Pilgrim Havens

Emmaus House

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?	Good

Overall summary

This inspection took place on 12 December 2015 and was unannounced. At the last inspection on 25 September 2014 we found the registered provider was meeting the regulations we inspected.

Emmaus House is owned and managed by Pilgrim Havens. The service is registered to provide residential care for older people, some of who may be living with dementia. It is in a residential area of Harrogate and is close to local amenities. The home is on three levels and can accommodate up to 23 people, if the double room is used. However, so that everyone can have a single room, the usual occupancy is 22 people.

The home has a registered manager in place. 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.

Summary of findings

People told us they felt safe at the home and staff were able to tell us what they would do to ensure people were safe. The home had enough suitably trained staff to care for people safely. Staff received regular supervision with their line manager and they were safely recruited.

People were protected because staff handled medicines safely and in accordance with the prescriber's instructions. The home minimised the risk of cross infection because staff were trained in infection control and knew how to care for people according to the service's policies and procedures.

Staff had received training to ensure that people received appropriate care to meet their individual needs. Staff were able to tell us about effective care practices and people had access to the health care professional support they needed.

Staff had received training in Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff ensured that people were supported to make decisions about their care and where they were not able to do so their relatives or people who knew them well were consulted. People were cared for in line with current legislation and they were given choices about their daily living tasks.

People's needs were fully met with regard to the provision of food and drink. People told us they enjoyed the meals provided and that their suggestions had been incorporated into menus. We observed that the dining experience was a pleasant occasion and that people had choice and variety in their diet.

Throughout our visit, people were treated with sensitivity, kindness and compassion. Staff had a good rapport with people, whilst treating them with dignity and respect. Staff had a good knowledge and understanding of people's needs and worked together as a team. Care plans were detailed and provided information about people's individual needs and preferences.

People enjoyed the different activities available and we saw people smiling and engaging with staff in a positive way. Staff made daily records of people's changing needs. Peoples care needs were regularly monitored through daily staff updates, handovers and formal staff meetings.

People told us they thought any complaints would be handled quickly and courteously. However, no one we spoke with had had reason to make a complaint.

The registered manager was visible working with the team, monitoring and supporting the staff to ensure people received the care and support they needed. People told us they found the registered manager approachable and that they listened to them. They also spoke positively about the deputy manager, who they said shared their passion and wish to provide good care and a 'home to be proud of.'

The registered manager and staff told us that quality assurance systems were used to make improvements to the service. We sampled a range of which were used to plan improvements to 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 safe.

Good

People were protected from the risks of acquiring infection because the home was clean and hygienic.

Risks to people's safety were assessed and acted on. Risk assessments included how to least restrict people's movements and activities to keep them safe.

People were protected by sufficient staff, all of whom had the skills and experience to offer appropriate care and were well deployed within the home.

Staff were safely recruited to make sure they were suitable to work with people who may be vulnerable by means of their circumstances.

People were protected by the way the service handled medicines.

Is the service effective?
The service was effective.

Good

People told us they felt well cared for and that staff understood their

care needs and how best to support them.

Staff were supported in their role through training, supervision and appraisal and this meant they were able to fulfil their respective roles and responsibilities competently.

The service met people's health care needs, including their needs in relation to food and drink.

People's capacity to make decisions was assessed in line with the Mental Capacity Act (2005) (MCA).

Is the service caring?
The service was caring.

Good

People told us that staff were thoughtful, kind and caring and we observed this throughout our inspection visit.

Staff respected people's privacy and dignity and this was evident in the way they dealt with personal care needs in a sensitive and discreet manner.

Is the service responsive?
The service was responsive to people's needs.

Good

People were consulted about their care and where necessary relatives were included in the discussions.

Staff had information about people's likes, dislikes, their lives and interests to ensure staff had the information they needed to offer person centred care.

Summary of findings

Activities and daily pastimes were planned in a way to match people's interests and preferences. Relatives told us they thought the activities were appropriate and included things which people had an interest in.

Is the service well-led?

Good

The service was well led.

There was a registered manager in place. Leadership was given and the senior management team within the service were available to give guidance to staff. There was a quality assurance system in place so that the registered manager could monitor the service and plan improvements.

