

## Cumbria Emmaus Trust

# Emmaus House Residential Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We visited Emmaus House on 22nd October 2014. This was an unannounced inspection completed by the lead inspector. This service had last been inspected on 15th October 2013 where we judged the service to be compliant with the regulations we assessed.

Emmaus House is a purpose built home that can accommodate up to 26 older people in single ensuite rooms. The home is situated in a residential area of Moresby. The home is owned by the Emmaus Trust which is a Christian Brethren charitable organisation.

# Summary of findings

The home is on two floors with a large dining room, two lounges and a quiet lounge. There are suitable bathrooms and toilets around the building. The house has a pleasant garden and a large car park.

This service has a new manager who is registered with the Care Quality Commission. 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.

This service provides good levels of physical, spiritual and psychological care to older people. We judged that care was responsive to need and gave effective and sensitive care and support to individuals. People received good standards of personal care. There was evidence to show that good levels of health care support were provided to individuals. The food provided was of a high standard and staff understood nutritional planning. We had evidence to show that people had meaningful and interesting activities and outings.

Staff told us they were happy with the support they received. They said staffing levels were more than adequate and that the training given helped them with the role they undertook in the home. We saw staff working well together as a team and they were aware of the needs of individuals who lived in the home.

We judged that the home was well led and that the members of the Emmaus Trust were committed to giving high quality services. The home had a newly registered manager who was working with the management and supervisory teams in the home to develop future planning under the guidance of the Trust members. Quality monitoring was on going in the home and some issues that needed development had been identified and were being actively pursued by management and senior care staff.

We noted two areas where some improvement was necessary. This was around guidance on medication administration and dealing with a concern that might have been dealt with as a safeguarding matter. We judged that the issues meant that the domain of 'safe' required improvement.

# 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 not safe because we found some issues around medication and around investigation of safeguarding concerns that needed to be improved. We saw that the risks around the environment and delivery of care were managed well and that staff were suitably trained to deal with the safety of individuals. New staff were recruited appropriately.

Requires Improvement



### Is the service effective?

The service was effective because staff were well trained and supported and communication within the team was found to be good.

The service had procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

The service provided high standards of catering, people were happy with the food provided and staff understood how to support people with their nutritional needs

People received suitable health care support.

Good



### Is the service caring?

The service was caring. We observed caring and sensitive interactions between staff and people living in the home. People told us that their dignity and privacy was always respected. Staff understood people's needs and promoted individual choice.

Good



### Is the service responsive?

The service was responsive because we had evidence to show that staff understood individual care needs. Each person had an individualised care plan. People told us they were given the emotional, spiritual and physical support they needed.

There were varied activities on offer on a daily basis. People told us they went out to community activities and entertainments on a regular basis.

Good



### Is the service well-led?

The service was well led. The home had a registered manager in place who had been suitably inducted and was in receipt of training for her new role. On the day of our inspection we could see that she was supported by the chair of the Trust in settling into the role.

The Emmaus Trust had a detailed quality assurance system with measures in place to consult people who lived in the home and their relatives.

Good



# Emmaus House Residential Care 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 was an unannounced inspection that took place on 21st October 2014 and was carried out by one inspector.

Prior to the inspection visit we gathered information from a number of sources. We gathered information from the local authority and from health care providers. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. This service also sent us regular monthly updates and a yearly business plan. Before we visited the service we had received a Provider Information Return (PIR) which enabled us to focus on the areas of the inspection we wished to look at in detail. A PIR is a form completed by the registered manager and/or the provider outlining details about the service and the care and support provided.

On the day of the visit we spoke with twenty people who used the service. We spoke with five people in depth. We shared a meal with people in the home and observed activities during the day. We met five visiting friends and relatives and spoke to them about the care and support.

