Care Quality Commission

Alliance Care (Dales Homes) Limited

Emberbrook

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Emberbrook Care Home is a nursing home that is registered to provide accommodation for up to 68 people who may require nursing or personal care. Some people who reside in the home may be living with dementia. The service has four units arranged over two floors and each person has their own bathroom. On the day of our inspection there were 61 people living in the service.

This is the first inspection of the service since it was newly registered with CQC in August 2016 under a different provider. We had previously inspected the service under the old provider and identified that some improvements were needed. We checked to make sure that action had been taken and improvements had been made.

There was 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 in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's human rights were not always protected as the provider had not ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people were assessed to lack capacity to make some decisions, some mental capacity assessments and best interests decisions had not been completed. The registered manager had not always ensured that relatives making decisions on people's behalf had the legal authority to do so. Staff were heard to ask peoples consent before they provided care

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected. Applications had been made to the local authority.

There were sufficient staff to keep people safe. However, we have made a recommendation to review staffing levels at break times. There were recruitment practices in place to ensure that staff were safe to work with people. There were plans in place to ensure people received care should there be an emergency.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of areas such as falls and moving and handling. The registered manager ensured that actions had been taken after incidents and accidents occurred to reduce the likelihood of them happening again.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

People had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink.

People's weights were monitored on a regular basis to ensure that people remained healthy.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. Staff received regular supervision and an annual appraisal.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives, people and health professionals were involved in planning people's care. People's choices and views were respected by staff. Staff and the management knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care plans contained information for staff to support people effectively, however they needed to be more personalised. The registered manager had identified this and work was progressing to improve this. People told us that there were enough activities and there was a good choice.

The home listened to staff, people and relative's views. There was a complaints procedure in place. Complaints had been responded to in line with the provider's complaints procedure.

The management promoted an open and person-centred culture. Staff told us they felt supported by the management. Relatives told us the management was approachable and responsive.

There were procedures in place to monitor and improve the quality of care provided. However, they did not identify areas of improvement that we had picked up. We have made a recommendation. Record keeping was also an area that required improvement.

The management understood the requirements of CQC and sent in appropriate notifications.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Risks to people were on the whole identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. However, deployment needed to be reviewed. All staff underwent safe recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Where people may have lacked capacity, some mental capacity assessments and best interest decisions had not been made. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills they needed to support people. Staff received regular supervision.

People had a choice of healthy and balanced food and drink. People's weight was monitored for any changes.

People attended healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and people were well cared for. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive way. Staff knew people well.

People made choices about their day and about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place. Care needs and plans were assessed and reviewed regularly.

People and their relatives were happy with the activities. There were mixed views from staff and from our observations. There was an activity programme in place.

People and their relatives told us they felt listened to. Complaints had been responded to in line with the organisations policy. People were involved in the running of the home.

Is the service well-led?

Requires Improvement

The service was not always well led.

Improvements had been made in the service. There were procedures in place to monitor the quality of the service. However, they were not always effective as they did not always identify areas of improvement. Record keeping needed further improvement.

There was an open and positive culture. Staff and people told us that the management were approachable.

People, staff and relatives said that they felt supported by the manager.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 July 2017 and was unannounced. It was conducted by three inspectors, one Expert by Experience (Ex by Ex) and a nurse specialist (SPA). An Ex by Ex is a person who has experience for caring for older people or people with dementia.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law.

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information was reviewed to see if we would need to focus on any particular areas at the home.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with nine people and eight relatives. We spoke with the registered manager, the deputy manager (Clinical Lead) and the Regional Support Manager. We spoke with nine staff, the activities co-ordinator and chef.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included ten people's care plans, risk assessments, and people's medicine administration records (MAR). We also reviewed four weeks of duty rotas, seven staff recruitment files, health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

There has been a recent change of provider and this is the first inspection since the new service was registered.

Requires Improvement

Is the service safe?

Our findings

People and relatives told us that they felt safe. One relative said "Staff are very careful they keep a good eye on [my loved one] when she's sitting in the lounge." People answered, "Yes" when asked if they felt safe. One person said, "I don't have to worry about anything." Another person said, "I feel very safe walking about with staff."

People were safe from avoidable harm. Risks to people were identified and managed. Individualised guidance was available to staff so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. A relative told us "[My loved one's] risks are managed well."

