

Mrs Kerry Ann Davies

# Carden Bank Rest Home

## Inspection report

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Date of inspection visit:  
25 January 2017

Date of publication:  
21 February 2017

### 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

We inspected this service on 25 January 2017. This was an unannounced inspection. At our previous inspection on the 29 October 2014 the provider was meeting all the regulations relating to the Health and Social Care Act 2008 but we identified some areas that required improvement in medicine management and staff recruitment checks. At this inspection we found improvements had been made.

The service was registered to provide accommodation for up to 14 people. At the time of our inspection there were 13 people using the service. There is no registered manager condition at this home as the registered provider managed the home on a day to day basis.

We saw improvements had been made in the management of medicines. The amounts of medicine in stock for each person were recorded to ensure a clear audit trail was maintained. Improvements had been made in staff recruitment. We saw that full checks had been completed before staff commenced employment, to ensure they were suitable to support people.

People told us and we saw there were sufficient staff available to support them. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems were in place to protect people from the risk of harm.

People were supported by staff that received training and supervision and understood their needs and preferences. Staff gained people's verbal consent before supporting them with any care tasks and helped people to make their own decisions when possible. Where people were unable to make decisions independently they were supported in their best interests and in accordance with the Mental Capacity Act. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach and supported people to maintain their dignity and privacy. People were supported to maintain relationships that were important to them and maintain their social interests. People knew who the provider was and they understood their responsibilities around registration with us. Staff felt listened to and were happy to raise concerns. People knew how to complain and we saw when complaints were made they were addressed. Quality monitoring checks were completed by the provider and they sought people's opinions, when needed action was taken to make improvements.

## 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.

People were supported by staff that understood their responsibilities to keep them safe from harm and risks to their health and welfare were identified and managed. There was enough staff available to support people and the recruitment practices in place checked staff's suitability to work with them. People received their medicines as prescribed and they were managed safely. Arrangements were in place to minimise risks to people's safety in relation to the premises and equipment.

### Is the service effective?

Good ●

The service was effective.

People were supported by skilled and experienced staff. Staff had guidance on how to support people in their best interests when they were unable to make decisions independently. People's nutritional needs were met and monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

### Is the service caring?

Good ●

The service was caring

People were supported by staff that knew them well and spoke to them in a kind and caring way. People's privacy and dignity was respected and they were supported to maintain their independence and relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People's individual needs were met and they were supported to follow their interests. The provider's complaints policy and the

procedure was accessible to people who lived at the home and their visitors.

**Is the service well-led?**

**Good** ●

The service was well-led.

People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People told us the provider and deputy manager were approachable and staff felt supported in their work. There were quality assurance checks in place to monitor and improve the service.

# 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 visit took place on 25 January 2017 and was unannounced. The inspection visit was carried out by one inspector.

We reviewed information received since our last inspection in October 2014 this included information from the local authority and notifications received from the provider. Notifications are changes, events or incidents that providers must tell us about.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

To gain people's views about the care and to check that standards of care were being met we spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with five people who used the service, three people's visitors, a visiting professional, two members of care staff, the deputy manager and the provider.

We looked at the care records for four people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

# Is the service safe?

## Our findings

At our last inspection improvements were needed in the management of medicines. This was because when people used the service on a short stay basis, the balance of their medicines was not recorded on admission and lockable storage facilities and risk assessments were not in place for people who retained and administered their own medicine. At this inspection we saw improvements had been made. We saw that records were kept of the amount of medicines received into the home which meant the staff administering medicines were able to check the balance of medicines against the medicine administered. This provided staff with an audit trail to ensure people were administered their medicine as prescribed. At the time of this inspection no one was self-administering their medicine. The deputy manager confirmed that risk assessments would be undertaken for anyone that wished to administer and retain their own medicine and lockable storage facilities would be available, to enable them to store and administer their medicine safely.

People told us they were supported to take their medicines and confirmed that they received these as prescribed. One person told us, "I always get my tablets on time, the staff do them for me, so I don't have to worry about that." We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this.

At our last inspection improvements were needed in the recruitment practices. This was because we found gaps in two staff's employment history and references had not been sought from previous employers. At this inspection we saw that improvements had been made. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place including full employment histories and references from their last employer. This meant the provider had safe recruitment practices in place.

People that we spoke with told us they felt safe. One person said, "The staff are lovely, I feel very safe with them." Another person told us, "The staff are very kind, they always have time for me, I am considering moving in full time." Visitors told us their relatives were safe. One said, "I am confident that [Name] is safe here, it's a very homely place and they have told me they like it here, the staff are very friendly and caring." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "I would report any concerns to the manager. I know I can go the local authority but I have never needed to do that here. We have a list of contact numbers and one is the local authority for safeguarding referrals." Staff told us they were aware of whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Whistleblowing is the process for raising concerns about poor practices.

