The Emilie Galloway Home Of Rest

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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

This inspection took place on 28 June and 5 July 2018 and was unannounced. At the last inspection we found one breach of the regulations regarding recruitment practices, and the service was rated as requires improvement in safe and well-led. Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions of safe and well led to at least good. At this inspection we found there had been improvements and the breach of regulation had been met. However, the service remains requires improvement in well led, due to minor gaps in record keeping, but the overall rating has improved to Good.

The Emilie Galloway Home of Rest is a 'care home' and is also known locally as 'Tweed'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. People had care needs relating to dementia or older age. Most people were independently mobile and some people needed support with their personal care needs. The home had four floors with access provided via a passenger lift, stairs and stair lifts. There were communal lounges and a dining room on the ground floor. A range of seating was available in the gardens to the front and rear of the property. The property was within walking distance to a range of shops and other local facilities.

The Emilie Galloway Home of Rest can accommodate up to 21 people. There were 21 people living in the home at the time of our inspection. Each person had their own private room, most with en-suite. There were shared bathroom facilities for people that required more specialist bathing equipment such as a walk-in shower or wet room.

The service 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.

As far as possible, people were protected from harm and abuse. Staff knew how to recognise the signs of abuse and what they should do if they thought someone was a risk. The home was clean, and people were protected from the risks of poor infection and prevention control because staff new what they needed to do to prevent the risk of infection.

There were enough experienced and suitable staff to support people to stay safe and to meet people's identified needs and preferences. Staff reported incidents and accidents properly, and if these did occur, the registered manager made sure they were properly investigated. Risk assessment and risk management practices were robust.

People were supported to eat and drink enough. Food was nutritious and well prepared, and people gave us positive feedback about the quality of the food. People could access the healthcare they needed to remain

well, such as the GP or district nurse, and their medicines were managed safely.

People were able to express their choices and preferences and these were respected and promoted by staff. People led the lives they wanted to and staff supported people to go out or join in activities in the home in the least restrictive way possible. People maintained contact with those people that were important to them, such as family members or friends.

People experienced compassionate care that met their needs, and were supported by kind, caring staff. People had their privacy and dignity respected, and staff knew what to do to make sure people's independence was promoted. Staff were supported with training, supervision and appraisals to help them develop the skills they needed to provide good quality care. People experienced person centred care and were supported to make their end of life care wishes known. People's end of life care plans were detailed and staff did all they could to help people in the way they wanted, when they were at the end of their lives.

People were always involved in their care reviews as much as they wanted to be, and had their care needs regularly assessed. People experienced care and support that was in line with current guidance and standards. Staff made sure they worked within the organisation and with others, to make sure people experienced effective care. The building and environment was well adapted to meets the needs and preferences of the people who lived there.

People were asked for their consent before any care was given, and staff made sure they always acted in people's best interests. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These provide legal safeguards for people who may be deprived of their liberty for their own safety or unable to make informed choices about their care.

People had access to a complaints process, and said they would be happy to raise a complaint if they ever needed to. Complaints were fully investigated by the registered manager and the proper action taken to prevent the same thing happening again. There had been no recent formal complaints, but the registered manager and staff knew what action to take if a complaint was made.

The registered manager was well regarded and passionate about providing good quality care for people. Staff felt supported and people's views were sought and acted on to improve the service. Regular checks and audits were carried out to make sure people experienced good quality care and staff provided good support. The registered manager had notified the CQC of events that were reportable. The registered manager and staff had taken action and had made most of the improvements that were needed, so the service was now rated good overall. Further information is in the detailed findings 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 was safe. Appropriate checks were completed to ensure suitable staff were employed to work at the service.

As far as possible, people were protected from the risks of harm, abuse or discrimination. Risk assessments and risk management plans were in place and helped to keep people safe.

People's medicines were safely managed and there were enough staff on duty to meet people's needs.

The environment and equipment was safely maintained and infection control practices were safe. Incidents and accidents were well reported and investigated.

Is the service effective?

Good

The service was effective. People had their needs and choices assessed and met. People were cared for by staff that had received appropriate training and had the right skills to meet their needs.

People's nutrition and hydration needs were met, and food was homemade and nutritious.

Staff asked for people's consent before providing care and had a good understanding of the Mental Capacity Act 2005 (MCA). The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring. People were supported by staff who were kind and compassionate.