Care plans contained risk assessments on pressure management, malnutrition, moving and handling, social isolation and bathing. People had risk assessments in place for certain long term and short term health conditions. Risk assessments were reviewed on a regular basis. A staff member told us how they manage risks to people, "We try and be careful with wiring and making sure there is a clear environment. If someone is choking we make sure they are seen by the speech and language therapist so they can consider if they need softer food. If someone is at risk of pressure sores we turn people regularly and ensure they have enough hydration."

For people that became distressed or anxious, there was detailed guidance in place to tell staff if there were triggers to a person's anxieties, how to support them and how to keep people, staff and others safe.

There were enough staff to meet the needs of people safely. People, their relatives and staff told us that they felt that there were enough staff. A relative said, "I would say it's well staffed." One person said, "Sometimes when a few on holiday or ill it's a bit less; everybody still gets looked after." A staff member said, "We could always have more but people are not impacted. We know the routine and things are done." Another said, "I feel there are enough staff. We do things in order and finish when we need to."

The registered manager told us that each unit of the home had their own staffing levels and these were dictated by the needs of people. Currently the home employed two nurses and 20 care staff during the day. The home also employed a cook, kitchen staff, housekeeping and laundry staff. There were also two activity co-ordinators and a maintenance person. This meant that the care and nursing staff were focused on providing care for people.

People and their relatives told us that staff responded quickly when the call bell was pushed for if they called for help. One person said, "They [the staff] come quickly usually and sometimes the manager comes."

We saw that care and support was provided when it was required and staff were available in communal areas. However, on one unit in the afternoon, there were two staff supporting one person with personal care and one other carer in the lounge supporting 16 other people. There should have been five carers and one senior carer but the staff member told us that there were three carers on their break. On another occasion in

a different unit there were three people in the lounge and one person in their bedroom. There were no staff present for 20 minutes. When a staff member was asked why there were no staff around, they told us that they thought that visitors or the activities co-ordinator were in the lounge with people.

We recommend that the registered manager reviews the deployment of staff particularly around staff break times.

Staff were recruited safely. Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references, checks on eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff have a criminal record or were barred from working with children or vulnerable people. The registered manager ensured that when recruiting nurses their registration was checked with the Nursing and Midwifery Council (NMC).

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. A staff member told us, "I will follow the safeguarding procedure." Another staff member said, "Ideally I would speak to the manager or if necessary ring the safeguarding team at Elmbridge."

There was guidance and information provided to staff, relatives and people about how to report concerns to outside agencies. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information and whistleblowing information was displayed in communal areas of the home. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

People received their medicines safely. A person told us, "Nurses give it to me at least once a day." There were procedures in place for the safe administration, storage and disposal of prescribed medicines. We observed staff administer people their medicines. Staff signed the medicine administration record (MAR) after the medicine had been taken by the person in line with good practice. We looked at people's MARs and confirmed there were no gaps in their records. Staff had knowledge of the medicines that they were administering and explained to the person what the medicine was for.

People received their medicines in a safe way, and when they needed them. For 'as required' medicine, such as pain relief or medicine to help people who may be anxious, there were guidelines in place which told nursing staff the dose, frequency and maximum dose over a 24 hour period.

Medicines were stored safely in locked cabinets when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. When medicines were stored in a fridge this was not used for any other purpose. Temperatures were taken daily to ensure that the medicine was kept at the right temperature.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. Staff told us how they would respond to an incident or accident and understood what to do in emergency situations that included accidents and falls.

People would be kept safe in the event of an emergency and their care needs would be met. The provider had a contingency plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred. People had

personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

Requires Improvement

Is the service effective?

Our findings

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.

Where some people lacked capacity to make decisions about their care, some decisions were made on behalf of the person by their relatives or next of kin despite them not having the legal authority to do so. Some consent to care forms and care records were signed by a person's next of kin, without the provider knowing if the relative had a legal right to do so.

Some mental capacity assessments and best interest decisions had been completed for decisions about people's care. However some mental capacity assessments that were completed were not always decision specific, for example, one mental capacity assessment said, 'to assess decision making', another said, 'determine capacity'. For some decisions that were made by relatives on people's behalf there was no evidence or record of a mental capacity assessment or best interest decisions.

