

Mrs Kerry Ann Davies

# Carden Bank Rest 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

This inspection was unannounced and took place on the 29 October 2014.

Carden Bank Rest Home is registered to provide accommodation and personal care support for 13 older people and 13 people were using the service at the time of our visit.

There is no registered manager condition at this home as the registered provider managed the home on a day to day basis.

At the last inspection on 23 May 2014 we asked the provider to take action to make improvements. This was because people that lacked mental capacity to make some decisions did not have assessments in place to demonstrate how these decisions were made in their best interest. The provider sent us an action plan after the inspection to confirm that these improvements would be in place by 31 July 2014. At this inspection assessments were in place that demonstrated that decisions were made in people's best interest when they were unable to make these decisions independently.

# Summary of findings

At this inspection improvements were needed in the management of medicines, this was because people that kept their own medicines did not have a secure facility to keep their medicines in and some areas of medicines management did not have recording systems in place. This meant that the provider had not taken suitable precautions to ensure people's medicines were managed safely. We recommend that the provider follows the guidance in 'The handling of medicines in social care' provided by the Royal Pharmaceutical Society of Great Britain 2007.

Improvements were needed to the recruitment practices in place. This was because the records held did not demonstrate that thorough checks had been undertaken to ensure a detailed work history was in place and that the correct references had been received.

People told us they felt safe and staff had a good understanding of safeguarding adults. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them.

People received care that met their preferences and promoted their independence. This was because staff had consulted with them and relevant people to ensure they were supported in an individualised way.

People's care was reviewed on a regular basis to ensure their needs and preferences were met appropriately.

People liked the staff and told us that the care and support they received was to a good standard that met their needs.

People felt respected and told us that their opinions and views were listened to.

Staff told us that they were supported by the management team and provided with the relevant training to ensure people's needs could be met.

Audits were in place to ensure the service provision was regularly monitored and assessed to drive 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 consistently safe.

Recruitment procedures were not thorough to ensure the staff employed were suitable to support the people using the service.

The management of people's medicines required improvement to demonstrate that people received their medicine in a safe way.

Staff were provided with training on safeguarding adults and had a clear understanding of the procedure to follow and people using the service told us that they felt safe.

**Requires Improvement**



### Is the service effective?

The service was effective.

The provider worked within the guidance of the Mental Capacity Act 2005 to ensure that decisions were made in people's best interest when they lacked capacity to make decisions for themselves.

Staff received training and supervision to ensure they had the skills, knowledge and support required to meet people's individual needs.

People's health and nutritional needs were met and monitored appropriately.

Staff felt confident and equipped to fulfil their role because they received the right training and support to do this.

**Good**



### Is the service caring?

The service was caring.

People spoke highly of the staff team and we saw that there was a positive relationship between the people using the service and the staff that supported them.

People's privacy and dignity was respected and their relatives and friends were free to visit them at any time.

People told us that they were involved in deciding how they were supported

**Good**



### Is the service responsive?

The service was responsive.

Information in care plans reflected the care and support that people received. People's preferences were recorded in their care plans and people confirmed that these were respected by the staff team.

People were supported to maintain their independence, skills, interests and hobbies.

**Good**



# Summary of findings

People told us that their views were sought on the running of the home.

People told us that they did not have any complaints and said that they knew who to speak with if they were unhappy or wished to raise any concerns about their care.

## Is the service well-led?

The service was well led.

Staff and people using the service spoke well about the management of the home.

Systems were in place to monitor the quality of the service and these systems were effective in driving improvement.

**Good**



# Carden Bank 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on the 29 October 2014 and was unannounced.

This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR and other information we hold on the service, such as information from the quality monitoring team at the local authority that undertake visits to the service and

notifications received from the provider. A notification is information about important events which the service is required to send us by law. We took all of this information into account when we made the judgements in this report.

We spoke with eight people who used the service, the deputy manager, three care staff, the cook and the administrator. The provider who was also the manager of the service was not available on the day of this inspection.

