Caritate Limited

Caritate Nursing Home

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The inspection took place on 6 and 7 May 2015 and was unannounced.

Caritate Nursing Home provides care and accommodation for up to 22 people. On the day of the inspection 20 people were using the service. Caritate Nursing Home provides short term and longer term care for people, including younger adults, who are living with physical disability and people who may have physical and mental health needs.

The service had two registered managers 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 and staff were relaxed throughout our inspection. There was a busy but pleasant atmosphere. We saw kind, patient interactions between people and staff but sometimes staff did not explain to people where they were moving them or what they were doing or why. For

Summary of findings

example we observed some people being moved from one room to another without an explanation. People and their relatives said the care was good at the home and people enjoyed living in the home.

People's risks were managed well and monitored. People were promoted to live full and active lives where possible and were supported to be independent where able.

People had their medicines managed safely. People received their medicines as prescribed, received them on time and understood what they were for. People were supported to maintain good health through regular access to healthcare professionals, such as GPs, social workers and dieticians.

We observed people receiving safe, compassionate care. People and their relatives told us they felt safe with the care provided by the service. People's safety and liberty were promoted. All staff had undertaken training on safeguarding vulnerable adults from abuse, they displayed good knowledge on how to report any concerns and described what action they would take to protect people against harm. Staff told us they felt confident any incidents or allegations would be fully investigated.

People's human and legal rights were respected. Staff had received appropriate training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were protected by the service's safe recruitment practices. Staff underwent the necessary checks which determined they were suitable to work with vulnerable adults, before they started their employment.

People and those who mattered to them knew how to raise concerns and make complaints. People and relatives during the inspection told us they had no concerns. The registered managers informed us any complaints made would be thoroughly investigated and recorded in line with the complaints policy.

Staff described the management to be supportive and approachable. Staff talked positively about their jobs and the registered managers. Comments included "I love my job". Staff felt any issues they raised were always listened to and solutions/ improvements discussed.

Staff received a comprehensive induction programme which included shadowing more experienced staff. There were sufficient staff to meet people's needs. Staff were appropriately trained and had the correct skills to carry out their roles effectively. We observed staff using the correct techniques to transfer people and staff demonstrated good communication skills and good knowledge of the people they cared for.

People received a healthy balanced diet and meals were a social occasion but the dining room was overcrowded at lunch. This affected some people's experience and enjoyment. For example some people were so close their shoulders were touching and one person was not able to join others at a table as there was no room at any of the tables. Improvements were required to the presentation of meals for those receiving a pureed diet.

Activities were meaningful, individualised and reflected people's interests and individual preferences and hobbies. People enjoyed the activities on offer but they told us they would like more external outings as the weather improved. Pamper sessions, board games and music entertainers were enjoyed by people. One health professional told us this area could be expanded upon even further so people were able to lead as active and meaningful lives as possible.

There were effective quality assurance systems in place. The registered managers had set values that were respected by staff to ensure the quality of care remained high.

Staff felt listened to and able to contribute ideas to the development of the service and to drive improvement. Incidents and accidents were thoroughly investigated and action taken to reduce the likelihood of a reoccurrence. Learning from incidents and concerns raised was used to help service improvement and ensure positive progress was made in the delivery of care and support provided by the staff.

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 safe.

Safe recruitment practices were followed and there were sufficient numbers of skilled and experienced staff to meet people's needs.

Staff had a good understanding of how to recognise and report any signs of abuse, and the service acted appropriately to protect people.

People received their medicines as prescribed. Staff managed medicines consistently and safely. Medicine was stored and disposed of correctly and accurate records were kept.

The environment was clean.

Good

Is the service effective?
The service was not always effective.

People received care and support that met their needs and reflected their

individual choices and preferences.

People experienced positive outcomes regarding their health. The staff engaged proactively with health and social care professionals, and took preventative action at the right time to keep people in the best of health.

