

Embrace (Derby) Limited

St Werburghs House

Inspection report

Church Street,
Spondon
Derbyshire
DE21 7LL
Tel: 01332 280037

Date of inspection visit: 17 December 2015
Date of publication: 07/06/2016

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

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Summary of findings

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Summary of findings

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Summary of findings

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

Summary of findings

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Summary of findings

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

The inspection took place on 17 December 2015 and was unannounced.

St Werburghs House is a nursing home which provides care for up to thirty five people, in twenty nine bedrooms. On the day of our visit there were twenty eight people living there and no-one was sharing a room, some people in the home were living with dementia.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the last inspection, which took place in August 2014, all the Regulation requirements were met.

On this inspection we found people were not always protected from unsafe practices around cleanliness and infection control. Some areas of the home had a malodour.

Staff were trained to recognise and respond to signs of abuse and risk assessments were carried out and reviewed.

There were sufficient staff on duty to ensure the day to day welfare of people and staff were appropriately allocated throughout the home.

Medicines were administered, recorded and managed appropriately.

The staff had appropriate training, supervision and support and they understood their roles in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

There was a variety of food choices available on the menus and people could ask for alternatives if they did not like what was available. People were supported to have sufficient food and drink to meet their dietary requirements.

People were supported to access other health and social care professionals when required and family members and friends were encouraged to be part of the care arrangements for their relatives when this was appropriate.

Where possible, people were involved in the decisions about their care and their care plans and were encouraged to inform staff how they wanted their care delivered.

Staff were caring, kind and compassionate and cared for people in a manner that promoted their privacy and dignity. People felt listened to and had their views and choices respected.

Summary of findings

The home was managed in a way that invited people, their relatives and staff to have an input into how the home was run and managed.

The home had systems in place to assess, review and evaluate the quality of service provision, however these

processes had failed to recognise the unsafe practices around cleanliness and infection control. The provider and registered manager were working on improved ways of monitoring the cleanliness in the home.

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 mostly safe.

Safe practices around cleaning and infection control were not always carried out thoroughly.

Medicines were managed safely.

Staff were aware of safeguarding and how to raise concerns.

Staff were trained to meet people's needs in an appropriate way and appropriate checks were carried out on new staff prior to them starting work in the home.

Requires improvement



Is the service effective?

The service was effective.

Staff had an understanding of their role under the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient, and nutritious, food and drink.

People had timely access to appropriate healthcare.

The staff received training and supervision to enable them to effectively meet the needs of the people they supported.

Good



Is the service caring?

The service was caring.

The staff respected people's wishes and choices and promoted their privacy and dignity.

Staff we spoke with were familiar with the people they supported and understood their needs.

Relatives were encouraged and supported to maintain fulfilling relationships with their family members.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and reviewed in a timely manner and, where possible, they were supported to become more independent.

Care plans were up to date and contained clear information to assist staff to care for people.

There was a complaints process in place for people to use.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The quality systems in place recognised areas for improvement and these were being undertaken.

People were able to routinely share their experiences of the service and the provider used this information to make further improvements in the service.

The staff were well motivated and supported and felt their views were listened to.

Good



St Werburghs House

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 was 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.

The inspection took place on 17 December 2015 and was unannounced. The inspection team consisted of one inspector and a specialist nurse advisor.

During our inspection we carried out observations and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk to us due to their complex needs.

We reviewed information we held about the service, this included a review of the previous report for this service and a review of the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the Local Authority and Healthwatch.

We spoke with four people who used the service and two relatives. We also spoke with the regional manager, registered manager, two qualified nurses, one senior carer and one carer. We observed how care was being provided in the communal areas of the home.

We looked at the care records of three people who used the service and reviewed the provider's recruitment processes. We looked at training staff had received, information about how the service was managed and how the quality of the service was monitored.

Is the service safe?

Our findings

Some procedures designed to help ensure protection from, and control of, infections were not always followed. During our inspection we found waste bins in communal toilets were not lined with disposable bags and continence and other waste was placed directly into the bins, this would make it difficult to ensure they were thoroughly clean.

In the ground floor sluice room, there was a dirty commode pan which had not been thoroughly cleaned and a commode pan was left in the hand washing sink, this lack of attention to infection control could put people at risk of infection and illness.

In the first floor sluice room there were dirty commode pans with yellow stains around the rims which indicated they had not been routinely cleaned properly. When we drew this to the attention of the registered manager they told us that some needed to be thrown away to ensure people's safety.