Communication between management and staff was regular, inclusive and informative.

The overall culture in the service was supportive of people who used the service, their visitors and relatives and the staff team. Meetings were held so that people using the service could discuss the running of the home and keep up to date with events, including the introduction of new staff and work in the service.

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.

This inspection took place on 12 December 2015 and was carried out by one adult social care inspector. The inspection was unannounced and completed in one day.

Prior to our inspection we reviewed all of the information we held about the service. We considered information which had been shared with us by the local authority. Before an inspection the provider may be asked to complete a 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. On this occasion the provider had not been asked to provide this information. We also gathered information we required during the inspection visit.

We spoke with twelve people who lived at the service, five visitors, five members of staff, the registered manager and the deputy manager.

We looked at all areas of the home, including people's bedrooms with their permission where this was possible. We looked at the kitchen, laundry, bathrooms, toilets and all communal areas. We also looked at three care plans and associated documentation. This included records relating to the management of the service, policies and procedures, audits and staff duty rotas. We looked at the recruitment records for two members of staff. We also observed the lunchtime experience and interactions between staff and people who used the service.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe. One relative told us, "Yes, it is safe here. My [relative] wouldn't be here if it wasn't." Another relative told us, "I have no concerns about this place, the staff are extremely good. I can relax knowing my [relative] is here." Comments from people who used the service included, "It is great, there is always someone who comes if I need anything. I feel secure knowing that."

We saw there were safeguarding policies and procedures in place. Staff had received safeguarding of adults and abuse training which was kept up to date. Staff were clear about how to recognise and report any suspicions of abuse. They could correctly tell us who they would contact if they suspected there was the risk of abuse or that abuse had taken place. They understood who would investigate a safeguarding issue and what the home procedure was in relation to this. They were also aware of the whistle blowing policy and knew the processes for taking concerns to appropriate agencies, outside of the service, if they felt they were not being dealt with effectively.

We asked the registered manager how they decided on staffing levels. They told us this depended on the numbers and dependency levels of the people living at the home at any time. The registered manager also told us they considered skill mix and experience when drawing up the rota. We saw the rota and spoke with staff about this. Staff told us there were enough staff on duty to meet people's needs, to chat and not feel rushed. Our observations confirmed this. There was also an option to increase staffing levels if necessary to meet the demands on staff, for example if someone was unwell and required additional support or if someone was receiving palliative care or end of life care.

Risk assessments were in place for each person living at the service. These covered such areas as falls, moving and handling, risks around pressure ulcer care and food and drink. Staff were able to tell us how they managed risk to ensure people's freedom was maximised, while keeping them safe. For example the registered provider told us that if people had been assessed as safe to go out unaccompanied they did so and if people could make their own hot drinks in their room this was facilitated.

We looked at the recruitment records for two employed staff. They had both started work over twelve months ago. Most of the other staff had worked at the service from between seven and ten years. The records showed safe recruitment practices were followed. We found recruitment checks, such as criminal record checks from the Disclosure and Barring Service (DBS) and that two references were obtained before staff began work. The DBS checks assist employers in making safer recruitment decisions by checking prospective care workers are not barred from working with vulnerable people. This meant that the home had taken steps to reduce the risk of employing unsuitable staff.

We looked around the home and found the premises were clean and tidy. Most areas of the home were accessible by lift; however there were also steps to some parts of the home. For those

areas which were accessed by steps the registered provider told us that the risk involved was assessed and that only people who could manage the stairs were offered these rooms. Environmental risk assessments were in place and each person had a Personal Emergency Evacuation Plan (PEEP) to protect them in the event of fire or other emergencies. We saw that entry to the home was controlled and there were keypads on the exit doors for people's safety.

Staff told us that they had received training in the control of infection. Staff correctly described how to minimise the risk of infections. They spoke of the correct use of aprons and gloves and also told us that they washed their hands frequently and always between offering care to people. The service had an infection control policy and procedure which staff told us they followed. This included details of how to manage outbreaks of infection. The laundry room, though small and in need of modernisation, had a suitable washing machine and dryer and the laundry system protected people from the risk of cross infection through staff keeping dirty and clean laundry separate. Some areas of the home were showing signs of wear and tear, including paintwork and carpets. A few carpets were in need of shampooing and this was highlighted with the registered manager. Plans were immediately put in place to have these attended to. The door, leading to the attic was not

Good

Is the service safe?

locked. Despite people who used the service not usually accessing this area of the home, it was felt by us to be a hazard. The registered manager agreed to have a lock fitted to make this area secure in future.