People's human and legal rights were respected. Staff had received

training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff displayed a good understanding of the requirements of the act, which had been followed in practice.

People were supported to maintain a healthy balanced diet but the dining area was overcrowded and the pureed meals not always presented well. This impacted on people's dining experience.

Requires improvement

Is the service caring?
The service was caring.

People were supported by staff that promoted independence, respected their dignity and maintained their privacy.

Positive caring relationships had been formed between people and staff.

People were informed and actively involved in decisions about their care and support.

Good

Is the service responsive?
The service listened to people's views and concerns.

Good

Summary of findings

People's care records were personalised and so met people's individual needs. Staff knew how people wanted to be supported.

Care planning was focused on a person's whole life. Activities were meaningful and were planned in line with people's interests.

People were encouraged to maintain hobbies and interests.

Is the service well-led?

Good 

The service was well-led.

There was an open culture. The management team were approachable and defined by a clear structure.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvements and raised standards of care.

Communication was encouraged. People and staff were enabled to make suggestions about what mattered to them.

Caritate Nursing 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.

The unannounced inspection took place on 6 and 7 May 2015 and was undertaken by three inspectors for adult social care.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also reviewed information we had

received from people's relatives who used the service, health care professionals and the local authority.

During the inspection we spoke with 10 people who used the service, four relatives, the registered managers and nine members of staff. We spoke to staff about the care of people living at Caritate Nursing Home. We also contacted the local authority quality team, the GP surgeries who supported people within the home and the learning disability team.

We carried out a Short Observational Framework Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed the evening tea round and lunchtime meal and watched how staff interacted with people throughout the evening of 6 and 7 May 2015. We also observed how people received their medicines and observed people receiving their nutrition through percutaneous endoscopic gastrostomy (PEG) feeding tubes. PEG feeding is used where patients cannot maintain adequate nutrition with oral intake.

We looked at the records of five people which related to their individual care needs and the administration of their medicines. We viewed six staff recruitment files, training records for all staff and records associated with the management of the service including quality audits and maintenance checks.

Good

Is the service safe?

Our findings

People were protected by staff who had an awareness and understanding of signs of possible abuse. Staff felt any signs of suspected abuse would be taken seriously and investigated thoroughly. Staff were up to date with their safeguarding training and knew who to contact externally should they feel that their concerns had not been dealt with appropriately. Incidents of a safeguarding nature were investigated and discussed with the relevant authorities openly and honestly. People's safety was paramount and discussions were held related to incidents or situations which may put people at risk and how identified risks could be minimised. For example one person had memory difficulties due to their health needs. They sometimes forgot why they were in a wheelchair and were unable to walk and would try to walk unaided. The registered managers had responded appropriately to arrange additional staffing to ensure this person's safety at all times.

People were supported by suitable staff. Safe recruitment practices were in place and records showed appropriate checks were undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to commencing their employment with the service.

People and their relatives told us there were always enough competent staff on duty to meet their needs and keep them safe. Staff told us there were sufficient numbers of staff on duty to support people. The registered managers confirmed the service was well staffed, that they reviewed staffing numbers regularly based on people's needs. We reviewed the rota and saw five / six care staff in addition to a nurse were on duty during the weekdays. Some people had additional one to one support from staff to meet their individual support needs. Agency and bank staff were used during periods of short term absence such as sickness. The registered managers ensured temporary staff were competent and skilled to meet people's complex needs. Staff were not rushed during our inspection and acted quickly to support people when requests were made. For example, we observed one person had personal care needs and needed to visit the bathroom. Staff noticed this as they approached them and discreetly attended to their needs.