During the visit we met two members of the Emmaus Trust, one of whom was the chairperson of the Trust. We spoke to the manager, the deputy manager, the administrator, three senior care staff, five care staff and four housekeeping and catering staff. We met all of the staff on duty and spoke to some of them privately but we also spoke to eight of the staff in a group. We met a visiting health care professional and we also spoke to a volunteer. We read 10 care plans in depth and we spoke with these people and observed the support they were given.

We reviewed a number of records. We looked at ten case files and we also looked at three records of money kept on behalf of people. We reviewed three staff personnel and training files. We were given a copy of the record of staff training and the proposed training plan. We looked at records relating to maintenance, fire and food safety and to the policies and procedures of the service.

# Is the service safe?

## Our findings

We spoke to 20 people who lived in Emmaus house and they told us that they felt, "very safe and well looked after." The general consensus was that no one in the home was subject to any form of abuse. We also spoke to five visiting relatives who told us that they had never seen or heard anything untoward. People told us that they felt well cared for. One person told us "I feel safe and cared for here. I have never heard anything that worried or frightened me."

We met one person who told us that they had a concern that had been reported to management. We spoke to the registered manager about this issue and she told us that she had spoken to a group of staff in a meeting about this. We looked at minutes of meetings, a care plan and supervision notes around this issue and found that this concern had not been treated as a safeguarding matter. This meant that the concern had not been recorded or investigated in depth. We saw from the care plan that this person had become reluctant to ask for help. We saw enough evidence to show that this matter should have been considered under local safeguarding protocols but that the registered manager had taken this as a complaint. The chairman of the Trust said he would support the manager to deal with this appropriately and that a safeguarding referral would be made.

We looked at medicines management in the service. We found one medicine that had not been given in the correct manner. The manner of administration was written clearly on the medication but the staff we spoke to said that they had not been following this. This meant that, although not in any danger, the person was not getting the full benefit of this particular drug.

We also noted that "as required" medication did not have detailed guidelines for staff. Some instructions had been written on to the medication administration record but these did not give staff full guidance. We noted that with two people the medication was a sedative. One member of staff said that they did not like giving this as it left people "very sleepy". The medication was given for anxiety in one case and for agitation in the other. The care plans did not tell staff how to manage symptoms without resorting to sedatives. This meant that more in-depth planning on use of sedative medication was needed in order to keep people safe and well.

We observed a member of staff giving medication. This was done in a precise and timely manner. This member of the team explained to people what their medication was for and supported them to take their medicines. We noted that this staff member signed for each medication given and the medication trolley was kept securely locked when not in use.

The home had a monitored dosage system in place and staff told us that they found this to be easier to administer. We looked at the arrangements for ordering, storage and disposal of drugs. We saw that this was done appropriately. Staff told us that they had received training on medication and that their competence was checked by the manager or her deputy.

We asked the management team and the staff about how they kept vulnerable people safe from harm and abuse. We learned that staff had attended safeguarding training on a regular basis. Staff were able to talk at length about what was abusive and how they would report this to management. We spoke with the chair of the Emmaus Trust, the manager and the deputy manager and they were aware of their responsibilities under safeguarding protocols. The home had detailed policies and procedures on protecting vulnerable adults. Staff told us they were confident about reporting any issues to the registered manager or to the Emmaus Trust.

We asked for, and received, copies of the previous four weeks rosters. We saw that the home was well staffed by day and night. We asked staff about staffing levels and they told us that there was sufficient staff to care for people properly. They told us that the Emmaus Trust gave more staff time if there were people with high dependency levels in the home. We asked people who lived in the home and they told us that "there are plenty of staff...don't have to wait for attention".

We also looked at the Trust's policies and procedures about staff recruitment and we found that staff were recruited safely. We looked at three staff files and we saw that the Trust took up references and checked that the candidate did not have a criminal record and was not on the list of staff barred from working with vulnerable people.

We walked around all areas of the home and we saw that the building was clean, orderly and well maintained. The

## Is the service safe?

building was secure and we judged that the environment was safe for vulnerable people. We were sent copies of the monthly reports prepared for the Trust that detailed maintenance, repair and replacement in the home.

