

# Embec Care Limited

# Shenstone Hall

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Shenstone Hall provides residential care for up to 25 people, at the time of the inspection there were 12 people living at the service.

People's experience of using this service: People and their relatives told us they were happy with the care provided. All staff demonstrated a commitment to providing person-centred care. People had developed positive relationships with staff who had a good understanding of their individual needs.

People were supported to maintain contact with their family and were encouraged to be involved with the running of the service. Care and support was tailored to each person's needs and preferences.

Systems were in place to support and monitor people's safety. People were protected from possible harm. Staff had a good understanding of how to safeguard people and were confident to raise any concerns they identified.

People were stimulated by meaningful activities and care and support was personalised to each individual.

There were two registered managers at the service and people knew who they were. Both registered managers demonstrated a commitment to providing person centred care for people. Staff felt the management team were supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection based our inspection schedule for new services.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Shenstone Hall

## Detailed findings

### Background to this inspection

The 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.

Inspection team: Two inspectors completed the inspection.

Service and service type: Shenstone Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection visit was unannounced.

What we did: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, and spoke with other professionals who work with the service. We assessed the information providers send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with four people who used the service, two relatives, the two registered managers, and three care staff. In addition, we spoke with a healthcare professional. We reviewed a range of records. This included four people's care records and medication records. We also looked at records relating to the management of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes.

- People and their relatives told us the service was safe. Comments included, "I am very safe here", "We are more than confident our relative is safe here" and "It's very safe, I love it here."
- Staff understood what action to take to ensure people were safe and protected from harm and abuse.
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management.

- Records related to managing risks were present and completed within care plans. There was information available for staff, where people had specific health conditions and how to manage risk associated with them.
- Staff had clear understandings of risks to people and provided support in a pro-active way to reduce these risks.
- The environment and equipment were safe and well maintained.

Staffing levels.

- There were enough staff available to meet people's needs.
- Safe recruitment procedures ensured people were supported by staff that were of a suitable character.

Using medicines safely.

- Medication overall was managed safely, however stock control processes required further consideration.
- Medications were stored safely in people's own rooms. Records confirmed people had received their medicines as prescribed.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.

Preventing and controlling infection.

- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infection.

Learning lessons when things go wrong.

- Incidents were monitored and used as learning opportunities.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- Care plans and risk assessments provided staff with information to meet people's basic care needs.
- Best practice guidance was used to ensure people's diverse needs were assessed and recorded.

Staff skills, knowledge and experience.

- Staff had completed a comprehensive induction and received regular training to support them to fulfil their role
- Staff told us they were supported by the registered manager who completed regular supervisions meetings and competency checks.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were involved in meal choices and supported to maintain a balanced diet. One person told us, "Staff always ask me what I would like to eat. The food is good."
- Care plans detailed people's likes, dislikes and the equipment required to support them to consume food and fluids.
- Staff were aware of any specialist diets that people had and information was provided to the chef to ensure they were updated of any changes.

Staff providing consistent, effective, timely care within and across organisations. Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- Records of professional visits were recorded and outcomes of these visits were reflected in people's care plans.
- Staff understood people's health needs and knew how to access additional support if this was needed. People's changing needs were communicated with their relatives.
- A health care professional told us, "Staff are very approachable and will follow our advice and recommendations."

Adapting service, design, decoration to meet people's needs.

- People's own rooms were decorated to their individual choice and people had been involved in decorating the service to make it homely.
- People could speak with their visitors in private if they wished to.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We noted some anomalies in record keep relating to lasting power of attorney which the registered managers agreed to address. Changes were needed to ensure the appropriate people were involved in decision making when required.
- Staff ensured that people were involved in decisions about their care.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People and their relatives were consistently positive about the caring attitude of the staff. Comments included, "The staff are very nice", "They make people feel special" and "Everything my relative needs we can ask for it and it's no trouble."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed.
- People were valued as individuals and staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in planning areas of care delivery. Contact with people's relatives was maintained to them informed of their relative's wellbeing. One relative told us, "They always keep us informed and we're very confident they'd contact us if there were any concerns."
- All staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- Relatives told us "There is always a good atmosphere, the residents are involved in everything."
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence.

- People were encouraged to be as independent as possible. One person told us "I love it here, I do what I want and the staff help me if I need it."
- People were treated with dignity and respect. Staff spoke in a polite and caring way and showed patience when supporting people.
- People's families and friends could visit without restriction and people were supported to visit their family or meet up with them. One relative told us, "There's no set time to visit, staff always make you feel comfortable."
- Effective communications between the management team and staff supported people to be confident to speak about their feelings.



# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care.

- Care plans were person-centred and were reviewed on a regular basis. Care plans contained detailed, personalised information about what was important to people. They held useful information that assisted staff to provide care and treatment that people preferred.
- Life histories were recorded in detail to support staff to provide non-discriminatory care and support to people.
- People were supported to maintain relationships with their family and friends.
- The service provided a range of activities and entertainment for people which was planned and facilitated mainly by staff. People told us there were always something happening. Comments included, "We do quizzes, singing and jigsaws", "We go out when it's warm and do lots in the garden" and "We have some really good entertainment here."
- Regular meetings supported people and their relatives to be involved in the running of the service in line with their preferences.
- Staff were passionate about providing individualised care and support. They knew people and their needs well and spent time with people and their relatives to find out what was important to them.
- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.

Improving care quality in response to complaints or concerns.

- A complaints procedure was in place in the main entrance for people and visitors to access. This was displayed in an accessible format to meet people's diverse needs.
- People were supported to raise concerns. People and their relatives told us they were confident in raising concerns with the staff if they had any issues.
- Where complaints had been made, they were responded to in line with company policy.

End of life care and support.

- Where appropriate, people's end of life care preferences were recorded in their care plan. This provided staff with information to ensure people would receive dignified, comfortable and pain free care at the end of their life if required.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People and their relatives spoke positively about the management of the service. Comments included, "They are brilliant, they are always around to talk to", "They have really helped me to get better" and "They are wonderful, I know my relative is well looked after here."
- The service had two registered managers who worked collectively to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- Both registered managers had a visible presence in the home. They knew people, their needs and their relatives well. Staff told us, "The managers are really good. The managers are very hands on."
- Staff said they felt supported by the registered managers and received regular supervisions and staff meetings to promote their development.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered managers understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- The registered managers completed quality assurance checks. This enabled them to collate information on a daily basis to show how the service was performing.
- Effective communication between the registered managers and staff team supported people to receive their preferred care and support.

Engaging and involving people using the service, the public and staff. Working in partnership with others.

- People, relatives and visiting professionals had completed surveys of their views and their feedback had been used to continuously improve the service.

Continuous learning and improving care.

- Regular meetings were held at the service to ensure staff, people and their relatives were involved in developing and improving the service.
- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with their continuous learning.
- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.