We observed how staff interacted with people that used the service. We looked at three people's care records and other records that related to the care they received. This included the training records for all of the staff employed and evidence of staff supervision. We looked at the recruitment records of three staff. We looked at the meals provided to people who used the service and the medicines and records for three people. We looked at the systems the provider had in place to monitor the quality of the service, this included satisfaction questionnaires, audits and the maintenance and servicing of equipment used at the home.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at Carden Bank. One person said; “This is my home now and I am very happy here and feel safe.” Another person said; “The staff make sure we are all safe, I also have a pendant in case I need to call for help. I don’t really use it as the staff are always close by.”

Staff had a good understanding about the types of abuse people could be subjected to and understood their responsibilities in ensuring people were kept safe and protected. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. We saw an example of how staff had taken the appropriate action for one person where a concern had been identified and this demonstrated that people using the service were appropriately protected.

Information in the care records showed that people’s needs were assessed and identified risks were monitored and managed appropriately. For example for one person who had been able to go out independently in the local area, their records showed that they were no longer able to do this. As this was part of the person’s preferred routine, measures had been put in place to ensure that this person could still access the local community with staff support. This was done in a way that did not unnecessarily restrict this person’s independence but ensured their safety was maintained.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. These plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person’s individual needs. This meant that staff were provided with the right information to ensure people could be evacuated safely if required.

The premises were maintained to a good standard and records were in place to demonstrate that the maintenance and servicing of equipment was undertaken as needed.

People confirmed that there were enough staff available to meet their needs. One person when asked said; “I think so,

if I need some help they [the staff] are always around and I have my pendant as well.” Another person said; I can get around independently and the staff are always here, so there isn’t a problem if someone needs help with anything.”

All of the staff we spoke with told us that there was enough staff to meet people’s needs. One carer said; “We are only a small home and most people can walk around independently so I think any more staff would be unnecessary.” We observed that staff were attentive to people’s needs and were available to support people as required.

We looked at the recruitment records for three staff. We saw that all three staff had Disclosure and Barring Service (DBS) checks in place; however in two people’s files not all of the necessary recruitment checks had been followed. One member of staff had gaps in their work history and we identified that this person had worked in care at another two services but these posts were not recorded on their application form. This person had no reference from their last employer and there was no evidence on file to show why this had not been done. Another person’s recruitment records had gaps in their employment history which in total amounted to six years. They did not have a reference from their last employer in care. This meant that improvements were needed in the recruitment process as the provider could not be assured that the staff they employed were suitable to work with the people using the service as the recruitment checks undertaken were not thorough.

People who used the service told us that they received their medicine as prescribed and in the way that they preferred. Information in people’s care plans included their preference on how they took their medicine.

We looked at the medicines and records for three people using the service. There were no gaps on the administration records, which indicated that medicines had been administered as prescribed. We found that for people that lived at the home on a permanent basis records were kept of the amount of medicines received into the home which enabled the staff administering medicines to have a clear audit trail so they could check the balance of medicines against the medicine administered, to ensure people were administered their medicine as prescribed. However this was not being done for people using the

## Is the service safe?

service on a short stay basis, as the balance of their medicines was not recorded on admission. This meant that staff could not be sure people received their medicine as prescribed, as they had no audit trail.

Risk assessments had not been undertaken for people who retained and administered their own medicine to ensure they were able to administer their medicine safely and they did not have their own lockable storage facility to keep their medicine in. This meant that staff could not be assured that when people retained and administered their own medicines they were safe to do so and that their medicines were kept safe and were not accessible to other people.

We were advised by staff that audits were undertaken regarding the management of medicines. However no records were held to demonstrate that the management of medicines were checked and actions taken as needed to keep people safe.

We recommend that the provider follows the guidance in 'The handling of medicines in social care' provided by the Royal Pharmaceutical Society of Great Britain 2007.

# Is the service effective?

## Our findings

At our last inspection on 23 May 2014 capacity assessments had been undertaken for people that were unable to make decisions independently. However best interest decisions were not in place to demonstrate that when people lacked capacity they were supported in the least restrictive way that empowered them to make decisions when possible, and protected their rights. This meant the provider was breaching Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010. At this inspection best interest decisions were in place when people lacked capacity. These assessments demonstrated that people were supported in the least restrictive way and in accordance with their preferences. Staff we spoke with told us that they had been provided with training about the Mental Capacity Act 2005 and they understood the basic principles of the Act and about supporting people when they were unable to make decisions for themselves.