We noted that there were risk assessments in place in people's files and that specific activities were risk managed.

For example we saw that manual handling was risk assessed and management plans put in place. We also saw that there were good general risk assessments and risk management plans in place for the building and for things like fire and food safety.

# Is the service effective?

## Our findings

We asked the registered manager about her understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This legislation helped to protect people who may need support that potentially could deprive them of their liberty. This may apply to people who are living with dementia. The registered manager said that she had been updating her knowledge and had received training. She was aware of her responsibilities under this Act and had assessed one person at risk of being deprived of their liberty. She had completed an application for this to be considered by the local authority. She had also updated the policies and procedures around deprivation of liberty. We judged that these actions were appropriate.

We spoke to the deputy manager who had undertaken an exercise to establish whether people using the service had given power of attorney to relatives. She had also started to work with individuals in relation to end of life care and advanced directives. Several people who used the service had already made their wishes known about resuscitation and these wishes were being recorded and placed on file. We saw good records of individual preferences and people confirmed that they had been consulted.

This service used both formal and informal methods to ascertain people's needs and wishes. We saw some good assessments of need and we had evidence to show that people had been asked about their preferences. We observed staff asking people about their needs and wishes on the day.

We spoke to staff about training and development and about their understanding of good practice. We saw examples of this when we observed staff interacting with people in the home. Staff could talk about concepts and theories. They told us they were encouraged to do this by the Emmaus Trust. We had evidence that the chair of the Trust kept up to date with good practice and that both he and the registered manager would advise the Trust board of any innovations in care.

We also noted that care and housekeeping staff had continued to work as efficiently and safely as possible under a new manager. We could see that senior carer's

were taking on more of the supervisory role and were developing new skills. Senior care staff were enthusiastic about taking on more responsibility and developing their skills in care planning.

Staff confirmed that they had regular training updates and that visiting professionals also helped them keep up to date with current good practice. We had this confirmed by occupational therapists and community nurses who told us that the staff team were keen to maintain high standards of practice. We spoke to people who told us that health care professionals helped them to have "the best kinds of treatment". We saw in daily notes and care plans that advice was followed through by the staff team.

We asked people in the home about the food and drink provided. People told us that the food was of "an extremely high quality" and met their individual preferences. There were choices at each meal time and we were told that the three cooks in the home "always tried their best to give us what we want". We observed people who looked to be well nourished and people enjoyed the lunchtime meal. We looked at individual files and saw that there were nutritional assessments in place. People were weighed regularly to make sure they were getting the right levels of nourishment. We saw simple but effective nutritional plans in place. We saw good stores of fresh fruit and vegetables and we learned from people in the home that most foods were "made from scratch" and that "the home baking is extremely good"! We saw that people had maintained their weight or that, where they had come in somewhat undernourished, their weight had increased.

People in the home told us that they judged that the good food helped them stay well. They also told us that they had regular visits from their own GP, that the community nurses came when necessary and that staff in the home supported them if they had to attend hospital appointments. We saw in care files that people saw the optician, dentist and chiropodists regularly. We also noted that, where appropriate, people would be seen by psychiatrists, specialist nurses, speech and language therapists, physiotherapists or dieticians. We spoke to a visiting health care professional on the day and to health and social care professionals prior to the visit. They told us that they felt the care and support given was effective. We judged that people received good health care support in this service.

# Is the service caring?

## Our findings

We talked to a range of people including people in the home, visiting relatives and to professionals involved with the service and to the staff team. We also observed the interactions between people in the home and we looked at how the staff cared for and supported older people.

People in the home told us that staff were "very nice, polite and considerate" and "very kind and caring. I can't fault them." One person told us that "The staff are there when I need them. I ring the bell and they come and help me out." Another person told us, "The staff team really care about all of us and we care about each other. We all get on very well here. I think it is a good Christian, caring place." One person said to us "I know this is an overused phrase but people here are given plenty of privacy, respect and dignity."