People were supported by staff who understood and managed risk effectively. Risk assessments were reviewed regularly or as people's needs changed. For example, if people had a history of self-injurious behaviour. There were risk assessments in place to ensure their safety and the safety of others within the home for example people's behaviour and mood was monitored, dangerous objects were removed and the use of lighters and smoking was observed. Relevant health professionals such as community mental health nurses supported the staff if people's risk status changed due to their mental health. Some people's health needs at times impacted on their behaviour. Risk assessments identified these risks and staff were mindful to ensure at these times other people at the home were protected. The service had a positive risk taking culture enabling people to be as independent as possible whilst ensuring their safety and that of others. People made their own choices where they were able to, about how and where they spent their time. We saw some people preferred the lounge or dining area whilst others enjoyed the privacy of their rooms.

Risk assessments were in place to identify where there were health concerns such as those at risk of falls, skin damage or malnutrition. People's risks were discussed in the staff handovers and plans and ideas shared to reduce risks. For example, we saw one person was at risk of falls. Their risk assessment gave staff clear guidance to ensure they were safe when they were being moved. Two staff were required to stand close when the person tried to weight bear and two staff were required to use a hoist to move the person from their bed to their chair. Following this guidance reduced the likelihood of a fall. People at risk of weight loss were weighed monthly and monitored. Risk assessments identified who was potentially at risk of skin damage and pressure relieving equipment was in place alongside regularly supporting people to move position. No one at the home had a skin ulcer.

People's medicines were managed to ensure they received them safely. Nursing staff made sure people received their medicines at the correct times, records and feedback from relatives confirmed this. The medicine fridge which contained people's prescribed medicine was not locked and was accessible to people. We spoke with the registered managers regarding this and during the inspection process a lock was obtained to ensure the medicines in the fridge were secure.

People were encouraged to administer their own medicines if they were able to and documentation was in

Good

Is the service safe?

place to help manage any associated risks. People's behaviour was not controlled by excessive use of medicines and people received medicine reviews from the GPs on an annual basis to ensure prescribed medicines were still appropriate and required.

People were protected by staff who managed and controlled the prevention of infection well. A cleaning team was employed. All areas of the home were clean and smelled fresh. Staff understood their role, used protective equipment for personal care and followed policies and procedures that reflected current guidance regarding infection control practices. Staff had undertaken infection control training in March 2015.

Requires improvement

Is the service effective?

Our findings

People, their relatives and health care professionals were supported by well trained staff who effectively met their needs.

Staff confirmed they received a thorough induction programme and on-going training to develop their knowledge and skills. They told us this gave them confidence in their role and helped enable them to follow best practice and effectively meet people's needs. Newly appointed staff shadowed other experienced members of staff until they and the registered managers felt they were competent in their role. The registered managers told us staff could openly discuss and request additional training and would be supported to achieve their goals. The registered managers confirmed they were aware of the new care certificate, recommended following the 'Cavendish Review' and implementing this for all new and existing staff. The aim of the care certificate is to improve consistency in the sector specific training health care assistants and support workers receive in social care settings.

Staff had been encouraged to complete training required for their roles and undertake additional healthcare qualifications in health and social care. All staff in post held healthcare qualifications. The training plan for 2015 included staff training in first aid, stoma care, tracheostomy care and person centred care. Those staff undertaking one to one support with people who had specific health needs such as epilepsy had received additional training.

Staff were in tune with people's verbal and non-verbal communication so they were able to support their needs. For example, staff gave people time to answer when talking was difficult, they repeated questions slowly, asked simple questions and remained calm. Staff monitored people's bodily and facial movements if people were unable to verbally communicate. For example, one staff member described how they knew from the person's facial expression whether they liked something such as their choice of outfit for the day. Another staff member said how they knew when one person was chewing their fist this meant they were feeling agitated.

Staff training and development needs were identified through discussions and based on people's needs, observations of care, staff meetings and feedback from incidents. Although staff had previously received formal supervision (one to one meetings), to share learning, knowledge and good practice and support those staff new to care work, these had lapsed due to management changes. The registered managers told us one of the nurses was developing the supervision and appraisal policy. We were informed these formal support mechanisms would be in place imminently.