People's privacy and dignity were respected and their independence was promoted.

People were supported to make their own decisions and choices about how to live their lives.

Is the service responsive?

Good

The service was responsive. People's care plans provided staff with information about their preferences and support needs and people were involved in planning their own care.

People were asked for their feedback about the service and this was acted on. There was a complaints procedure in place. Complaints and concerns raised had been investigated and action taken to put things right.

People were properly supported with end of life care.

Is the service well-led?

Requires Improvement

The service requires improvement in well-led. Systems and processes for monitoring quality had improved but records were not as robust as they should be.

There was good leadership and staff understood their roles and responsibilities.

People and staff were engaged and involved in the running of the service.

The Emilie Galloway Home of Rest

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 comprehensive inspection took place on 28 June and 5 July 2018 and was unannounced. The inspection was carried out by two inspectors.

Before the inspection the registered manager completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the Provider Information Return to inform the inspection.

We reviewed the last inspection report and other information including any notifications we had received. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We spoke with five people living in the home, five members of staff, the registered manager, deputy manager and a trustee of the registered charity. We reviewed various records including three care plans, medicine records, quality audits, and staff recruitment and training records. We observed how people were supported and how staff interacted with people.

Good

Is the service safe?

Our findings

At the last inspection we found the registered manager had not completed all the relevant pre-employment checks including Disclosure and Barring service (DBS) checks. DBS checks identify if potential staff have a criminal record or are barred from working with children or vulnerable people. Relevant health checks to support new staff had not been completed. At this inspection we found the registered manager had taken action and all the relevant checks were completed before staff began work. As far as possible, people were protected from the risks associated with the employment of unsuitable staff.

People told us they felt safe living at The Emilie Galloway Home of Rest. One person said, "yes I do (feel safe). If staff think you have a problem they sort it". Several people talked about the personal alarm they wore around their wrist which they could use to call for staff if they ever felt unsafe or had a fall. One person said, "they look after you and I have this" pointing at their alarm.

Staff knew what they should do to protect people from abuse. They could recognise types of abuse, and how people might behave if they were at risk of abuse. Staff and the registered manager knew who to report any concerns to and what action they should take if they thought a person was at risk of harm. There were appropriate policies and procedures for staff to refer to, to help them do the right thing.

People were supported to be safe, because risk assessment and risk management practices were good. People had low levels of need, and the risk assessments were tailored to suit each individual. For example, one person was identified as at risk of falling. Their care plan had been reviewed, and their risk management plan updated to help promote their safety, while allowing them to remain as independent as possible. The relevant referral had been made to the local falls service, to make sure any other areas of risk for the person were identified and managed appropriately.

The environment people lived in was safe. Risks in the environment had been properly assessed and managed, for example, fire safety and legionella. Staff were clear about what they should do to protect people as much as possible in the event of a fire. They knew people should be moved to a place of safety or evacuated where it was safe to do so. There was an 'evac sled' on all floors and one staff member told us, "we would never rely on the fire brigade to evacuate". Equipment such as stair lifts were regularly maintained and serviced to make sure they were safe to use.

There were enough staff on duty to make sure people had support they needed. People had their levels of need assessed and the registered manager made sure there were enough staff available to safely meet people's identified care needs. We observed staff in communal areas and they responded when people needed them. For example, one person wanted to sit in the porch in the sunshine so staff supported them to a seat outside. Most staff had worked at the service for some time and knew people well.

People continued to be supported to take their medicines safely, and independently when they wanted to. Staff had a good understanding of the medicines people were prescribed and had been trained in the safe administration of medicines. People were supported to take their medicines in a personalised way by staff.

Staff went to each person individually and went back if people were not ready to take their medicines for example, if they were eating. Staff spent time talking to each person and gave them the time they needed. Staff had their competency to administer medicines regularly assessed to ensure their practice remained safe. Medicines records were accurate and up to date, and medicines were received, stored and disposed of safely. There was guidance about giving people medicines on an as and when needed basis such as paracetamol for pain relief.

People were protected by the proper prevention and control of infection. The home was clean, and we observed housekeeping staff regularly cleaning areas in the home such as toilets and bathrooms. Staff understood the importance of keeping the home clean and the registered manager regularly checked to make sure cleaning practices were good. A new sluice room had been installed to help staff to maintain cleanliness standards more easily. Staff knew what to do to minimise the risk of cross infection when dealing with soiled laundry and used personal protective equipment (PPE) such as gloves or aprons when needed. Food hygiene practices were good, and the home had been given a food hygiene rating of five at the last environmental health inspection.