Not all of the communal toilets had paper towels available which meant the procedure for washing and drying hands thoroughly, to prevent cross infection, was not followed. The flooring in some of the communal toilets was lifting which meant this would be impossible to keep clean and again lead to the risk of cross contamination. This meant people were not always kept safe from the risk of bacterial infections.

The home used colour coded mops for cleaning different parts of the home; however they were not identified sufficiently to ensure they were only used for cleaning the appropriate places. This meant the mop used for cleaning the toilet areas could also have been used to clean the kitchen, therefore putting people at risk from the results of unsafe practises. In one of the communal toilets we found the grab handle used for supporting people to sit down was not clean. This lack of attention to cleaning in the home put people at risk of infections.

Some parts of the home had a malodour, including the corridor from ground level to the floor below and the main reception. In one of the bedrooms the carpet was wrinkled and the room was malodourous. Bedding in some rooms was stained and required changing; we drew this to the attention of the manager who said they would ensure that clean bedding was provided where people had stained them.

People who lived in the home, and the relatives we spoke with, did not voice any concerns about the cleanliness in the home, however they were concerned about the lack of space for storing continence aids which resulted in them being stored in people's bedrooms. The storage of large quantities of boxes of continence aids in bedrooms could constitute a tripping hazard when people attempted to access the drawers these boxes were blocking.

We spoke with the registered manager about our concerns and they explained the home was due for an extensive refurbishment and funding for this had been agreed, we could see as we made our way around the home this had started. Regarding the unclean surfaces and equipment the registered manager told us they would ensure these areas were cleaned thoroughly.

People and relatives told us they felt safe in the home and one family member said "If I didn't feel safe about [relative] being here I don't know how I'd cope". Another person said "I would rate them, they do a good job" in looking after [relative]. They went on to say they felt confident their relative was safe and one person told us the occupational therapist had recommended a turning regime for their relative, to protect delicate skin, and this was followed.

Staff had a good understanding of the different types of abuse and were aware of how to report any safeguarding concerns. Staff were also aware there was a whistleblowing policy in place and knew how to escalate their concerns if they felt they were not being listened to. Staff we spoke with told us they had received training about how to protect people from the risk of abuse and records we looked at confirmed this.

The management team were aware of local procedures for reporting concerns about people's welfare and any allegations of abuse. We saw that the provider was working together with the local authority to investigate any issues that arose. The registered manager kept a log of all accidents in the home so they could look for patterns of risk, for individual people, and for the home overall. They could then act on any evidence they found to reduce any risks to people. This helped to ensure people were safe from the risk of harm.

During our inspection we found there were enough staff available to meet the needs of people who used the service and to keep them safe, Call bells were responded to promptly on the day of our inspection, though when we

Is the service safe?

examined the call bell monitors we could see that, sometimes, people had to wait over ten minutes for the request for assistance to be responded to. This meant the provider was not responding to people's needs in a timely manner on some occasions. However, we saw relevant checks had been carried out on staff before they were recruited to the organisation to help to ensure people were supported in a safe way by the people with the right skills.

People told us they received their medicines when they needed them and we observed that people received their medicines as prescribed. We shadowed a medicines round and this was completed safely. Controlled medicines were stored properly and accounted for in the controlled medication register. Safeguards were in place in case people refused to take their medicines.

Is the service effective?

Our findings

People told us they believed staff had the skills to meet their needs, one person told us “They’re very good” at looking after [relative] and “I think this is a good place, I really do” and “The staff look after [relative] so well”. One person told us they felt very confident in the staff to look after them properly, their relative confirmed this view. Our observations around the home confirmed the staff were working with people in a skilled way to meet their needs.

Staff we spoke with felt they had sufficient training and said they could always ask more experienced staff for support and guidance if they needed to, including the nurse in charge or the registered manager. Staff told us the induction included shadowing a more experienced member of staff and they were encouraged and supported to familiarise themselves with the people who lived in the home by talking to them and reading their care plans. We saw staff received training in aspects of care relevant to people’s needs and this covered many areas, including assisting people to move safely and safeguarding people from abuse. When we talked to staff about providing care to people when they did not want to receive care they were able to tell us about techniques they used to ensure people were calm before they offered care and support, thereby ensuring care was carried out effectively.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA) and found they were. 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack the mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and be 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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met and we found the

provider was following the requirements of the DoLS. This ensured that when people could not consent to their care and treatment appropriate safeguards were in place when they were deprived of their liberty.