Staff had an improved understanding of the MCA 2005. A staff member said, "People can make decisions for themselves. It also helps those who can't make their decisions and they can have a nominee." Another said, "People have the right to make unwise decisions. Firstly if we feel someone cannot make a decision, if we are doubting someone's decision we approach the deputy and ask her to do an MCA." Staff were seen throughout the day to ask for people's consent before providing care.

We spoke to the registered manager in relation to our concerns about people's consent when they lacked capacity. He told us that he would review people's consent and where they lacked capacity the appropriate steps would be taken.

The failure to ensure they met the requirements of the Mental Capacity Act 2005, was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, some people were unable to consent to their care and required staff support and supervision within and outside of the home. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way.

People and their relatives told us that they thought staff had the right training and skills to care for people effectively. One relative said, "They seem to be very good; always having training sessions." When people

were asked if they thought staff were well trained, two people replied, "Yes."

Staff felt they had access to sufficient appropriate training. Staff training consisted of mandatory training such as moving and handling, fire safety, safeguarding and mental capacity. A staff member said, "Always updated with training. Always asked in supervision what training we would like." Another said, "We used to do e-learning. We do more face to face which is good." The registered manager told us that all staff completed dementia awareness training. Nurses received clinical skills training such as wound care, diabetes and catheterisation. The nurses also told us the provider had supported them in preparation for revalidation with the nursing and midwifery professional body (NMC).

The registered manager told us that new staff had undertaken an induction. New staff that started at the home completed an induction programme and the Care Certificate (a nationally recognised set of standards and competencies for care workers). Induction also consisted of attending mandatory training and new staff shadowing other staff members for a short period to observe the care and support given to people prior to them caring for people on their own. One staff member told us of their induction, "I did observations, how to do the job, training and shadowing a senior carer before working on my own. I feel the induction was good. It helped me a lot."

People benefitted from staff having supervision and an annual appraisal. This enabled staff to discuss any training needs and get feedback about how well they were doing their job and supporting people. A staff member told us, "I have 1:1s every three months. We get feedback on a day to day basis." Another told us that they are always asked about training in their supervisions. This was confirmed by staff and records held.

People had enough to eat and drink to keep them healthy. They had good quality, quantity and choice of food and drinks available to them. People told us that the food was nice and they had a choice of meals. A person said "The porridge is lovely." Another person said "The food is alright, it's cooked well and there is lots of it."

We observed a meal time. People were able to choose where they wanted to eat their meals; however, people were encouraged to eat in the dining rooms. Lunch time was relaxed with staff available to provide support as and when required. Some people needed staff support to help them eat; this was done in a discreet and positive manner. People used adapted cutlery, cups and plates when needed.

People's dietary needs were met. People's preferences for food were identified in their support plans. Where a specific need had been identified, such as pureed food, this was done and each food group was served separately. People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Where necessary, staff took action when people's weights became a concern and made the appropriate referrals to the GP or dietician. A relative told us "The food is good here. They bring her snacks she gets to choose from a menu and she has put on weight."

People were supported to maintain their health and wellbeing. One person said, "Yes I see the doctor and the dentist." When there was an identified need, people had access to a range of health professionals such a GP, district nurse, speech and language therapist (SaLT), community psychiatric nurse and physiotherapy. The GP visited when required. The home employed a physiotherapist who visited the home three days a week to support people to maintain their mobility. Care plans contained information from health professionals and people were receiving care in line with the advice and guidance given.

Good

Is the service caring?

Our findings

People and their relatives told us that staff were kind and caring. One person said, "They always smile, they are always helpful. I am never afraid to ask for something they will do what ever they can." A relative said, "All what they do is a good thing; it's caring, if you ask for something they always help or do."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. A person told us, "I am very satisfied with the care staff. It's excellent. Staff make you feel very welcome." People appeared relaxed and content around staff. Staff told us that the reason they liked to come to work was because of the people. One member of staff said, "It's like a family here. Seeing people's journey, there are real characters." Another staff member said, "It's like a family. We all get on. It's nice to build relationships with people." The overall atmosphere in the home was relaxed.