Incidents and accidents continued to be well managed. Any concerns were reported and the registered manager had oversight of any incidents that occurred, such as a fall. Incidents and accidents were analysed and the registered manager aimed to identify any trends or themes. Appropriate action was taken to reduce the risk of the incident happening again.

Good

Is the service effective?

Our findings

People experienced effective care and support because their needs and choices were properly assessed. Before people moved into the home they had a pre-admission assessment with the registered manager. People and those that were important to them, such as family members were involved. People were supported to make their choices and preferences known, and the registered manager made sure these were incorporated in each person's individualised care plan. If people's health needs changed, staff and the registered manager took the right action, such as reviewing the person's care plan. People's care needs and care plans were regularly reviewed and updated to make sure each person experienced care that was right for them, and met their identified needs.

People were supported to use equipment which promoted their independence, such as their personal mobility scooter. These were stored in a shed in the garden, and people were either able to take them out themselves, or with support from staff. Staff made sure the batteries were charged and entrance ways were always kept clear and accessible, so people could use the scooters whenever they wanted to.

People were supported by staff who had the right knowledge and experience to provide effective care. Staff training was up to date, and care workers were regularly supported with supervision, and appraisal of their practice. There was a training plan in place which identified when staff needed training or updates. The registered managed had identified that staff appraisals were due, and had a plan to make sure these were completed when they needed to be. Staff completed training such as safeguarding, infection prevention and control, moving and handling and equality and diversity. Additional training that related to the specific needs of people living in the home was provided such as supporting people with dementia.

People's nutrition and hydration needs were met. Food was home cooked and nutritious and people gave very positive feedback about the quality of the food. When talking about the food one person said, "the food is excellent. A very good menu." And "everything is there, you can have what you want". Another person said the chef was "very good, very nice". People had varied food choices and were encouraged to make suggestions about the meals they would like to see on the weekly menus. If a person did not like what was available at particular meal times, staff made sure alternative choices were offered and encouraged. We heard one person say, "that was lovely" as they left the dining room after lunch. Staff knew people's food and drink preferences well, and made sure these were met. Drinks were freely available, and people could make their own drinks if they wanted to. Staff knew when and who to offer drinks to, to make sure people stayed well hydrated.

People's day to day health needs were met, and people had access to healthcare services such as the GP when they needed it. People's health needs were monitored by staff who took prompt action if people became unwell or their health needs changed. One person mentioned they felt "under the weather". We asked if they wanted to see their doctor. They replied, "it's not that bad but I will if I need to. (Staff name) is looking after me very well".

Staff and the registered manager made sure referrals were made in a timely way when they were needed,

such as to the hospice nurse. This made sure people received the support and treatment they needed, when they needed it. Staff worked with staff from other organisations to make sure people had the support they needed and everyone was registered with a GP of their choice. People were supported to attend other regular check-ups such as the optician or dentist.

The environment was suitable to meet the needs of people who lived in the home. Lifts and stair lifts were available so people could move easily between their rooms and the ground floor. People had en-suite bathrooms, and one communal bathroom had been converted to a walk-in shower to enable people to easily shower when they wanted to. All the bathrooms had recently been refurbished.

People's rooms were personalised, and everyone had their own furniture and personal mementos on display, such as favourite art work or family photographs. Staff made sure they supported people to have those possessions and belongings that were important to the person around, so the person felt comfortable and at home. When we asked one person about their room they said, "it's a very nice room. I bought my own furniture. I feel more at home".

People could sit in the garden and front porch areas of the home, and enjoy the sunshine and 'people watching' whenever they wanted to. One person told us how much they enjoyed this and said, "You can watch the world go by". The gardens were well maintained, and several people commented on the "beautiful" roses and flowers in the garden. We observed many people sitting in the sun enjoying each other's company and relaxing together, or on their own if they preferred. There was appropriate space in the home for people to spend time with their visitors and to take part in activities when they wanted to. Lounge and other communal areas were well decorated and comfortable.

