The Emilie Galloway Home Of Rest

Emilie Galloway Rest Home

Inspection report

Tweed
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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 21 and 22 October 2014 and was unannounced.

Emilie Galloway Rest Home, known as Tweed, provides accommodation and care for up to 21 older people. Some are independent and require minimal support; others need support with looking after themselves, visiting nearby shops and attending appointments. There were 21 people living at the home on the day of our inspection.

The home is run by a registered manager who was present on the second day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage this service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how a service is run.

Summary of findings

People said they felt safe living in the home. One person told us. “I feel very safe living here.” All staff had attended safeguarding adults at risk training. They had knowledge of the safeguarding procedures, and were clear about what to do if they had any concerns.

Risk assessments had been completed as part of the care planning process. They evidenced the staff provided a safe environment, which enabled people to make choices about how they spent their time, in the home or the community.

People told us there were always enough staff to support them. One person said, “Staff are always available, they do anything we ask.” Staff told us they felt there were enough staff working in the home to ensure people were safe and received the care and support they wanted. One staff member said, “There are always enough staff here. If someone has an appointment, like today, or they want to go shopping, we organise extra staff so that people are not disappointed.”

Pre-employment checks were completed before staff were employed, including references and full employment history. This ensured only suitable staff were employed.

Medicines were managed effectively. Risk assessments had been completed for people who were responsible for their own medicines, and staff ensured that people who required assistance received their medicines in the correct dosage and at the right time.

Staff told us they felt supported to deliver safe and effective care. One staff member said, “We have regular training, which makes sure we are up to date.” Staff demonstrated they knew people well and felt they supported people to maintain their independence.

The registered manager and staff showed an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). A DoLS application had been made to restrict one person’s freedom to leave the home on their own in order to maintain their safety. Staff went with them when they wanted to go out for a walk or to the shops.

People told us the food was very good. The chef met people every Saturday morning to discuss dishes they liked or disliked, and changes were made to the menu if needed. People said there were always at least two choices, and were seen to enjoy lunch.

People had access to health care professionals as and when they required it, and it was clear from the visit records that this was maintained until treatment had been completed. One person said, “We only have to speak to a member of staff and a doctor would be called.”

People had personalised care and were involved in reviewing the support they received. They told us, “Staff always ask if we are happy with the care provided and there is always someone around asking if we need anything.” Staff said, “We like to let people make decisions about the care we provide” and, “We wait for them to ask for help, or make suggestions, rather than make decisions for them.”

Complaints procedures were in place and we saw that they were displayed in the entrance hall. People said they knew about the complaints procedure, but had not needed to use it. The registered manager told us the home operated an open door policy and people were able to talk to staff at any time.

A range of activities were available for people to participate in if they wished. People said they decided what they wanted to do and some preferred to remain in their rooms.

People told us the registered manager was approachable and supportive. One person said, “The manager and deputy are both helpful. They have helped me to find a reclining chair.” Another person told us, “This is the next best place to being in my own home.”

The provider had quality assurance systems in place to audit the services provided at the home. These included audits of incidents and accidents, medicines and care plans.

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

Risk assessments were in place and people were able to remain independent in a safe way.

Staff knew how to keep people safe and protect them from abuse.

The provider ensured that there were enough staff to meet the needs of people. Appropriate recruitment checks were completed to help ensure that suitable staff worked at the home.

People were cared for in a well maintained environment with emergency equipment and procedures for safe evacuation. Systems were in place to record and assess accidents and incidents in the home.

Is the service effective?
The service was effective.

Good

Staff were suitably trained, they had a good understanding of people's care needs, and were supported to deliver care effectively.

People were offered a choice of freshly cooked meals and were supported to maintain a healthy diet.

Staff ensured people had access to health professionals when required.

Staff had a clear understanding of DoLS and the Mental Capacity Act 2005. There was evidence that staff had attended relevant training, and additional training had been booked, following an application for DoLS for one person.