People were cared for by staff who used humour and touch when engaging with them. Staff regularly crouched down to peoples' eye level and held their hand whilst talking to them. Staff regularly chatted with people. Staff stopped and talked to people in the corridor and popped into people's rooms and asked how they were. When staff talked to people, they allowed time for the person to process the information and time to respond.

Staff were kind and considerate. A person said, "Staff here are very good to us. They are all very kind to us." We saw a staff member make sure that a person was settled in the lounge and that they had everything that they needed. The staff member said, "I'm just lifting your foot back on the foot rest and I've put your glasses on the table." Staff were complimentary about people. A staff member said to a person, "Your hair looks lovely X." And, "Y looks lovely with her pearls on."

People's choices were respected by staff. A staff member asked a person where they would like to sit after they had a meal. People were offered choices of drinks and snacks throughout the day and a choice of where they wanted to be in the home.

Staff comforted people when they became upset or distressed. A relative said, "They will chat and show pictures of their families. The communication is important. When X is upset they will comfort her." We saw staff comfort people and reassure them when they showed signs of distress or anxiety.

A keyworker system was operated which enabled staff to build up relationships with people and their relatives. Where possible people's care plans and assessments had been completed with input from people and their relatives. One relative said, "The family get involved, I've gone to a couple of meetings."

Staff treated people with dignity and their privacy was respected. Throughout the day staff supported people to the toilet. Staff discreetly prompted and supported people with this. A staff member told us, "One resident likes the door open. When we are giving personal care X doesn't want the bedroom door shut so we open the bathroom door to block the view to give them some dignity." People told us that staff knocked on

people's door and called them by their preferred name. We observed staff knocking on people's bedroom doors before entering.

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us people's bedrooms were clean, tidy and they could display their personal items.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and had nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

Staff supported people to maintain their relationships with loved ones, relatives confirmed this. Relatives told us that there were no restrictions on visiting their loved ones and staff were kind and caring towards them when they visited. We saw relatives visit throughout the day.

Good

Is the service responsive?

Our findings

People and their relatives told us that they thought there were enough activities for people. A relative said, "I think the activities have improved and where I have suggested things that mum likes to do they've listened." Another relative said, "There are always activities going on. "A third said "There are always activities going on." A staff member said "It depends on their interest. We don't force them. I will prompt people, perhaps with some pictures, or if a friend brings in some flowers I'll show them and remind them." There was an activities timetable which included exercises, trips out, reminiscence, music and memory games.

On the day we saw some carers sit with people and look through the newspaper, talking about articles. Another person received a head massage from staff. We saw people attend a knitting club and a yoga session. Some people were supported to watch a film, listen to music or to access the garden. Staff told us that for people in their bedrooms one to one support was provided for chats or hand massages. Staff had mixed views about the activities. A staff member told us, "We do things with them in the morning, like ball games which they like." Another said, "Sometimes people are not engaged. Ideally we could do with more. Our unit is quite sociable." Another staff member said, "I feel I could do with another half a person to do activities which would make a big difference. I want to dedicate one person downstairs and one upstairs."

People had care plans in place that told staff what care people needed. People's care plans provided staff with information about people's communication, emotional needs, personal care, nutrition and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. There were care plans outlining how to support a person with a specific health condition, such as diabetes. However improvements to peoples care plans were needed to make them more person centred. Some care plans lacked detail and information about people's histories and what they did before moving into the home. The registered manager told us that the home was working with relatives to obtain people's histories and working towards records being more person centred.

People's needs were assessed prior to admission and there was an ongoing assessment of people's needs. Pre-admission assessments contained information on people's medicines, personal care and mobility. People's care needs were reviewed regularly. People, their relatives and health and social care professionals were involved in their care plans.

People told us that staff supported them to maintain their independence as much as possible and their choices were respected. A person said, "I wash myself; I get up at 8.30am then go for breakfast. I go to my room at 6ish, watch TV until 9ish. No one tells me to get up or go to bed." Another person told us that they washed themselves. A relative said "As far as they can they encourage independent."

People and their relatives told us that they felt listened to and that they knew how to make a complaint. One person said, "Yes, I ask somebody go and see the head lady." A relative said, "If I have a complaint I go to the manager." The home had a complaints policy in place which detailed how a complaint should be responded to. Where a complaint had been received, the registered manager had responded and made sure that actions were taken to make it right for the person. Staff had a clear understanding of the complaints

procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right. A staff member said, "I would ask someone what the issue was and talk to them about it, then I would take them to the nurse."