Medicines were stored safely in a secure cupboard in the main office. Controlled drugs, which need to be supervised more stringently than routine medicines, were stored separately and according to the service's policy and procedure. Medicines were supplied to the home in a Monitored Dosing System (MDS). We found appropriate arrangements were in place for the ordering and disposal of all medicines. One member of staff took overall responsibility for ordering and disposing of medicines. They told us they made regular checks on stocks and recording to ensure people received their medicines safely and at the time they needed them. This helped to reduce the risk of error.

We looked at a random selection of Medication Administration Records (MAR). The MARs were well completed and medicines were signed for, which indicated people were receiving their medicines as prescribed and any refusals or errors were documented.

Staff told us that they received regular medicine training updates. This meant that staff benefitted from training in best practice around medicines handling. All staff who were qualified to handle medicines were listed on the MAR sheets to ensure only those who were suitably trained were involved. This included a list of staff who could handle controlled drugs.

Good

Is the service effective?

Our findings

People told us they enjoyed the meals. One person told us, "The food is really very good and it's always nice and hot." Another person said, "They know what I don't like and make sure I have enough to keep me going." People told us the menu selection was varied and that they had helped with the menu choices. A relative told us they had visited at different times during the day and that, "The food is home cooked." They went on to tell us how their relative was less willing to be seated to eat their meals and that staff were monitoring this and finding ways around it. One person told us, "We choose our meal the day before, the main meal at lunchtime. If we have forgotten, the staff have a list and remind us." This was confirmed by another person who also added, "If you have changed your mind you can always have something else. The food is excellent."

Staff had received induction and training in all the mandatory topics. This was thorough and covered all required areas, for example, fire safety, moving and handling, first aid and dementia awareness. This was confirmed by the staff we spoke with and the records provided by the registered manager. This meant staff were trained to give people the care they needed.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards which provides legal protection for vulnerable people if there are restrictions on their freedom and liberty. 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager and staff team had a good understanding of the MCA and the DoLS application process. We saw seven DoLS requests for a standard authorisation had been completed following a mental capacity assessment and had been submitted to the local authority. These had all been approved and were still valid at the time of our visit.

People's consent to care and treatment was recorded along with their capacity to make decisions about their care. Where appropriate, Do Not Attempt Resuscitation consent forms were correctly completed with the relevant signatures. Information about advocacy services was available to people, however, none of the people who used the service had needed to use advocacy recently.

Needs relating to nutrition and hydration were recorded in care plans and risk assessments were available where appropriate. Tables in the dining room were laid attractively with linen napkins, condiments and cutlery. People had a choice of drinks which included diluted fruit juices, tea or coffee. The food served was hot, served in suitable portions and looked appetising. There was a menu available for people to see prior to the meal being served, and staff told us that they asked for people's preferences the day before. People told us that if there was a meal they did not like an alternative was always provided. We observed a lunch time meal and people commented on how much they enjoyed their meal. The atmosphere was relaxed and some people were served their meal in their bedrooms if they preferred. The dining room was quiet, with people chatting to each other and the staff. People seemed relaxed and happy and were left to eat their meal at their own pace. This made lunch time a sociable occasion with people having the opportunity to chat with each other. We noted that drinks and snacks were available throughout the morning and afternoon. People told us that they could choose almost anything they liked at tea time, and that there was always a hot choice and soup to choose from. People varied their dining experience with occasional trips out to local cafes for meals and snacks accompanied by staff when appropriate. Two people needed assistance with their meal whilst sitting in the dining room. Staff sat alongside these people and offered assistance in a respectful and encouraging manner.

People were regularly weighed when they were at risk of losing weight for example, due to a poor appetite or medical condition. This meant that the home could monitor if people lost or gained weight. The service sought external professional support when necessary to meet people's needs in this area.