Is the service caring?
The service was caring.

Good

People were very positive about the care and support provided by staff. They felt that staff were concerned about their wellbeing and responded straight away to requests for assistance.

Care was focused on people's individual needs and staff knew about people's life histories, interests and personal preferences.

People were encouraged to maintain their independence, their privacy and dignity was respected, and staff supported people to make decisions about their care needs.

People discussed end of life care if they wished, and their preferences were recorded.

Is the service responsive?
The service was responsive.

Good

Care plans were personalised and reflected people's individual preferences and specific needs. They were regularly reviewed so that staff had up to date guidance on people's needs.

People were able to express their views and were given information how to raise a concern or make a complaint.

Summary of findings

The views of people, their relatives and visitors were welcomed and informed changes and improvements to the service provision.

Is the service well-led?

Good

The service was well led.

The provider and registered manager had created an open, transparent and relaxed culture in the home for people and staff.

Staff were encouraged to raise concerns and suggest changes that would improve the service provision.

Regular residents meetings provided people with an opportunity to discuss and offer suggestions to improve the service.

The provider had systems in place to monitor the quality of the services and facilities.

Emilie Galloway Rest Home

Detailed findings

Background to this inspection

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

This inspection took place on the 21 and 22 October 2014 and was unannounced.

The inspection team consisted of an inspector and an expert by experience (Ex by Ex). An Ex by Ex is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with 16 people and one visitor, one health care professional that visited the service on a regular basis, four care staff, two housekeeping staff, the chef, deputy manager, registered manager, administrator and the Trust manager. We observed support and care in the communal areas, the lounge and dining room. We looked around the home, and people who chose to remain in their bedrooms invited us to talk to them about their rooms.

Before the inspection a Provider Information Return (PIR) was sent to the registered manager. However, they told us they had not received this, the form was sent again and the manager completed this after the inspection. We reviewed records held by CQC to ensure we were addressing potential areas of concern at the inspection. For example, notifications, complaints and safeguarding concerns. A notification is information about important events, which the registered manager is required to send us by law.

During the inspection we looked at five care plans and risk assessments, four staff files, training information, medicine records, some policies and procedures in relation to the running of the home and quality assurance audits.

We carried out the last inspection to Emilie Galloway in October 2013 when we had no concerns.

Good

Is the service safe?

Our findings

Everyone told us they felt safe at the home. We were told that people had known someone who had lived there, or they had heard it was a safe and supportive home to live in. People's comments supported this. "We are looked after very well. We can do what we like really and the staff are always around if we need anything, to make sure we are safe". We were also told, "I have been very comfortable here for over ten years. My health needs have changed and the staff are here to support me if I need anything to make sure I am safe, but I am still very independent," and "The manager and staff are so good I cannot imagine anything happening to any of us."

Records confirmed that staff had attended safeguarding training. Staff demonstrated a good understanding of different types of abuse and the action they would take if they had concerns. They said they felt comfortable talking to the registered manager and provider and were confident they would be listened to. One staff member told us, "I have not seen anything that worries me, but if I did I wouldn't hesitate to act immediately to make sure the person was safe, and then report to the senior on duty." Staff said they were aware when a referral should be made to relevant external agencies, and the contact details were on the notice board in the office.

Staff told us that people were supported to be independent. This meant people took some risks, for example moving around the home using walking aids, but these were assessed with each person and agreements were reached to ensure their safety. We found risk assessments in care plans specific to each person's needs, these included mobility, risk of falls, mental health, nutrition and medication. The home had an open door policy and risks had been assessed for people to visit the local shops or go for a walk safely.

People said they told staff if they were going out, and systems were in place to support people if they were independent or needed some assistance. One person took the home's contact details and a mobile phone with them. Another person used a wheelchair and was supported by staff. One staff member said, "People decide what they want to do, and we encourage them to do this, as long as it is safe. If we are worried about something we tell the manager and she talks to them about it. Like making sure (person) calls for staff before they get up and people telling us when they are going out and who with. We don't want to stop people doing anything, we just want them to be safe."

