Cumbria Emmaus Trust

Emmaus House Residential Care Home

Inspection report

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Date of inspection visit:
24 May 2023
02 June 2023

Date of publication:
06 July 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Emmaus House Residential Care Home is a residential care home providing personal care to up to 26 people. The service provides support to older people and people living with dementia or physical disabilities. At the time of our inspection there were 24 people using the service.

Emmaus House Residential Care Home accommodates people in one adapted building.

People's experience of using this service and what we found
Although the provider had made some improvements since the last inspection, people were at risk of harm because the provider did not always understand their regulatory responsibilities. Systems were not always in place to assess, monitor and improve quality and safety across the service. The provider had not identified issues we found on inspection including with accidents and incidents and risks to people.

People were at risk of harm as risks to them were not always identified or recorded to guide staff in how to manage these. Where people used specialist mattresses to protect their skin from pressure damage, information on how these should be set was not recorded or known by care staff. Checks on equipment people used, such as bedrails were not always recorded to show their safety had been reviewed. We were not always assured accidents and incidents were reported to external organisations to share this information with them and seek appropriate advice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We have made recommendations about Deprivation of Liberty Safeguards (DoLS) and CCTV used within the service.

Whilst shortfalls were identified in the leadership of the service, people's experiences of their care were positive. People received person-centred care and decided their preferred routines. There was a strong culture of providing kind, compassionate care.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 03 November 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the

last two consecutive inspections.

Why we inspected
We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Emmaus House Residential Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made recommendations about DoLS and the use of CCTV in the service.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Emmaus House Residential Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Emmaus House Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Emmaus House Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 24 May and ended on 2 June 2023. We visited the service on 24 May 2023.

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

During the inspection
The inspection was carried out by conducting a site visit and speaking to some relatives and staff remotely. We spoke with 12 people who used the service and 4 relatives about their experiences of the care provided. We spoke with 11 staff including the nominated individual, registered manager, deputy manager, supervisors, care staff and a domestic. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 6 people's care records. We looked at multiple medicines records. We reviewed 3 staff recruitment records. A range of records relating to the management of the service, including staff training records, accident and incident records, quality assurance checks, health and safety records and a sample of the provider's policies and procedures were also reviewed. We received feedback from 2 health and social care professionals who work alongside the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were failed to have systems in place or sufficiently robust systems to manage people's safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 12.

- The provider did not always have effective systems in place to protect people against the risk of harm.
- Although the provider had made some improvements to risk assessments, risks to people were not always documented. Records were not always put in place to guide staff in how to manage these. This included risks linked to people's health conditions, such as diabetes and infection risks.
- Information about specialist mattresses and the settings people should use these at was not recorded or known by care staff to protect people against the risk of pressure damage to their skin.
- The provider did not always record checks of equipment in the service. This included wheelchairs, call bells and bedrails.

We found no evidence that people had been harmed. Systems were not robust enough to demonstrate people's safety was managed effectively. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although we identified shortfalls with risk, all the people and their relatives we spoke wish said they felt safe at the service. On person said, "I feel very safe here and that is so important to me."
- Care staff were knowledgeable about risks to people and were observed responding appropriately to concerns about a person's health during our visit.
- Improvements had been made to fire safe management. The provider was carrying out regular fire drills to prepare staff for how to respond in the event of a fire. Personal Emergency Evacuation Plans were up to date to reflect the support people would require in an emergency.
- The registered manager advised staff carried out equipment checks, although this was not recorded.
- The registered manager told us people reported any issues with their call bells and these were addressed.

Learning lessons when things go wrong

● Safety concerns were not consistently addressed by the provider.
● Improvements to safety had not always been made. Some safety issues identified at the last inspection, such as risk assessments and management remained ongoing.
● We were not assured all appropriate action was always taken when accidents and incidents occurred to manage risks to people. For example, when a medicines error occurred, the provider did not always seek medical advice or record details of the action they had taken to support the person's safety.
● The provider did not always share information about incidents with relevant organisations. For example, when a high-risk medicine was found missing, this was not reported to the police, health professionals or safeguarding.
● The registered manager did not formally review all accidents or incidents to check all appropriate action had been taken.

We found no evidence people had been harmed. However, the provider had failed to take all reasonable steps to reduce risks to people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People told us staff arranged for them to see a doctor or nurse if they were unwell. One person said, "I see a doctor if I need one."
● The registered manager met with supervisors to share lessons learnt and identify changes needed to improve safety.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended the provider review guidance on notifying CQC of safeguarding concerns. This had not always been addressed.

● Whilst staff were aware of their safeguarding responsibilities, safeguarding concerns were not always being raised with the local authority for their consideration.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was working within the principles of the MCA.
● We were not assured the provider was always identifying where people may be subject to restrictions and may require a DoLS.

We recommend the provider reviews and follows legislation and guidance in this area.

● CCTV was used in some areas of the service.

We recommend the provider assess the use of CCTV in-line with data protection guidance.

Using medicines safely

At our last inspection we recommended the provider reviewed medicine administration times and 'as and when required' protocols to support the safe use of these occasional medicines. The provider had made improvements.