Regular resident and relative's meetings were held to help ensure people were involved in the running of the home. Minutes from meetings showed that all aspects of the home was discussed, such as activities, maintenance, the CQC report and making care plans more person-centred by involving relatives with personal histories.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives told us that the home was well run and managed. A relative said, "I think it is well led. I think the manager is lovely, very easy to talk to. His door is always open. He is really nice, sympathetic, understanding." One person said, "Yes he is very friendly and approachable."

Despite staff, people and their relatives stating that the home was well led, we found that some improvements were needed. Improvements were needed with record keeping and we found some areas that we had identified at our last inspection had not been addressed fully, such as addressing some inconsistencies with what information was recorded in some people's care plans.

For example, in one person's care plan it stated that the person was on a fork mashable diet, however, staff advised that they were on a pureed diet. The care plan also stated the person required the use of bed rails; however staff confirmed that they did not. Another person's care plan stated that the person was restless and mobile, at a later date it stated that the person was immobile and needed assistance from staff to transfer. Although this was a records issue, as staff knew people's needs, there was a risk however that new staff may read information that was out of date and as such could provide unsafe care. We spoke with the registered manager about this and he said that care plans would be reviewed to ensure that only up to date information was recorded.

We found and some staff told us that some care plans were difficult to understand due to not being able to read some staff's handwriting. A staff member said, "[The] nurses tell us what care is needed." Another said, "We always read the care plans, honestly the handwriting is atrocious." We found some care plans contained illegible handwriting. We spoke with the registered manager about this; he said that this was an on-going issue. He went on to tell us that the provider was looking into an electronic records system, however there was no date for implementation or roll out as yet. We found inconsistencies in peoples care records, such as conflicting information and lack of detail. We told the registered manager and he began reviewing this after our inspection.

The registered manager had ensured that there were systems and processes in place to monitor, review and improve the quality of care provided to people. However, the audit systems had not identified all the areas for improvement that we had on our inspection. This was a missed opportunity for the registered manager to continually drive improvements. There were various audits including health and safety, infection control, meal times and weight monitoring and medicine. Where there were areas of improvement needed, the registered manager had completed the actions. For example, one audit had identified that a profiling bed was not safe and this had been taken out of service.

There was a positive culture within the home between the people that lived here, the staff and the registered manager. The registered manager interacted with people and staff with kindness and care. The management team had an open door policy; we saw staff regularly approach the registered manager and the other managers for a chat or advice throughout the day. We saw the registered manager walk around

the home at certain times of the day to talk with people and staff. People and their relatives regularly spoke with the management throughout the day. Staff told us that they felt supported and appreciated by the registered and regional manager. A staff member said, "He appreciates you. Every day he talks to the residents and relatives. We have teamwork here." Another said, "[The registered manager's name] appreciates us and we get thanked."

The home celebrated staff's commitment to supporting people. The provider organised an annual staff award programme. The home ran an employee of the month where people, relatives and other staff could nominate a staff member. Staff were nominated against the provider's values. One staff member had won Regional and National team member of the year award last year. Staff told us that there were regular team meetings. We saw minutes of staff meetings, items on the agenda included care practice issues, updates on people and training. Staff were clear about their roles and responsibilities.

Compliments were centred around the staff. One relative said, "Staff are always very welcoming." Another said, "Staff are extremely good." On a care home review website, Emberbrook scored 9.7 out of 10, with compliments such as, "The overall care is excellent." And, "I am pleased with the staff's general helpful attitude and treating residents like family members and I commend the manager and staff for their care."

The provider undertook an annual survey of people, their relatives and staff views. From the 2016 residents and relatives survey feedback was positive and only minor areas such as improvements in the broadband speed were raised. The staff survey was positive with staff feeling supported and valued. Feedback survey's had only just been sent out this year and were waiting for them to be returned and the information to be analysed.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistleblowing was on display in the home, so they would know what to do if they had any concerns. The information that the registered manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection. For example, the registered manager told us that they were providing more face to face training for staff. Staff confirmed that this was the case.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA RA Regulations 2014 Need for consent The requirements of the Mental Capacity Act were not always followed.