People said that staff were always available and they responded very quickly to the call bells, at night and during the day. One person told us, "I have never felt like I am bothering them, they are just quite happy to help us when we need it." The registered manager said the staffing levels were generally the same, but there was flexibility in the numbers depending on people's needs and they are monitored and changed depending on people's needs at the time. For example, if one person had a hospital appointment and staff were going with them, or if people needed more support that day, then additional staff would be allocated to provide cover. This was confirmed by the staff rotas we looked at. Staff said there were always enough staff available to support people. One staff member told us, "We know people very well as a team and we all work together to provide the support people need." There was enough staff on hand to support people when they required it.

Recruitment procedures were in place and there was evidence in the staff files that these had been followed. The documentation included completed application forms, employment history, interview records, references and Disclosure and Barring System (police) checks. This gave assurances that the provider employed people who were suitable to work at the home.

Additions to the building, such as the passenger lift, had been installed when people's needs had changed and the home retained many of its original features. People told us they liked the comfortable feel and homely atmosphere, and felt modernisation of the internal rooms would detract from this. There was ongoing maintenance and improvements to the building and people were involved in discussions about any proposed changes. One person told us, "They always tell us if there is going to be any work on the home. They have recently done some improvements to the roof."

Staff told us they attended regular fire training and emergency evacuation training. They were aware that an evacuation plan was displayed on each floor and at the entrance. Firefighting equipment was situated throughout

Good

Is the service safe?

the home, we found that it had been regularly checked and was easily accessible. People said they knew what to do if the fire alarm went off, and were aware the fire alarm was checked weekly.

Systems were in place for safe management of medicines. Records for ordering, recording, disposal and administration of medicines were in place. Risk assessments had been completed, to assess if people were safe to administer their own medicines, or if they required assistance. The assessments looked at a person's knowledge of medicines, the dosage and times prescribed and their understanding of side effects, and were signed by the person and the registered manager. People told us which medicines they kept in their rooms, these included eye drops, topical creams, inhalers and tablets depending on the assessment. The Medicine Administration Record (MAR) charts evidenced people, who were responsible for all or some of their medicines, signed that they had received the appropriate medicines. Medicines were kept in a locked trolley in the dining room and controlled medicines were kept in a separate locked cupboard in the office. The MAR charts and controlled medicine records were clear and accurate. There were procedures in place for the use of 'as required' (PRN) medicines, such as paracetamol. Records for PRN administered medicines were in place and recorded the time and reason for their use on the rear of the MAR charts. Medicine administration audits were conducted on a monthly basis, and had not identified any anomalies with regard to the administration of medicines, or gaps in staff signatures. There was evidence in the staff files that staff responsible for medicines had attended relevant training, and were also assessed by the manager to ensure they were competent.

There were systems in place to record accidents and incidents. These showed that the management carried out an investigation, and where appropriate introduced action plans to prevent a reoccurrence. The records were audited and management and staff evidenced that they were aware if people were at risk and provided support as required.

The home was clean and well maintained. Records and certificates demonstrated regular safety checks were carried out, these included electricity and gas, shaft lift, Legionella, call bells and electrical appliances. Maintenance was ongoing, staff recorded any repairs that they noted and these were dealt with on a daily basis.

Good

Is the service effective?

Our findings

People told us, “They look after us very well, and I am sure that everyone’s needs are met,” “I have only been here a short time, but staff know exactly how much support I need. They have let me be independent as well as being available if I need anything,” “I have a care plan and we do discuss what I need on a daily basis, they really know how to look after us,” “We have care plans and I know they look at them regularly and I have signed them.” All of the people said they had a care plan; they had been involved in writing them and reviewed them regularly with the registered manager.