People we spoke with all told us they enjoyed the food and they had plenty to eat and drink throughout the day. One person told us the food was “Outstanding”, another person said “The food was generally good”. People we spoke with told us there were two choices for lunch but if they didn’t like what was on offer they could request an alternative. People told us staff completed meal request sheets with them so they could indicate their preferences for meals the following day. Menus followed a four weekly pattern and kitchen staff told us how residents were involved in compiling the menu plans by talking to them on a regular basis. During our visit we saw people being assisted with lunch and this was done in a non-hurried and dignified way.

When we checked the food storage arrangements we could see that everything was stored at the correct temperature and was dated to ensure fresh food was always served. We saw there was a board in the kitchen which displayed what people’s likes and dislikes were and a list of birthdays so staff could bake cakes for people on these occasions. The kitchen staff told us they ensured they met people’s different nutritional needs. We noticed some people living in the home suffered from diabetes but special food was not provided. The kitchen staff and manager told us all the food served in the home was low in sugar so it was suitable for everyone, thereby ensuring a diet which was healthy and balanced, but also one which everyone could enjoy.

People told us they received medical care when they required this and one relative told us how staff had support their [relative] to visit the dentist. The registered manager told us the home had a good relationship with two GP surgeries and one GP visits every two weeks to see people. The GP walks around the home seeing every person who lives there so that any concerns can be raised. We saw from care records that people had access to health care when this was required and this was well documented.

However, when we spoke with a professional involved with the service they told us the recommendations for following through treatment on a daily basis, such as completing physical therapy exercises, was not always followed. Also, they found it difficult to find a nurse or the registered

Is the service effective?

manager to discuss patient care with before they left the location. This meant people were not always receiving the ongoing support to complete treatment which had been recommended by a health professional.

Is the service caring?

Our findings

All the people we spoke with told us they felt the staff were caring. One person said “They put a lot of care in”, also, “The carers are a decent set of people”. Another person told us “They do mean well and they are caring”. One person told us it was “A good place to come” and there were some “Kind members of staff”. Relatives told us they had good relationships with the staff and staff were very approachable. People told us they liked the registered manager and felt they could approach them for help at any time. We saw one member of staff took the time to say goodbye to each person in the lounge as they went off duty which showed they were building social and caring relationships with people.

One family member gave us an example of how caring the staff were, they explained that if they had forgotten to switch the television to their [relatives] favourite television programme they would ring staff and they would do this for them. Also, they would open the blinds so their relative could see out of the window on nice days, remembering to close the blinds if the sun became too strong so it didn’t hurt their eyes. This response from staff showed they were ensuring people’s comfort in a thoughtful and caring way.

During our inspection we saw staff supported people in a way that was kind and understanding. We saw staff respected people’s different choices and supported them to make these. However, during lunch time we did see one

person trying to attract the attention of various members of staff and they were not acknowledged. This meant that the approach in the caring of people was not always consistent.

People told us they were involved in the arrangements for the care they received, one relative told us they were “Allowed to have quite a big influence” in the way care was provided. Another person told us if there were any problems with the care their relative was receiving they only had to mention it and things improved. This showed the registered manager was responding to people’s concerns and making changes where appropriate.

Staff had a good understanding of how to promote people’s independence. One person told us how they had become more independent, physically, since coming into the home and were now able to mobilise with the aid of a piece of equipment. A relative confirmed this and said their [relative] was bed bound when they came into the home and was now mobile again. This showed support for people was provided in a way that encouraged them to be independent and listened to what people and their relatives were requesting.

We saw people were treated with dignity and staff respected people’s privacy. Staff provided examples of how they were able to do this while supporting someone with their personal care, for example by covering them with a towel to protect their privacy. We saw staff knocked on doors before entering people’s rooms and the manager told us they monitored staff activities to ensure they always treated people with dignity.

Is the service responsive?

Our findings

People told us they received the care and support they required, when they needed it. They told us staff had a good understanding of their individual needs and treated them as individuals. People told us they felt their views were respected and staff listened to them. When we discussed the individual needs of people living in the home with staff they were able to tell us about people's care and support needs, preferences and likes and dislikes.

People told us they were able to make choices about their care and how they spent their time. One person told us they had a shower or a bath once a week but were confident they could have one on other occasions if they asked. Another person had a takeaway meal in their room occasionally when they requested this.

When we talked to staff they told us they understood people's wishes and preferences by talking to them and also by reading nonverbal communication. They said when people first came into the home they would get some background history about their lives and what they had enjoyed doing. They could then use this information to talk to people in a way that encouraged reminiscence and to acknowledge their feelings.