● The provider's medicine policy was not always being followed and did not reflect best practice guidance. For example, the provider's process for medicines errors was not always followed when these occurred.
● The provider did not have an established system for monitoring all aspects of medicines to ensure they were used safely and properly with people.
● Supervisors responsible for administering medicines had not always had their competency to provide this support assessed in-line with best practice guidance. This had been identified at the last inspection.
● People received their medicines as prescribed. This included medicines needed to be given at particular times or separately from other medicines.
● People were satisfied with how they were supported with their medicines. One person told us, "I get my pills first thing, the night staff bring them and I have breakfast and then the rest throughout the day."

Staffing and recruitment

At our last inspection we recommended that the provider ensure there were sufficient staff on duty at night. The provider had made improvements.

● There were enough staff on duty to meet people's care needs. One person told us, "They come when I call [using call bell], well as soon as they can."
● Recruitment systems were appropriate and made sure the right staff were recruited to support people to stay safe.
● Appropriate checks were carried out when agency staff worked at the service to keep people safe.

Preventing and controlling infection
● We were not assured that the provider's infection prevention and control policy was up to date.
● We were somewhat assured that the provider was admitting people safely to the service.
● We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was responding effectively to risks and signs of infection.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes
● Visitors were able to visit people at the service when they chose. This had a positive impact on people's wellbeing.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

At our last inspection the provider had failed to ensure systems were in place and robust to demonstrate quality and effective management. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- The provider and registered manager did not always understand regulatory requirements and responsibilities or the principals of good quality assurance.
- Robust quality assurance systems were not in place to enable the provider to monitor the service and ensure people received high-quality care. For example, the provider did not have a system in place for reviewing and auditing people's care records.
- The provider's audits had not identified issues we found on inspection including with accidents and incidents, risks to people, care records, staff training and competencies and policies.
- We were not assured statutory notifications were being submitted to CQC to ensure the provider met their responsibility to be transparent about incidents that occurred at the service.
- The provider's policies were not always sufficiently detailed or followed to ensure people received consistent high-quality care. For example, the provider's medicines policy, infection control policy and business continuity procedure.
- The service was not always lead effectively. The provider did not have a system in place for monitoring staff practice, performance or training requirements; Staff training had not always been updated in-line with the frequency identified by the provider.
- People's care records were not being regularly reviewed and updated to ensure they remained accurate and up to date.

We found no evidence that people had been harmed. However, the provider had failed to assess, monitor and improve the quality and safety of the service. This placed people at risk of harm This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Requirements 2014.

● Since the last inspection the provider had made some improvements. Further work was needed to ensure improvements were made in a timely way and sustained to ensure people received consistently high-quality care.
● The registered manager recognised further work was needed to update staff training after sharing this information with us. Training sessions had been arranged to address this.
● The registered manager told us the provider's quality assurance systems were being developed.

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

At our last inspection we recommended the provider reviewed guidance on person-centred care to ensure the culture of the service was inclusive and empowering. The provider had made improvements.

● Staff understood the principals of person-centred care and observed people's preferences. One person said, "I don't have a set programme of when to do things, I please myself." Another person told us, "Staff don't ask me what I want, I tell them."
● The provider's values were about providing kind, caring and compassionate support. This approach was reflected in people's experiences of their care.
● Staff spoke passionately about their roles and the impact the service had on people's wellbeing. One supervisor said, "I love coming to work." One care worker told us, "We all try our best to give people the best possible care."
● People and their relatives consistently gave positive feedback about the staff supporting them and the approach by care staff. Comments from people and their relatives included, "It's really good here, the staff are marvellous, very attentive" and "I find it extremely good, they [staff] are very caring."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager told us they understood their responsibility to be open and honest with people and apologise if something went wrong.
● Although records did not always show people and their relatives were being informed, relatives told us they were contacted by care staff if a significant accident or incident happened.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The provider promoted openness, encouraging people, their relatives or staff to share their feedback. One relative said, "The staff are extremely friendly, I wouldn't have any concerns approaching them [staff] about anything."
● People were involved in the service and shaping changes planned. For example, outings they wanted planning and meal choices.
● People had opportunities to share their views and any feedback they had on the service. One person said, "The registered manager and the deputy come and talk to you and ask how things are."
● Staff were engaged and involved in the running of the service. One supervisor told us, "I feel supported, I can go down and talk to the registered manager about anything."

Working in partnership with others
● The service had well established working relationships with partner agencies to provide people with joined up care.
● Staff made referrals to health professionals when needed to support people's needs.

● One health professional gave positive feedback on the work they had done with care staff. They told us, "The staff have been brilliant, they support [person] and come with me when I visit them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess and do all that is reasonably practicable to mitigate risks to people's health and safety. (1)(2)(a)(b)(e)(h)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to have established and effective systems in place to assess, monitor and improve the quality and safety of the service. The provider had failed to maintain accurate, complete and up to date records for people and the management of the service. (1)(2)(a)(b)(c)(d)