People in the home told us that they had regular residents' meetings where they could express their opinions. They also told us that members of the Emmaus Trust board came to the home on a regular basis and would talk to people about their view of the care and services delivered. We learned that the registered manager and the deputy manager spent time with people "every day" so that they could understand the needs of individuals and groups. Care plans were updated and reviewed. People told us that the staff team respected their views and opinions. We saw evidence of acceptance of individual needs, options and choices. People told us, for example, that they were consulted about end of life care and could express their wishes in a safe way and that no one would judge them for the choices they wanted to make. We saw this in individual files and spoke to the deputy who was working with everyone in the home to ascertain their wishes.

We met five visiting relatives who were very positive about the care delivered. For example one relative told us that "The care here couldn't be better. The staff are marvellous". Every visitor we met told us that they were welcomed and could visit at any time.

We also spoke with visiting healthcare professionals and social workers who told us that they judged that the people who lived in the home received good levels of care.

We observed staff working patiently and kindly with vulnerable people. We could see from the interactions that the staff knew people well and understood each person's needs. Staff could talk at length about the support needs of individuals. Staff knew the life stories of people in the service and were aware of their preferences. We heard staff talking to people about families and friends. Staff were perceptive and sensitive to people's needs. They also understood the levels of support people wanted.

We observed staff supporting people in their social, cultural and spiritual needs. For example some people preferred the church based activities on offer. We spent some time with one person and we observed that this person had become very much more confident because of the care they received. This person gave thanks at lunchtime and told us that they felt very much cared for and valued in what they saw as a 'spiritual community'. We also spoke to people who told us that the home was very tolerant of people's beliefs and cultural values. Some people did not want to participate in some of the spiritual activities and this was respected. We noted that activities, crafts and entertainments were varied and based on what people wanted.

Activities included crafts and games, entertainments included classical concerts and more musical evenings. People went out individually to shop and to go to activities of their choice. This meant that the staff team supported people in their lifestyle choices and options.

# Is the service responsive?

## Our findings

Each person in the service had an individual care file. We looked at 10 care files and we saw that each file contained assessments of need and risk. The files also contained life stories. This meant that the care staff tried to understand the whole person. We also noted that staff were interested in all aspects of the lives of people in the home. In practice staff were able to identify needs and preferences. We saw examples of staff meeting people's needs in a timely and appropriate way.

People told us that they felt that the staff understood their needs well. Here are some comments that people made to us. "The staff know what I need help with and what I need to do myself." "The staff are always here for us...nothing is too much trouble."

Each file had a written care plan that gave guidance on the kind of support and care people needed. Some of the care plans gave detailed and suitable guidance that met the needs and preferences people had expressed. We noted that two of the ten care plans we read needed to be updated to give more information.

We spoke to staff about the concepts of care planning and we could see that although staff understood in practice they still found writing care plans to be difficult. Senior carers in this service had not been writing care plans for very long. We could see that many of the plans had improved but that some of the files did need updating. The staff team reviewed people's needs on a regular basis and tried to involve people as much as possible. We listened to part of the hand-over of information in the early afternoon and we could see that staff discussed needs and wishes of individuals in detail. We had evidence to show that care delivery was of a high standard but that sometimes this was not recorded in a timely or detailed fashion. The registered manager and the chair of the Emmaus Trust confirmed that they planned to continue to develop care planning.

We asked people about complaints and most of the people we spoke to said that they had no complaints but did know how to make a complaint or a suggestion. One person told us "I have never had to make a complaint. I wouldn't be afraid of complaining and would talk to the deputy manager and the manager. People from the Brethren Church visit us regularly and I know that if my complaint was not dealt with I could talk to them. Some of them sit on the Trust board and they would deal with complaints."

On the day of our visit we spent some time in the main lounge where an activity was underway. A volunteer from a local church was leading a religious service and people who lived in the home enjoyed participating in this. People in the home had chosen hymns to sing and one person read a devotional poem.