Where risks were identified, care plans described how staff should minimise the identified risk. The staff we spoke with knew about people's individual risks and explained the actions they took to support people safely. Staff confirmed that none of the people that used the service required the use of a hoist or other

equipment to help them to move. We saw that a planned programme of checks was also in place for the servicing and maintenance of fire alarm systems, water systems and water temperatures. This meant the provider took appropriate actions to minimise risks related to the premises and equipment.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required their home to be evacuated. We saw that the information recorded was specific to each person, to enable their individual needs to be met.

People told us and we saw that staff were available to support them as needed. One person said, "The staff are always nearby if we need them." Another person told us, "If I need any help the staff are available, it's only a small home so they are never far away." A visitor said, "It's very cosy, very homely here, there are always staff around when I visit and they pop in and out of the lounges regularly to check everyone's alright."

# Is the service effective?

## Our findings

People told us that they were happy with the care they received. One person told us, "It's lovely here, and the staff are excellent. They know what I need help with and what I can do for myself." We saw that staff had the skills and knowledge to meet people's needs and promote their wellbeing. Staff told us that there was an effective induction process in place to help them understand their role. We saw that new staff completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Staff told us that they received the training they needed to care for people effectively. One member of staff said, "We have regular training updates and the provider is forever giving us homework, like workbooks to complete on diabetes, dementia care and I've done one on the mental capacity act. They are all very useful, I have learnt a lot from them." Staff confirmed that they received regular supervision and confirmed that the provider and registered manager were approachable. One member of staff told us, "They are both easy to talk to, any problems or queries I just ask them." Another member of staff told us, "I feel very supported here; it's a nice place to work."

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and 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 Deprivation of Liberty Safeguards (DoLS).

The deputy manager confirmed that some people required support to make some decisions and we saw that this was clearly documented within their care file. This information identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We saw that staff gained people's verbal consent before assisting them with any care tasks and supported people to make decisions, such as making choices of food and drink and participating in activities. One person told us, "The staff always ask me first, they never just assume." This demonstrated staff respected people's rights to make their own decisions when possible.

At the time of our visit, the deputy manager confirmed that no DoLS authorisations were in place and one application was in the process of being made to the Supervisory Body. This showed the provider ensured that where people were being restricted in their best interests, this was done in accordance with the MCA.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. One person told us, "The food here is very good, I haven't had a meal I didn't enjoy." Another person told us, "We are asked what we would like and it's always very nice." We observed the lunch time meal and saw that staff were attentive to people's needs and checked throughout the meal that they were satisfied and enjoying their meal. We saw and people told us that drinks were available and provided on a regular basis throughout the day.



People were supported to maintain their nutritional health. Nutritional risk assessments were in place and people's weight had been monitored regularly. At the time of this inspection none of the people that used the service required support from specialists to meet their nutritional needs. However we saw that when people required some support with meals this was provided. For example, one person due to being unwell said they did not want any lunch. We saw that they were encouraged by a member of staff to eat some of their meal which they did with some verbal prompting. The staff member then supported the person to eat a bowl of ice-cream which they appeared to enjoy. The staff member told us, "Usually [Name] eats really well but today they aren't feeling great so they need a bit of encouragement." This showed us that staff understood people's needs and supported them effectively.

We saw that referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this. One person said, "If I don't feel well the staff call the doctor out." A visitor told us, "When my relative was unwell they called for an ambulance and rang me, they are very good at keeping me informed of any changes." Information in records demonstrated that people were supported to access health care professional as needed to maintain their health.

## Is the service caring?

### Our findings

People told us that the staff team were caring and friendly. One person told us, "The staff are lovely; we are like one big family here." Another person said, "Can't fault them, they are all nice, friendly. They ask me if I'm alright and always have time for a chat with me. A visitor told us, "I think they're brilliant, so caring and it never seems rushed here, a nice atmosphere."

We spoke with one visiting professional who spoke positively about the support provided to people. They told us "It's wonderful here; it's so homely, staff have the time to sit with people and talk to them."

We observed staff talking to people and saw that the staff team knew people well, such as their preferred drinks and how they liked to spend their time. We saw that when people had not understood what was being said to them staff gently repeated this and gave the person time to respond.