People, when appropriate, were assessed in line with the Deprivation of Liberty Safeguards (DoLS) as set out in the Mental Capacity Act 2005 (MCA). DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care records showed where DoLS applications had been made and evidenced the correct processes had been followed. Health and social care professionals and family had been involved in the decision. The decision was clearly recorded to inform staff. This enabled staff to adhere to the person's legal status and helped protect their rights.

Staff showed a good understanding of the main principles of the MCA. Staff were aware of when people who lacked capacity could be supported to make everyday decisions. Staff knew when to involve others who had the legal responsibility to make decisions on people's behalf and we heard staff discussing situations where other professionals might need to be involved. Staff told us they gave people time and encouraged people to make simple day to day decisions. For example, what a person liked to wear or drink. However, when it came to more complex decisions such as whether a person required dental treatment, a health care professional or, if applicable, a person's lasting power of attorney in health and welfare was consulted. Independent Mental Capacity Advocates (IMCAs) were also used to support decision making where people had no family or significant others involved in their care. This helped to ensure actions were carried out in line with legislation and in the person's best interests.

Staff communicated well with people to explain what they were doing and gained consent through non-verbal methods. The use of touch, eye contact and simple information was used by the staff.

Requires improvement

Is the service effective?

We spoke with the chef about people's nutrition. They said they were aware of people's individual nutritional needs and explained how they adapted meals where required for people with particular health needs, for example for people who had swallowing difficulties or for those diagnosed with diabetes.

People who had difficulties with eating independently were assisted by staff who did not always respond promptly. For example, three people waited 25 minutes to be assisted with the meal which had been placed in front of them. The meal had been liquidised together and people were not informed by staff about what it was they were eating. We spoke with the chef and registered managers about this and discussed the importance of separating out the meal to make it look more appealing to people. They agreed to ensure this was actioned immediately.

People were offered a variety of meals which included a vegetarian alternative and people were involved in the creation of the menu by sharing with staff their likes, dislikes and favourite meals. Staff asked people and provided options about what they wanted to drink. The chef was flexible and responded to people's preferences, for example, one person did not like the sweet on the menu and preferred a jam sandwich, the sandwich was made and brought to the person quickly.

People received kind and compassionate care by staff who were responsive to their needs. For example over lunch, one person who was partially sighted was supported by staff. The member of staff took time describing to the person what was on their plate and where it was located.

The dining room was overcrowded which meant some people were unable to sit at a table and for two people who were being assisted by staff with their meal, they had to sit very close together. This did not give people their own space. We discussed this with the registered managers who advised two meal time sittings were currently being considered to improve the dining experience.

People were weighed regularly and changes to people's weight were monitored closely. For example one person had a percutaneous endoscopic gastrostomy (PEG). This is an endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate (for example, because of dysphagia or sedation). This person had recently lost weight. Staff liaised with the dietician to ensure their nutritional intake was reviewed to prevent further weight loss. Staff were careful to ensure people had a good nutritional intake and liaised promptly with family and people's doctors if there were concerns. Some people had been referred to the speech and language team (SALT) for assessments where there were concerns their health needs impacted on their diet. Staff were aware of those people who required a soft or pureed diet and followed guidance given by the healthcare professionals involved.

Staff told us and care records evidenced it was common practice to make referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. Detailed notes evidenced when a health and social care professional's advice had been obtained regarding specific guidance about delivery of specialised care. For example, referrals had been requested via people's GP to dieticians, community mental health nurses, the learning disability team, physiotherapists and nurses with specialist skills in PEG feeding and epilepsy.

Good

Is the service caring?

Our findings

People and those who mattered to them felt positive about the caring nature of the staff. People, relatives and external professionals spoke highly of the quality of the care and confirmed they were treated with compassion. Throughout our observations and discussions with staff we observed staff who were respectful to people, cheerful and positive in their interactions, listened and were kind.