The registered manager said people’s needs were assessed before they moved into the home to ensure they could be met. One person told us, “The manager came to see me before I moved in and we talked about how I felt and what I could and could not do at home. It was a good decision to move in and they look after me very well. I am starting to get my confidence back.” A needs assessment was carried out when people moved into the home and specific risk assessments were included in the care plans. These were reviewed monthly and if people’s needs had changed. Where appropriate specialist advice was sought in relation to meeting people’s physical and mental health needs. People had access to a range of health care professionals, including chiropodist, dentists and opticians. For example, the district nurse (DN) was contacted for advice to prevent a pressure sore, the care plan had been updated and there was evidence staff were following the DN’s instructions.

The registered manager and staff said MCA and DoLS training had been provided. They evidenced an understanding of the assessment process, which ensured people made decisions about all aspects of their lives, unless it affected the staffs ability to provide the care and support people needed. The training provider told us that relevant training had been provided, and feedback at the time demonstrated they had an understanding of MCA and DoLS.

A review of one person’s care plan and risk assessment identified their needs had changed and a mental capacity assessment had been completed. The staff followed the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty Safeguards (DoLS). This included discussions with the person, their relatives and doctor (GP). When this person’s freedom was identified in need of being restricted to ensure they were safe, the registered manager sought a DoLS authorisation. The DoLS authorisation clearly stated that staff were to ask the person if they wanted to go for a walk each day, and that a member of staff would go with them to ensure the person was safe. Staff asked the person on both days of the inspection if they wanted to go out for a walk.

People invited us to join them at lunch time in the dining room and it was clear that meals were relaxed and informal. People were chatting with each other and staff as the meals were served in restaurant style, by several staff, in a way that people had requested. There was a choice of two main dishes, but if people changed their minds alternatives were provided. Additional food was requested and provided, such as bread. All the food was fresh and home cooked. Condiments and napkins, water and fruit juices were available. A glass of sherry was offered and most people accepted it. Assessments had been done to ensure that equipment was provided so that people could eat independently, such as special cutlery. People told us the food was very good; that the chef spoke with them each Saturday, which meant all the staff knew which dishes people liked or disliked. They enjoyed the monthly themed meals and felt they were able to put forward suggestions for meals at any time.

People were encouraged to have enough to eat and drink. Snacks and drinks were available at any time and people said they could have their meals when they wanted to have them. One person said, “I had and appointment so missed lunch, but they kept it for me, they are very good. I’ll have it in a minute.” People chose where they had their meals, most people used the dining room, but some preferred to remain in their rooms and the staff respected this. People’s weights were monitored monthly and recorded in the care plans. Staff said they would notice if someone was not eating as much as usual, and they would report this to the manager.

Staff told us they attended regular training, which helped to ensure they had the skills and knowledge to provide the support people needed. All new staff worked through 12 week induction programme when they started work at the home, and they were supported by more experienced staff until they were assessed as competent. Staff records showed they had attended safeguarding adults training, infection control, health and safety, first aid, control of substances hazardous to health (COSHH), moving and

Good

Is the service effective?

handling and fire training. One staff member said, “We have really good training here. The management make sure we attend and our knowledge is assessed as we work day to day and also during supervision.” Another staff member told us, “If we want to update training or do additional training we can ask and they arrange it. I want to do more training on dementia and I know the manager is going to arrange it for all the staff.” Staff also said they could work towards professional qualifications if they wanted to, and staff told us they had completed National vocational Qualifications in Care to Level 2. Staff said they knew what their responsibilities were and felt supported by the management to provide good care.

Staff had regular one to one supervision with the deputy manager or registered manager. They felt these meetings were more formal and gave them the opportunity to discuss any issues as well as their professional development; suggestions to improve the services provided and improvements that they should make to their practice. These meetings were recorded and the record forms were agreed and signed by the staff member and supervisor.

Good

Is the service caring?

