mother used to make." We observed the lunchtime experience was relaxed and organised. Staff ate their lunch with people and provided discreet assistance; explaining to people who had sight problems or communication difficulties what was on their plate and cutting up food for people. People's dietary needs and preferences were considered and accommodated.

People were regularly weighed and staff completed a Malnutrition Screening Tool to identify people who may be at risk of malnutrition. Food and fluid charts were in place for two people due to concern about their food and fluid intake, some of which were not consistently completed. We discussed this with the deputy manager. Daily records recorded the support people had with their meals.

People who used the service had access to healthcare professionals which included GP's, district nurses and dieticians. Professional visits were consistently recorded within people's records and staff followed the advice given. People had 'Hospital Passports' which recorded important information about a person should they need to be supported in a different environment.

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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. We found people's mental capacity had been assessed, and where appropriate, DoLS were sought. We noted people's mental capacity had not been consistently assessed for the use of lap belts. The manager provided us with documentation after the inspection which showed capacity assessments had now been completed. Staff continually offered people choices and sought their consent before delivering care. Care plans relating to people's mental health needs reminded staff to acknowledge the person's right to make, what could be considered, an unwise decision.

People told us staff were skilled in their roles. We observed staff had a clear understanding of their role and completed training in areas the provider considered mandatory. This included moving and handling, fire safety and infection control. Staff had not received recent training in relation to dementia care. Since our inspection the manager has contacted an organisation to arrange the delivery of dementia training.

Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. Staff received supervisions on a regular basis; the records were brief and did not detail what had been discussed with staff. The manager agreed to review the supervision documentation. Appraisals of staff performance were underway and scheduled for the rest of the year.

People's bedrooms were personalised with their own furniture, flowers and pictures. They were clean and warm. One carer commented, "It is not clinical, it's homely. Everyone is made to feel welcome."

The dining room had recently been refurbished and there were plans for further refurbishment. Although the environment was not specifically designed to meet the needs of people living with dementia the provider had ensured the carpets and decoration were suitable for people with cognitive impairments. Staff were aware of the limitations of the environment and escorted people living with dementia to and from their bedrooms.

Is the service caring?

Our findings

We received very positive feedback about staff. When we asked one person whether staff were kind in their interactions, they responded, "Very much so. I have never heard or seen anyone being rude sharp or cross. Exceptional care." Another person described staff as, "Very caring and gentle, they keep people safe and are never short tempered." A carer told us, "They speak to people very well and are very kind."

Staff showed a good understanding of people's needs. They described the level of support a person required, whether there were any on-going concerns and, if there were concerns, what actions had been taken.

We observed very caring interactions between staff and people who used the service. For example, whilst a person was being lowered in their electronic bed, staff placed a reassuring hand on top of the resident's hand, explained what was happening and maintained eye contact throughout. Staff provided emotional support, asking people if they were okay when they seemed quiet or more reserved. This demonstrated staff cared for the emotional well-being of people who used the service.

Staff promoted people's dignity and privacy in the way they approached providing support. Staff explained they closed people's curtains and doors when personal care was being provided. Staff knocked on people's bedroom doors, sought permission to enter and discreetly asked what support they required.

We heard staff talking with people who arrived for a period of respite. Staff greeted them with hugs and told them how happy they were to see them. They reminisced together about the person playing the piano for everybody. The person who used the service talked with staff in a relaxed manner and was pleased to be back.

A variety of information produced for the 'Pilgrims Trust' was available throughout the service for people who used the service and their carers. Information included, 'Visiting People with Dementia' and 'Caring for an Elderly Parent'. There was also information produced by Alzheimers Research UK. The service user guide was available in larger print to enable more people to access this information.

At the time of our inspection, there were no people receiving formal advocacy support, but carers were actively involved in discussions about the support for people who used the service.

Is the service responsive?

Our findings

We found people received person-centred support which was responsive to their changing needs.