Some people who used the service were being deprived of their liberty. Anyone who requires continuous supervision and would not be safe to leave the home independently would be deprived of their liberty and safeguards must be put in place to protect their rights. The Deprivation of Liberty Safeguards (DoLS) is in place to protect people. Discussions with staff demonstrated that they were aware of their responsibilities to protect people's human rights and it was confirmed by the deputy manager that they had made appropriate applications for people who were affected.

We saw that staff routinely gained verbal consent from people throughout the day when providing support. People's care records showed that they or their relatives had signed care plans to demonstrate their consent to care. This showed that consent was sought before care and treatment was provided to people.

People told us that their needs were met in the way that they preferred. We saw that people's daily routines were respected and followed. For example one person liked to bathe at a certain time each day and the staff supported this person to do this. This person told us; "I enjoy my baths, it's a little routine that I have got into and the staff always help me, they are very good like that."

We saw that people were supported to maintain their independence and staff promoted this.

Discussions with staff demonstrated that they understood people's needs and preferences. One member of staff told us; "I have worked here a long time and know everyone really well, the people here are like my extended family."

People were supported by staff that received on going training to ensure they had the skills and knowledge required to support people appropriately. Staff told us that they received the training they needed and confirmed that training included regular updates when required. Training records demonstrated that staff were kept up to date in all areas of essential training. Staff told us that there was an effective induction process in place to help them understand their role and confirmed they received regular supervision and an annual appraisal.

People told us that they enjoyed the meals provided. We saw that only one main choice was recorded on menus for the main meal which was served at lunchtime. The cook was able to demonstrate that they were aware of everyone's likes and dislikes and dietary requirements and provided alternatives to the main choice to ensure people were provided with meals they enjoyed and were able to eat; people spoken to also confirmed this.

We saw that staff followed instructions from relevant health professionals concerned with people's nutrition, where required. For example one person required a reduced sugar diet and this was provided in a way that meant this person's diet was not unnecessarily restricted.

People told us they received the care they needed and that staff understood their health needs. Information in records demonstrated that people were supported to access health care professional as needed to maintain their health. One person told us; "The staff look after me so well, if I am feeling under the weather they call the doctor out." Another person was feeling unwell on the day of our visit and they confirmed that the doctor had been contacted and visited them.



# Is the service caring?

## Our findings

People told us that they liked the staff and said that they were caring. One person said; “The staff are lovely, they make sure we are all looked after very well.” Another person said; “Staff are very thoughtful, they are always checking that I am alright.”

We saw that people were treated respectfully by staff and the atmosphere of the home was warm and friendly. We observed staff having a laugh and a joke with people living at the home and spending time sitting and chatting with people.

People told us that they were involved in deciding how they were supported. Care plans included information about people’s likes and dislikes and preferences and people confirmed that they were able to follow their own routines and that staff respected this.

People were supported to maintain their independence and this was promoted by the staff team. One person liked to keep their room clean but required staff supervision to do this, discussions with staff showed this was done in a respectful and diplomatic way to enable this person to maintain some control and independence. This person was able to use the facilities available at the home to wash their own clothes and staff supported and respected this person’s decision regarding this.

People told us that their friends and family were free to visit them at any time and confirmed that the staff made their visitor’s feel welcome.

People’s privacy and choices were respected and staff demonstrated a good understanding of people’s needs and preferences. For example we saw that people were able to move around the home freely and decide where they wanted to spend their time. One person confirmed that they liked to spend some time in their room during the day and said that staff respected this. Other people preferred to spend their day in the communal areas of the home. Two people told us that they always sat together in one of the lounges and said that this was their choice. One person told us; “We like this room, it’s cosy and we always spend the day together.”

From our observations of care and discussions with the staff and people living at Carden Bank it was evident that people’s diverse needs were met and their preferences and independence was respected and promoted. Staff enjoyed their work and told us that they were supported well by the management team. People using the service told us that they were treated respectfully and their individual needs were met. One person said; “This is a lovely place to live, I am very happy here.” Another person said; “The staff are wonderful, we couldn’t ask for better care.”