People were involved in decision making and staff made sure they asked people for their consent before providing care and support. Staff understood the Mental Capacity Act and how it related to the people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that DoLS applications had been made for those people that lacked capacity to make a decision about leaving the home unaccompanied. Where a DoLS had been granted, staff made sure they met the conditions of the DoLS. One member of staff said, "We don't restrict them (people) from going outside. We are not stopping them, but offering to go with them".

People had their capacity to make decisions about their care and day to day life assessed. Best interest decisions were person and decision specific and detailed how the person was involved in the decision making if possible, as well as those important to them, such as a relative or health care professional. Examples of specific decisions were leaving the home unaccompanied, or self-managing medicines. Staff always acted in people's best interests.

Good

Is the service caring?

Our findings

People continued to be treated with care and kindness by respectful and compassionate staff. People gave us positive feedback about the caring nature of staff. Comments included, "Staff are kind and helpful", "the staff are wonderful and willing to do anything for you" and "the staff are very pleasant and obliging. I can't fault them". A visiting health care professional said, "it's a lovely home. They (staff) couldn't do any better".

There was a relaxed and welcoming atmosphere in the home. It was clear people were at the centre of everything in the home and staff knew people and their preferences very well. Staff showed respect for people and understood their personal histories and backgrounds. This helped staff to understand each person and how their life history played a role in their needs and preferences now. Staff supported each other to make sure they promoted compassionate and respectful behaviour within the staff team. Staff said they would happily give feedback to their colleagues if it were needed.

Staff listened to and spoke with people in an appropriate way, and made sure people and those that were important to them felt they mattered. People had choice and control over their own lives and were encouraged to be as independent as possible. One person said, "Things are done how you like it". Another person described how they could do "everything myself", but "I might need some help" and "I try and do it for as long as I can. If I need help I would get it". Staff had time to spend with people, and to sit and chat. One staff member said, "We can have a laugh helping them to be happy and safe".

People were listened to and supported to make choices about their day to day lives, as well as about their specific care needs. People told us they went out to the shops or seafront with or without the support of staff when they wanted to, and were free to join in with whatever they wanted to in the home. People were very happy to choose when they got up and went to bed at night, as well as where they wanted to eat their meals. One person described living in the home as "like a holiday camp. It's like a holiday, it really is." The same person was very happy and smiled a lot when talking about their decision to move into the home, and how pleased they were with their choice. They said about moving in, "I was delighted. The people here are so kind" and "here I am and here I hope to stay".

People's privacy and dignity was consistently respected by staff and people told us they felt comfortable living in the home. Each person's room was their own, and staff did not enter without the person's permission, whether the person was in their room or not. People could hold a key and keep their room locked if they wanted to. People's personal records were kept confidentially and securely, and only relevant staff had access to them.

People's relatives and friends were welcome in the home at any time, and we saw visitors coming and going as they pleased. Visitors were welcome to stay for lunch or tea and had the choice of sitting in a quiet lounge area, the gardens or people's rooms. We saw visitors were made to feel welcome and were greeted by staff as if they were friends.

Good

Is the service responsive?

Our findings

People continued to experience care that was person centred and focused on them as an individual. Person centred care assessment, planning and delivery was an important part of the service and staff understood the importance of this. Person centred care considers the whole person, their individual preferences, needs and interests.

People had their care needs regularly reviewed and care plans and risk assessments were updated as and when necessary. People's care plans were clear and detailed and gave staff the information they needed to give people the care and support they needed. People were encouraged to make choices and were helped by staff to be as involved as much as they could or wanted to be.

People continued to enjoy meaningful activities which included quizzes, professional exercise classes and visiting musicians. Everyone we spoke with commented on how much they enjoyed the music. One person said the musician "plays beautifully". People had a laugh about the quiz and one person said, "I'm not very good, but I like to go".

People were supported with their spiritual and religious needs. Some people chose to visit a local church, and were supported by staff to do this if needed. If a person was not able to visit the church when they wanted to, a church member visited the home to provide Christian communion. Another local church visited the home regularly and people could choose to attend the service if they wanted to. At the current time, people did not express any other religious needs but the registered manager was aware of other faiths that people may need support with in the future.

People's concerns and complaints were listened to and there was an appropriate complaints policy and procedure in place. Although people we spoke with had not made a complaint one person said, they would "go to the" registered manager and "they would sort it". A family member had made a complaint on behalf of their relative. The registered manager had completed a detailed investigation and taken the proper action to put things right. They apologised to the person involved and supported staff to improve their practice.