Our findings

People told us they felt that all staff respected their wishes; they could express their opinions and were involved in planning the support they received. Some people had a sensory impairment and said they did not read their care plans. They told us they talked to staff about the care and support they received and felt comfortable with this arrangement. The Eastbourne Blind Society visited the home at least twice each month and offered additional support if people wanted it. Relatives were also involved in the decisions about support where appropriate. Relatives told us they could call at any time and they were always made to feel very welcome. One person said, "My relatives come every week and they are confident that I am well looked after. If they weren't I'm sure they would talk to me and if necessary the manager." A relative told us, "The staff work together as a team, they are all very caring and provide the care people want. We don't have to worry about them."

Staff said each person was treated as an individual and we heard staff talking to people quietly and respectfully when offering support. Staff told us they knew people's life histories, their interests and what they liked to talk about. One staff member said, "If we know what people prefer to do we can suggest activities, if they are not sure what they want to do. We also have the time to sit and talk to them about their lives, which they really enjoy." Interaction between people and staff was relaxed and friendly, we heard laughing and joking as we looked around the home, and it was clear that staff had a good understanding of people's needs. For example, one person liked to go out every day. Their relative had arranged for someone to come in and take them out and staff made sure they were ready to go.

Some people preferred to remain in their rooms and staff respected this, although they asked them if they would like to join people in the dining room for lunch or take part in activities. Staff said they did not try to make decisions for people. One staff member said, "We might prompt, remind people and assist some people with their personal hygiene, but if they do not want help we respect that." One person said, "We are quite independent really and decide what we do, where we sit and how we spend our time." Another person told us, "I like to sit in the lounge in the morning and have a rest in the afternoon, it suits me very well and staff know what I like."

Throughout the inspection people were treated with respect, in a caring and kind way. Staff explained to two people, who were going into the dining room for lunch that they were early and it was not ready. Staff asked them if they wanted to sit in the dining room or the lounge and they decided to sit in the lounge. One staff member said, "They can sit where they like, it is just that the chairs in the lounge are more comfortable that the dining chairs, but it is up to them."

People felt that their privacy and dignity was respected. On person said, "My door is usually open, but staff still knock and call my name to check that they can come in before they do. Which is very nice, it shows respect and makes me feel good." Another person told us, "Staff ask us if we need assistance, but do not pressure us." We saw staff treated people with respect and protected people's dignity when asking them if they needed assistance with using the facilities.

Staff respected people's wishes with regard to their care if their health needs changed. Some people had discussed their wishes for end of life care. In two of the care plans we found that the people had signed a do not resuscitate form with their doctor. Another person said they did not want to discuss this and this was recorded.

People's rooms were well furnished, some people brought their own furniture and ornaments, and they pointed out how they had added pictures and photographs to decorate their room. We saw that staff promoted people's independence and ensured they were able to make choices about all aspects of the support provided.

Good

Is the service responsive?

Our findings

People told us they had been involved in planning their own care and they made decisions about the support provided. People felt that their individual needs were met. They said, “Nothing is too much trouble. Everything is done quickly and efficiently.” “The staff are compassionate and understanding,” and “There is always a carer willing to take people out.”

Care plans were personalised and reflected the needs of each person. There was evidence they were regularly reviewed and people were involved in writing the care plans and decisions about the support provided. Staff said people were able to decide how much assistance or support they wanted, and this changed depending on how people felt each day. One staff member told us, “We know how much support people might need, and we are very flexible so that people can be independent and make choices.” People were provided with equipment needed to remain independent, including mobility aids, these were recorded in the care plan and staff knew which ones were used by each person.

Staff told us they were kept up to date with people’s needs through handovers at the beginning of each shift. They demonstrated a good understanding of how some people’s needs had changed and how they had responded to make sure the person received the support they needed. One staff member said, “This makes sure they make independent choices, especially when we need to provide more support.” Staff used a communication book to record appointments, visits from health professionals and people’s birthdays, which they said meant that nothing was missed.