# Is the service responsive?

## Our findings

People told us and the records seen demonstrated that people were supported to follow their preferred daily routines and had contributed to the development of their care plans. For example, one person told us that they continued to participate in hobbies and social groups that they had been members of before they moved to Carden Bank. Another person confirmed they were supported to visit the local shops as part of their daily routine; this demonstrated that people maintained as much choice and control as possible regarding their lives.

Information about people's views, strengths and their level of independence were incorporated in to their care records. For example we saw a document called 'A day in the Life of [person's name]' in the care records seen. This document gave detailed information about the person's preferred routine their interests and hobbies and the level of support they needed to maintain this. This showed that people were supported to maintain their sense of self and independence.

We saw that staff at the home also provided a variety of games to promote social stimulation and encouraged people to be actively involved. External entertainers also visited the home on a regular basis. People we spoke with told us that they enjoyed the activities provided and confirmed that they did not have to join in if they preferred not to. One person talking about a musical theatrical group that provided entertainment on a regular basis told us; "They are very good, they have been a few times and everyone joins in."

People told us that their religious and spiritual needs were met through visits from faith representatives. We saw that literature was available in the home for people to access.

Information seen in people's care records reflected the support they received and demonstrated that people had been involved in on going reviews regarding their care package. Information in people's care records included their contact with their family and friends. When changes were identified regarding people's assessed needs or individual choices the records seen showed that this information was updated to ensure the staff could continue to meet people's individual needs and support them appropriately.

People told us that their views were sought on the running of the home. They confirmed that this was done through annual satisfaction surveys. When we asked people if we felt their views were listened to, one person said; "I think so, although I am happy with everything so I haven't suggested any changes." Another person said; "We are asked if we enjoyed a particular thing, like meals or people that come in to entertain us, so I think they are doing that."

People told us that they did not have any complaints and said that they knew who to speak with if they were unhappy or wished to raise any concerns about their care.

The provider's policy on complaints stated that complaints could be made verbally or in writing. The records seen demonstrated that no complaints had been received over recent months and we saw that previous complaints received had been taken seriously, investigated and responded to in a timely manner. Staff we spoke to told us they had received training on how to respond to a complaint and they were able to demonstrate that they understood the importance of responding appropriately to a complaint and on ensuring the information was fed back to manager or deputy manager promptly in order for it to be addressed in a timely way.

# Is the service well-led?

## Our findings

A stable staff team were in place at Carden Bank and the manager who also owned the home was well thought of by both staff and the people using the service. People told us that the home was well led and confirmed that their views were sought regarding the running of the home. This was done through satisfaction questionnaires, which were sent out on an annual basis to people using the service, their relatives, the staff team and to visiting professionals. We looked at the most recent results of these questionnaires which showed that everyone was very positive about the quality and standards of care provided.

Staff were kept up to date with any changes through staff meetings and through staff memos, which were sent out to staff to share any relevant information and updates regarding the service provision.

Staff spoken with confirmed that they were aware of the whistleblowing policy and were confident that the management team would support them if they raised any concerns.

The provider ensured that staff received training in different learning styles to support staff in their training needs. Staff confirmed that they were supported through regular

supervision by the management team. This ensured they had the skills and support needed to meet people's needs. The provider encouraged the staff team to professionally develop their skills and the records showed that eight of the 12 staff employed had a diploma in health and social care at level two or above.

We looked at audits which showed that the quality of the care and services provided was monitored on a regular basis and actions were taken as required to drive improvement. These included monthly audits for monitoring the domestic services, laundry services and kitchen and infection control audits. Accidents and incidents were also audited and we saw that the provider took appropriate action to minimise the risk to people's health and welfare.

We saw that people's care plans were reviewed on a regular basis to ensure that any changing needs were met and records showed that people and their families were involved in developing and reviewing their plan of care.

Policies and procedures were reviewed on an annual basis to ensure they remained relevant and staff spoken to confirmed that they were aware of these policies and that they were accessible to them.