Assessments were completed and contained information about key areas of a person's life. This included details of their nutritional needs, support required with mobility and likes and preferences. For example, a person's care plan described how they liked to sleep with the light on and wanted their bedroom to be warm. Staff regularly reviewed and updated care plans when there was a change in the person's needs. The deputy manager was in the process of completing annual reviews of people's care and support and people were involved in this process if they chose to be. This demonstrated a person-centred approach to planning and delivering people's care.

Staff used an electronic recording system for all assessments, care plans and daily notes. Daily notes detailed what happened in a person's day, the support they were provided with and concerns for staff to monitor. The team had two verbal handovers each day and maintained a diary for important messages and appointments. This system enabled staff to share information and respond to people's needs.

The provider's vision for the organisation is for older people to receive excellent and compassionate care which will lead to fulfilled lives. The service had a strong Christian ethos and people who used the service and staff had opportunities to practice their faith by attending church services, praying together and listening to readings and music.

The service employed a part-time activities co-ordinator. We were shown a full calendar of Christmas activities which included a performance by a school choir, poetry readings and church services. We observed the people who used the service playing a game together, led by the activities co-ordinator, with support from staff. At the end of the activity, people were invited to pray and listen to one another; people spoke freely and engaged with this activity. The activities co-ordinator also spent time with people on a one-to-one basis to reduce the risk of social isolation.

People referred to a lack of activity during the afternoons. A person who used the service described long afternoons with little to do. This view was echoed by another person who stated, "In the mornings it is lovely plenty to do, but nothing in the afternoon." Several carers had fed back, that activities would benefit from further development. The manager had recently written to staff asking for their ideas about activities and events. They had a list of important dates throughout the year and outings were planned to areas such as the Yorkshire Dales and Pateley Bridge. This demonstrated the manager listened to feedback.

At the time of our inspection, the service was not providing any end of life care. Prior to our inspection, we received very positive feedback from a carer whose relative was provided with end of life care. The staff were described as "Very attentive" and they felt their relative was supported to have a dignified end to their life.

There had been no formal complaints about the service in the last year. People who used the service and carers we spoke with were aware of who to speak with should they have a complaint.

Is the service well-led?

Our findings

We received positive feedback about the management. One person said, "It is well run. We have just got a new manager, they talk to me". A carer stated, "The people I have had contact with have been very positive." A volunteer at the service described feeling well supported in their role and stated, "They [the manager] are very approachable. I see them talking to the residents. It's such a happy atmosphere."

Throughout our inspection we found the team worked well together and provided us with the information required.

A new manager was in post and had made an application to the CQC to become the registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager left the service in March 2017; in the interim the operations manager and deputy manager provided oversight.

The operations manager visited on a monthly basis. Between January and December 2017 four audits were completed, some with associated action plans, which documented actions required and completion dates. This demonstrated the provider was providing oversight.

The deputy manager had completed informal audits. They reviewed each person's care file on a monthly basis, to ensure they reflected people's current needs, and monitored people's weights. This demonstrated the management team were aware of people's changing needs. The deputy manager had a thorough understanding of what was happening within the service and was visible to people who used the service and staff.

Since commencing in their role, the manager completed 'manager walk-rounds' each day and recorded observations of practice, both positive and negative, people spoken with and basic environmental checks. The provider had recently designed a new audit system and the manager had a clear timetable of when audits would be completed to ensure oversight and monitoring of the service.

The staff team spoke positively about the new manager and the management structure. The manager was described as approachable and was noted to listen to staff. Another member of staff stated they felt valued by the provider and described how emotionally supportive they had been during a difficult time. Overall staff felt well supported in their role and described working as part of a team. Staff meeting minutes showed staff were confident in discussing any issues or making suggestions about how the service could be improved.

The provider had sought feedback on the quality of the service through 'resident and relative' meetings and questionnaires for people who used the service, carers and professionals who visited the home. One professional had commented, "Emmaus is the best home I have ever worked in." A carer stated, "I believe

[Person's name] is well looked after and cared for at Emmaus House. The staff are caring, approachable, committed and concerned for the residents. I have complete peace of mind that my mother is being well looked after and I am thankful to the management and staff at Emmaus House."

When we asked what the good things about the service were, one person stated, "The care, activities, food hygiene, everything. It's a super place. Nothing is too much trouble."