Good

Is the service effective?

The care plans we looked at showed people had been seen by a range of health care professionals including doctors, district nurses and chiropodists. We saw from the records that staff contacted health care professionals to help address issues, including the Community Mental Health Team. Staff maintained records of all specialist involvement. We saw care workers had involved the doctor in a timely way when people had become unwell or needed a check-up and kept clear notes about consultations. Needs in areas such as pressure ulcer care, moving and handling and any clinical care needs were also recorded.

Good

Is the service caring?

Our findings

People told us that staff were kind to them and treated them in a caring and compassionate way. One person told us, "The staff are super, they do their very best for me." Another person told us, "When you move into a home, you have to make compromises but the staff have made it easy for me to settle in because of their kindness." A relative told us, "The residents here always come first. I recommend this place to my friends and family." Another visitor said, "We can visit at any time and they always make us welcome. They are really good at keeping us informed about everything. I can rely on them to keep me updated." Overall people who lived at the service and their relatives spoke highly of the staff, their competence and caring qualities. One person summed up their feelings by saying, "The staff are loving and genuinely caring."

Throughout our visit staff were attentive to people they were caring for and demonstrated they knew people very well. Including people's visitors and relatives. We noted that staff showed their affection and warmth towards people by quiet verbal reassurance, a gentle touch or a smile when appropriate. People responded to this in a positive way, smiling back and appearing to enjoy the verbal or physical interaction.

Staff told us how important it was for them to treat people with respect. For example one member of staff said, "I love my job, I treat everyone like they are a member of my own family. That's the way I try to treat the people here. I always try and give them choice about things that matter and help people as much as I can. Nothing would be too much trouble, we all feel like that."

We observed the registered manager and the staff team on duty treat people with privacy and dignity. As we looked around the home, the staff member knocked on doors, and waited for a response before asking if they could enter. The wishes of people who preferred not to be disturbed were respected. Staff spoke about the importance of respecting people's dignity when supporting people with their personal care or helping someone to dress or undress. Staff had received equality and diversity training which they told us had given them guidance on how to avoid treating people in a discriminatory way or disrespectfully.

All staff were cheerful whilst carrying out their work and there was a great sense of camaraderie between them and people who used the service. This created a relaxing and caring atmosphere.

People were comfortable around staff and there was kindness between them. We saw that staff encouraged people to express their views and listened to their responses. Giving people time to understand what was being asked or said and not overloading people with too much information. Staff got down to people's level, so they could have eye contact, when they were talking and when asking sensitive questions this was done discretely. Staff gave the impression that they had plenty of time to carry out their roles and were respectful in their conversations with people. Throughout the visit, we saw that all staff knew people, their likes and dislikes, well. We saw all staff address people by name and in a kindly manner.

A number of relatives called into the service during our visit and they were welcomed warmly by staff, who clearly knew them well. Relatives were offered refreshments including an invitation to dine with their relative, which gave them a greater opportunity to spend quality time with the person they were visiting.

Some people were able to express their views clearly but there were others who, through their complex needs, were not able to share their views. The staff made efforts to make sure these people's views were heard and acted on. For example, staff spent time with those people who had difficulty expressing themselves to ensure their wishes were listened to. They also engaged with their relatives to make sure information about the person was considered when receiving support. Staff told us they had time to visit people in their rooms and chat with them so that they did not feel isolated.

Staff spoke with enthusiasm about their work and there was a sense of pride about the service they provided. Staff told us they were always looking for ways to improve the experience of care and compassion for people. They talked about creating a stimulating atmosphere for people, which was enriching and inclusive. The service also provided a range of activities to keep people interested and to have events they could look forward to. They also encouraged relatives and friends to visit, so that the atmosphere within

Good

Is the service caring?

the home was homely and inviting. The service also had a team of volunteers who were heavily involved in the service, providing a befriending service and spiritual support.

Good

Is the service responsive?

Our findings

One person told us, “This home is a true home. The staff respond to things quickly and I have no worries that anything would be missed.” Another person told us, “There is always plenty going on. Church services from the local church, quizzes, music and we are having a bell ringing group for the Christmas celebrations.” Another person told us, “I can get involved as much as I like with the activities. Some I do some I don’t, there are no rules about that.”