People were invited to give regular feedback and raise any concerns at regular resident's meetings which were minuted and recorded. Any feedback given was acted on where possible. For example, people had mentioned they would like to see more of the registered manager at the weekends. The registered manager had reviewed the rotas, and along with the deputy manager had started working on the weekend. The chef also attended these meetings to seek feedback about the quality of the food, and see if there were any suggestions for changed to the menus. A new suggestion box had been provided, which had not yet been used, so at a recent residents meeting, the registered manager encouraged people to use it for any compliments, suggestions or 'grumbles'. This could be used anonymously if people preferred. Staff and the registered manager had received many compliment letters and thank you cards from people and their relatives, thanking them for their kindness and the caring support given to people.

People were well supported at the end of their life, so their needs and preferences could be met in a

comfortable and pain-free way. People were asked about their preferences for end of life care and were supported to make plans for this. Detailed plans were in place for those that needed it, and all the relevant people had been involved in decision making, including family, and health care professionals such as the local hospice service. Spiritual needs were recorded and people's preferences about funeral arrangements were noted where appropriate. The registered manager explained that although it had been difficult making detailed plans, when the time came to put the plans in place, it made things just a bit easier for all of those involved.

When a person died, their family and staff were supported in a kind way by managers and staff, to help make sure their emotional needs at that difficult time were met. When talking about the death of a resident, one member of staff told us, "It could be difficult for some people, but it is a part of life. Everyone had the chance to say goodbye and we talk about things. We look after each other".

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found we found practice in well-led required improvement and we gave the provider a requirement notice. This was because the quality auditing system in place had not identified shortfalls in recruitment practices. An infection control audit had also identified issues that needed to be addressed. There were also improvements required to the quality of records. At this inspection we found there had been improvements in the recruitment practices as well as infection control, and the home was clean and all the previous actions identified had been completed.

However, we found there were still some minor areas of practice with regards to recording of audits and quality checks that needed further improvement and embedding into day to day routine, to meet the rating of good. For example, all of the relevant recruitment checks had been completed for new staff before they began work, and these records had been audited to make sure they contained the right information. However, the outcome and content of the quality audit had not been recorded, so it was not possible to check what had had been reviewed. For example, although the person responsible for completing the audit could verbally explain what documents they checked for, this information was not written down. Another person would not be able to re-audit the records without getting a verbal explanation first. Another example included action taken to reduce the risk of legionella. Although action had been taken to make sure water quality was checked and water temperatures were tested, this was not always properly recorded. The registered manager did send us further records after the inspection to confirm how legionella risk was being managed, but this was not available at the time of the inspection. While there has been no impact for people using the service, the incomplete records meant there was a minor risk that the appropriate checks would not be made in future, and action taken if needed.

The service had recently purchased a computerised records system, which included people's care records, as well as audits and quality checks for the home and environment. The registered manager was in the process of familiarising themselves with the new system and was planning to involve staff in the near future. The registered manager expected the new electronic system to help improve record keeping and provide prompts for when audits and other quality checks were due. The registered manager acknowledged this would help them to continue to improve record keeping, and embed good practice.

We asked one person what the best thing about the home was and they replied, "I tried to find something I don't like and I can't". we asked if there was anything that could be improved and they replied, "I don't think so, I'm pretty lucky". Another person responded, "it's very good. You can't fault it". Staff also gave positive feedback about the way the service was run by the registered manager. One member of staff said, "I love the place, the way it's run, the way it looks" and "People are well cared for. Any problems are sorted. If I have any problems I can always talk to the manager".

The registered manager and staff promoted a culture that was person centred and staff aimed to deliver good quality care. Staff were valued and were offered benefits such as free meals, flexible rotas and a bonus at Christmas. The registered manager and staff wanted to make sure people experienced the best possible care and that they felt safe and comfortable. When talking about people, living in the home, the registered

manager told us, "I treat them as I would like to be treated myself."

All the registration requirements were met. There was a registered manager in post. 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. Responsibilities were clear, and there was a staffing structure in place for the day to day management of the service.

The registered manager networked with a manager at another service, and they shared best practice and ideas about improving and maintaining quality within both of their services. Each home was the 'place of refuge' for each other in case of emergency evacuation.