People told us staff supported them to maintain as much independence as possible. One person told us, "I like to help with the washing up sometimes; I go into the little kitchen and help the staff. They don't mind because they know I enjoy doing it." Another person said, "The staff help me use the stair lift at night when I'm ready to go to bed, I am able to get myself ready for bed and they let me get on with it." Everyone we spoke with told us they were able to decide when they got up and went to bed. One person said, "I think you can go when it suits you. Some people go earlier than others but I don't think there is any set time. I go when I'm ready."

Visitors confirmed that they were involved in reviews of their relative's care. One visitor told us, "We are here today for a review; we are always involved which is good." One the day of our visit we saw that two people's reviews were taking place and they attended these reviews with their family member.

We observed people's privacy and dignity was respected by staff when they received care and support. For example, when asking people if they needed to use the bathroom staff asked them quietly and discreetly, to ensure other people could not overhear. People told us that staff respected their rights to privacy when they wanted it and supported them to maintain their dignity. One person told us, "In the mornings the staff always knock on my door to see if I'm up. They never just walk in." Another person liked to get up later in the morning and spend some time alone in the small quiet lounge and the staff respected this.

We saw and people confirmed that they were supported to maintain relationships with family and friends that were important to them. One visitor told us, "The staff are always very welcoming when I visit; they ask me how I am." Another visitor said, "I visit regularly and am always welcomed with a smile, the staff are lovely."

## Is the service responsive?

### Our findings

People confirmed that the support they received from staff met their individual needs. One person told us, "They definitely meet my needs; I have no complaints at all." Another person said, "The staff leave me to get on with what I'm doing but they do check I'm alright and they know when I need a bit of help." Discussions with staff as to how they cared for and supported people matched what we read in the care plans.

We saw that opportunities were provided for people to participate in recreational activities. On the day of our visit the majority of people took part in a game of bingo. One person told us, "There is something every day if you want to join in and most people do, we all get on so well." We saw that some people chose to participate in their own individual interests. For example one person was knitting and told us, "I have always loved knitting, I find it really relaxing, I spend most of the day doing it." External entertainers also visited the home on a regular basis and people confirmed they enjoyed this. People confirmed their spiritual well-being was met through visits from faith representatives.

People we spoke with and their relatives told us that if they had any complaints they would report them to the manager. One person told us, "I would tell the staff if something was bothering me, they are all very nice." Another person said, "If I had a complaint I would tell the [the provider] she is lovely and would sort it out." A visitor told us, "I can't imagine having anything to complain about but if I did I would just talk to the staff." Another visitor told us, "We have made a complaint in the past and it did get sorted." We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to and addressed.

## Is the service well-led?

### Our findings

The provider who was in day to day charge of the home was well thought of by people using the service, visitors and the staff team. One person told us, "She is lovely, always checking I'm okay." A visitor said, "I think it's very well managed home, friendly, caring and professional. There is always someone to talk to if I have any questions."

We saw that consistent leadership and direction for staff was in place. We observed that the staff worked well together in a calm, professional and friendly way and assisted each other as needed. Staff told us they enjoyed working at the home and one member of staff said, "I love working here, it's a small family run home and we all work really well together." Another member of staff said, "I love my job, it's a great team we all work well together, it's a nice place to work, very supportive."

Arrangements were in place to encourage people who used the service and their representatives to provide feedback about the quality of the service. This was done through satisfaction surveys and meetings with people. We looked at the minutes from the meetings held and saw that people were asked for their views on the support and services they received. All of the comments seen were positive, for example one person had said that everyone's individual food choices were considered in the menu. Another person confirmed they liked living at the home and were able to maintain their independence and choice. We saw that people had been reminded by the provider that they could speak to her on a one to one basis at any time to discuss anything.

Audits were undertaken by the provider and deputy manager to monitor the quality of the care and services provided to drive improvement. This included audits of people's care plans, the entertainment and activities provided, medicine administration records, and kitchen and housekeeping audits. Memos were sent out to staff where any areas for improvement were identified, for example a reminder was sent to staff on the correct disposal of household waste, as it had been left unsecured outside the building. We noted that this had been rectified at the time of our inspection. Accidents and incidents were audited and analysed to check for any patterns and trends. We saw that when a pattern was identified the provider had taken action, such as referrals to the relevant health care professionals to minimise the risks of a re-occurrence.

We checked our records and saw that we had not received any notifications from the provider. Notifications are significant events that the provider is required to inform us about, in accordance with the requirements of their registration. The provider confirmed that they understood their responsibilities of registration with us and confirmed that no notifiable incidents had occurred.

We saw people's confidential records were kept securely which ensured only authorised persons had access. Staff records were kept securely and confidentially by the provider.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given and on their website, if they have one. This is so that people, visitors and those seeking

information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating within the home and on their website.