We found that staff gave care in a personalised way. Some of the people we spoke with told us that they had worked with the registered manager and senior staff to draw up their care plans and remembered being asked questions and their preferences. People told us that reviews took place, in consultation with them, when their needs changed or there was a shift in their risk levels. For example if they became unwell or they began to have more frequent falls. Where people had the capacity to do so, they gave us a clear account of the care they had agreed to, some had signed care plans and we saw that written plans were regularly reviewed with people’s involvement.

Care plans contained a life history document, which included details of significant events, people who were important to them and what they did in their previous working lives, among other details. Staff told us these gave them valuable information about people’s lives and preferences and supported them to offer personalised care.

Staff told us that they offered armchair exercise sessions, singing sessions, quizzes, and external entertainment, such as a pet therapy and visits from children attending local schools and the girl guides. People told us that they sometimes did art and craft work. The service had no garden area but is close to a large park, which can be seen from the conservatory area. People told us this was not a problem and that they could either go out with their relative or a member of staff in the more pleasant weather.

Staff kept daily records which gave sufficient information about people’s daily lives. All records gave details of any changes in care needs, if a condition needed closer monitoring or any cause for concern.

All care plans were regularly reviewed with required actions recorded with outcomes. Reviews focused on any improvements which could be made to people’s health and well-being. Relevant specialists, including health care professionals, were consulted for advice at these reviews and on an ongoing basis. Monthly updates were recorded by keyworkers and again these contained useful and relevant details to assist staff to plan responsive care. Staff could tell us about people’s care needs and how these had changed.

People told us they would feel confident telling the staff if they had any concerns and felt that these would be taken seriously. However, everyone we spoke with told us they had never made a

formal complaint but had sorted problems out directly with the staff team to their satisfaction. Staff told us that they encouraged people to speak up if they had any concerns and confirmed that people were confident to do so. The service had a complaints procedure and the registered manager told us they followed this to ensure people’s complaints were appropriately dealt with; however, there had been no recent complaints.

Good

Is the service well-led?

Our findings

There was a registered manager in place who was visible in all areas of the home throughout the day. They were approachable and worked with the team.

People were complimentary about the way the home was managed and about the registered manager and provider. Everyone we spoke with knew the name of the manager and deputy manager and what they were responsible for. One person told us, “The manager is lovely. He is approachable. They run a good home.” Another person told us, “The staff are tuned in.” We took this to mean they knew what they were doing and what to look out for if someone was not themselves or unwell.

Staff told us that the culture of the service was focused on good quality care, spiritual well-being and being open and honest about any concerns. We observed that the culture was inclusive and that staff put people at the centre of their work. Staff told us they were encouraged to ask questions and to offer suggestions about care and that the registered manager and deputy manager took these seriously and acted on them when possible.

Regular staff meetings took place, between the senior staff team and the wider staff team. There was a handover at each new shift, which was recorded so that staff could keep a track of changes for individuals and where any significant events or developments were discussed.

Staff understood the scope and limits of their roles and responsibilities, which they told us helped the home to run smoothly. They knew who to go to for support and when to refer to the registered manager.

There were systems and procedures in place to monitor and assess the quality of the service. For example we saw records of care plan, infection control and health and safety audits. Staff told us that the deputy manager discussed infection control, care planning, and changes in care needs with them regularly. The member of staff who had responsibility for medicines told us that they regularly checked that the stocks of medicines matched the records and that medicines had been correctly signed for and disposed of.

The registered manager told us that they consulted with people regularly on a one to one basis and through surveys to seek their views about the service and if there were any areas that could be improved. People told us about menu choices and their involvement in seasonal events and activities. These had been discussed at their ‘Residents Meetings’ and arrangements made in line with what people had requested.

The registered manager and the whole staff team worked in partnership with health and social care professionals to ensure people had the benefit of specialist advice and support. Daily notes and monthly updates contained detailed information when advice had been sought, and received, and was then incorporated into care practice.

Notifications had been sent to the Care Quality Commission by the service as required by legislation. For example, services have to notify us about any injuries people receive, any allegation of abuse, any incident reported to the police or any incident which stops the service from running.