We spoke to people about the activities on offer and we learned from them that although there were a number of religious activities the home also provided a wide range of different activities. People told us that they went shopping to buy their own clothes and that a company came into the home so that people who could not go out could choose their own outfits. We learned of trips out to places of interest, to church and entertainment and activities in the community. We had evidence to show that there were parties and celebrations in the home. The home was in the process of recruiting a new activities organiser. A retired member of staff was filling this post until the new person could be recruited. We also learned that there were a number of volunteers who came in to do different activities. People told us that there was something different every day and they told us that they felt that the home provided "Really interesting things to do – quizzes, crafts, entertainments and of course the spiritual side of life is very well catered for here."

# Is the service well-led?

## Our findings

Emmaus House was managed by a charitable trust – The Emmaus Trust. Trust members were elders of the Christian Brethren church. People who lived in the home did not need to be members of this church but the Trust ran the home on Christian principles. On the day of our visit we could see that these principles ran through all aspects of care and services provided in the home. The Christian ethos and values were apparent in the way staff approached care and through the devotional activities and the policies and procedures of the home. People who lived in the home told us that this was one of the reasons they had chosen the service. However a number of people explained to us that as a community they believed in religious tolerance. One person told us “Our beliefs are important but you don’t need to be a member of our church...or any church...to come in here to get good Christian care”. People were free to follow their own chosen religious beliefs.

The people who lived in the home told us that church members, including members of the Emmaus Trust board were frequent visitors to the home. We had evidence to show that members of the board visited regularly and knew many of the people who lived in the home. The chair of the Trust was visiting the home on the day of our inspection. It was obvious that people who lived in the home knew this person well.

The Trust had developed their own policies and procedures. We read some of these and we looked at the Trust’s quality assurance procedures. We saw that every aspect of the operation was covered by these procedures. We noted that the policies of the home were based on firm Christian values and also reflected good social care practice.

We judged that this home had good quality assurance procedures and we saw that some of the quality monitoring was working well on the day of the inspection. Prior to the inspection we had also received quality monitoring updates from the registered manager and the chairperson of the Trust. We had received this for a number of years because the Emmaus Trust judged this to be good practice and they saw it as part of their on going monitoring of quality. These monthly reports informed the members of the Trust of developments in the home and were part of a general quality monitoring system.

The Trust completed an annual report and sent copies to the Care Quality Commission every year. These reports included financial analysis and projections and showed that the home was run on sound financial principles. On the day of the inspection we were provided with a draft business report. We read this and this gave us evidence that the organisation operated in a transparent way. We saw that the Trust had looked at the outcomes of quality monitoring and had based their business and financial planning on this analysis.

People in the home told us that they could ask for “anything within reason”. They told us that they judged the home to be well resourced. We could see during our inspection that this service was well staffed; that staff received good levels of training; that the environment was well decorated and furnished and that equipment was up-to-date. We had evidence to show that the Emmaus Trust was well enough resourced to give people the very best care and services.

There had been a change to the registered manager of this home. The Trust had been given ample notice of the proposed retirement of the previous manager. They had appointed a suitable manager to replace this person and had arranged for an induction overlap of several months. This meant that the previous manager had helped to induct the new manager. The new manager had recently become registered with the Care Quality Commission.

This home had a management team consisting of the registered manager, the deputy manager and an administrative assistant. During the first few months of the registered manager being in post both of these team members had been on sick leave. Staff on the team told us that they felt that this had been very hard on the new manager but that the Trust members had supported her well. The staff in the home and people who lived in Emmaus House said that things had run smoothly despite these issues.

We noted that some of the quality monitoring had lapsed a little during these first few months but was now being completed on a regular basis. We noted that the management team were now established and people in the home told us they judged they were working well together. We spoke to the Trust chairman and he gave us evidence of steps they were taking to develop the new management team in the home.