Details of people’s life histories and interests were recorded in the care plans. Staff said they knew how people liked to spend their time and this changed depending on how they felt on the day. Activities had been arranged and these were advertised in the home. People said they knew what activities were available. One person said on the first day of the inspection, “It depends how we feel really. Today we are just sitting quietly chatting.” Another person told us, “Hobbies are encouraged.” One person liked to knit, do embroidery and crosswords and chose to spend time doing these, “When I feel like it.” Another person was looking forward to doing water colour painting, “When I have settled in properly” and, they had talked to staff about this. On the second day there was a church service in the lounge and most people attended. People and staff all said that each person decided how they spent their time.

A complaints procedure was in place, a copy of which was displayed in the entrance hall, and was given to people and their relatives. People said if they had any concerns they would talk to the staff or the registered manager. The registered manager said there had been no complaints in the last 12 months. People said they had nothing to complain about, but if they did they felt sure it would be dealt with to their satisfaction.

Good

Is the service well-led?

Our findings

Emilie Galloway Home of Rest is a registered charity that was set up by a benefactor who left a house and garden in trust, to provide a residential home for older people. The charity's aim is

'To provide a comfortable and pleasant home, that encourages residents to feel at home in every possible sense' and 'be free of the day to day care and worries of life'. People told us the management and staff were, "First class," and felt they were listened to, with staff making sure that, "This is our home."

The culture at the home was open and relaxed, with people, staff and visitors encouraged to contribute and make comments or suggestions about how the service might be improved. The registered manager said, "We want people to be involved in developing the services we provide, and we encourage people, their relatives and staff to be part of the development."

Regular residents meetings enabled people to comment on the services provided and make any suggestions for improvements. The minutes of the meetings showed that people suggested changes to the meals and these were actioned. Satisfaction questionnaires given to people living in Tweed were returned and the responses were very positive. Suggestions for improvements to the service were highlighted, and the provider and manager said they used these to develop the service. For example, people had asked about more ensuite facilities. The provider said this was one of the areas they were looking at as part of the business plan for the next few years.

Feedback questionnaires were sent to relatives, friends, visitors, health professionals and service provider. The responses were collated and included positive comments about the care staff and the management of the home. These included, "We are very happy with every aspect of care given." "Thank you all" and, "The quality of care and every other aspect of life at Tweed are very good indeed." Suggestions for improvements were also noted and the registered manager said these had been discussed at the residents meetings and involved more trips out, activities or entertainment at the home. The registered manager and staff also said any changes to the support provided would only be made following discussions with, and the agreement of, people at the home.

There is a stable management team in place and the registered manager has been managing the home for over 6 years. Staff told us there was a staffing structure at the home, with clear lines of accountability and responsibility. Senior care staff on each shift took the lead role and allocated staff appropriately to ensure that people's needs were met. Staff were aware of their colleague's role on each shift and they were flexible and covered for them if necessary. Staff felt supported by management and enjoyed working in the home. One staff member said, "We work very well together, and I love working here." Another staff member told us, "I have worked in a number of care homes and this one is good. We provide the care people need, but we protect their independence even if their choices might not be what we think they should make."

Staff said they were able to raise any issues with the registered manager or senior staff and felt that if they had any concerns they would be addressed. Staff meetings provided an opportunity for staff to make suggestions. One staff member said, "The uniforms we had were too hot, we now have new ones that are cooler." A whistleblowing policy was available for staff and they said they knew they could raise concerns with outside agencies if they needed to. Staff said they did not have any concerns.

Two health professionals (dentist and chiropodist) told us that they felt the home was comfortable and very homely, it was very well run and they have had no concerns about the support provided

There were systems in place to monitor the services provided and the facilities themselves. A number of audits were completed, including medication, care plans, and accidents and incidents. The provider and manager said they planned to make improvements yearly, the previous year the top floor was decorated and the roof and double glazing to all rooms at the rear or the home. The management's aim was to maintain the property for the people who lived in the home and maintain an efficient stable workforce. Further improvements are planned; these include the installation of two sluice facilities and increasing staffing levels to meet the health needs of people if they change.