People's care plans had been reviewed and updated and the information was sufficient to support staff's understanding of how people wanted to receive their care. The registered manager told us care plans contained information from people and their relatives and this information was used to provide care in a way that responded to people's individual needs. When we looked at records we saw people's care needs were being recorded regularly so staff coming on duty could refer to them and be aware of the changing needs of the people they provided care for.

One relative told us they were very involved in the decisions about the care their family member received and their views were actively sought and welcomed. They also told us they had been invited to write in their [relatives] care plan when they had supported them with any activities. However, they also told us that some members of staff were insufficiently skilled to recognise and respond to their [relatives] needs, for example, how to present a drink

to them so they would recognise what it was and drink it. The relative said they had reported this to the registered manager and things were improving. By staff not responding to people in an appropriate way some people's needs were not being responded to some of the time.

People told us they only had to mention that something required doing and it was done, for example, minor maintenance issues around the home. One person told us how the registered manager had responded to a concern of theirs about a member of staff and how their approach had made them feel uncomfortable. Following their discussion the registered manager spoke with the member of staff and they apologised to the person. By responding to the person in this way any tension was reduced between the person and the member of staff.

People told us about the activities offered in the home and said they enjoyed these but expressed the view they would like more opportunities to go on activities outside of the home. They told us the home now had a mini bus so they hoped they would now be able to go out more. One person told us they really enjoyed the activities in the home arranged by the activities co-ordinator and they felt involved in deciding what activities should be introduced in the home. People confirmed there was a residents meeting every month to ask them what activities they would like to undertake in the future.

We saw that the activities undertaken each day were discussed with the people who lived in the home and that the activities people enjoyed the most were repeated. Staff told us there was a calendar of events in a diary and people were invited to make suggestions about future activities. As well as planning activities they also told us they worked hard to make sure people were able to take part in them by offering support when it was required. One member of staff told us "Because I enjoy it, it makes them enjoy it as well".

We looked at how the home listened to people's experiences, concerns and complaints. People told us they would speak out if they had any complaints about the service and would talk to the registered manager. We looked at the complaints book and could see complaints had been responded to in full manner and the issues raised had been fully investigated and responded to.

Is the service well-led?

Our findings

People we spoke with were satisfied with the home and the care they received and did not express any concerns about the decoration in the home. It was clear from our initial walk around the home that the structure and decoration were in need of refurbishment we could see the improvements were well under way. The registered manager and regional manager told us the resources were planned and had been made available to ensure the maintenance and development of the service. This included repairs and improvements to the building as well as resources required to support the redecoration of communal areas and individual bedrooms. The planned timescale for full completion of all the work was about one year.

We saw there was a plan in place to manage these improvements to the buildings, this included a total refurbishment of the conservatory so people could continue to enjoy this light and airy space. It also included refurbishment of communal bathing and toilet areas and we could see that work had commenced. The plan was to have the refurbishment of the home completed within one year. In addition there was a maintenance person in post who carried out regular routine maintenance, during our visit they were quick to fix a broken pipe in someone's bedroom.

The registered manager understood their responsibilities with regard to the efficient running of the home and ensuring people were kept safe. They had sent appropriate written notifications to CQC when required to tell us about any changes, events or incidents in the home. There was a clear management structure in place and staff were all aware of their day to day tasks and responsibilities for caring for people. People we spoke with told us they had

confidence in the registered manager and also they felt they could go to them with any concerns and these would be addressed. This demonstrated an open culture within which the registered manager ran the home.

We observed people were happy and were relaxed enough to talk with all of the staff team. Staff told us they felt the atmosphere in the home was open and fair and one member of staff told us they felt confident to "Approach anybody about anything". Another member of staff told us it was a "Good place to work" and there was a "Great family atmosphere". Staff we spoke with were motivated in their job role and told us they enjoyed working in the home which helped to create a positive atmosphere.

We saw staff meetings were held every two months when all staff were invited, additional staff meetings were arranged for the nursing staff in the home. The registered manager also had monthly meetings with the kitchen staff so they could monitor the management of the food ordering and quality of food provision. We saw residents meetings were undertaken to invite comments and ideas from the people living in the home and we saw from the minutes these were well attended. The registered manager told us all registered managers in the organisation met regularly to share good ideas about how to manage their homes, thereby sharing ideas for improvement across the organisation.

During our inspection we reviewed various records and processes used to manage and analyse information. The service demonstrated an organised approach to managing records for people's care. Quality audits were undertaken by the registered manager to ensure the care delivered was of a consistent standard and they explained how new measures for checking the quality audits were being introduced as a double check. However, these quality audits were not always effective in managing risks and the risks around the spread of infection were not well managed.