The relative of a person who had recently moved to the service commented, "I'm happy, we love it";" Nothing is too much trouble for staff, I can't praise them enough"; "I can't explain it, it just feels right." Other relatives told us they too were happy with the care and how they were involved and treated. Comments included "It is brilliant here, the wife's happy here"; "She seems to be so contented" and "They have looked after her marvellously"; "The people to the staff are the most important…they are at the top of their list". One person expressed how touched she had been by the kindness of staff who had recently made her birthday a special day. They told us, "I had a fantastic birthday". Health care professionals commented that staff were friendly and very caring. Staff also confirmed they felt cared for, listened to and supported. Staff told us "It's fantastic, we are treated like a member of the family, the residents are treated like family" and "We're like a big family, we respect each other." The registered managers told us the aim of the service was to develop "Patient centred care, to provide a homely atmosphere."

Staff showed concern for people's wellbeing in a meaningful way. Staff were clear it was a partnership and invested time building relationships with people. We saw staff interacted with people in a caring, supportive manner. Staff were gentle in their interactions and made eye contact and used touch to reassure people who were unable to communicate verbally. Staff told us they got to know people well, had time to chat with them and enjoyed spending time with the people in their care. Staff we spoke to wanted their own relatives to be cared for at the home and were proud of how they cared for people.

We observed all levels of staff and management spent time with people and communicated using verbal and non-verbal ways of communicating to engage people. For example, some people responded to staff talking to them and engaging them in conversation. Staff also used non-verbal communication such as touch and facial expressions such as a smile to make their interaction meaningful for the person. Staff were observant and noticed for example when people tried to move that were unstable and assisted them promptly.

Staff knew the people they cared for commenting "We talk to them about their care, we have daily discussions about their choices and preferences where possible." Relatives informed us they had been invited to be involved with care planning and were notified of any changes promptly. Those people who were not able to be part of decision making and able to plan their own care had family, advocates and /or health and social care professionals involved. We spoke with the learning disability team who were involved with people at the home and they were involved in reviewing care packages and making care more personalised. They felt their views were listened to and acted upon.

People and their relatives were given information and explanations about support when needed, so they could be involved in making decisions about their care. Staff knew people's individual communication needs, and were skilled at responding to people appropriately. For example, some people at the home had difficulty understanding information. Staff knew who these people were and told us they kept sentences short, repeated information and worked at their pace in a patient, calm manner. Explanations were brief and clear to aid people's understanding.

People and their relatives told us people's privacy, dignity needs and human rights were respected by staff. Some people had shared rooms; a curtain across the room allowed people privacy if they wished and personal hygiene needs were met in privacy. Staff knocked on people's doors as they entered, ensured they were covered when they provided personal care and left people alone if they were safe when they used the bathroom. One person had continence difficulties and the staff were liaising with health and social care colleagues to change the way this was currently managed as it was affecting their dignity.

Friends and relatives were able to visit without unnecessary restriction. Relatives told us they were always made to feel welcome and could visit at any time. They told us they were frequently invited for a meal, offered toast or a drink when they visited. Staff were concerned about the welfare of relatives too and ensured they were involved and

Good

Is the service caring?

supported where necessary. One relative we spoke with enjoyed helping with the gardening and was planning to set up a gardening club for the people who lived in the home.

Good

Is the service responsive?

Our findings

Prior to the inspection we received concerns regarding how complaints were managed and responded to. We discussed these concerns with the registered managers and all aspects of the complaints we had received. We found complaints had been investigated in line with the provider's policy. We feedback to the registered managers that some relatives who had complained sometimes found the responses received by the registered managers defensive and this impacted on the relationships with a few relatives. The registered managers were going to reflect how this could be improved to maintain an open dialogue.

People did not have any concerns, but if they did told us they would feel confident to discuss any concerns with staff, registered managers or their family. People commented "No complaints but if I did staff would listen and help", "I would certainly go to the owners if I was concerned. They would listen and would sort it out. I have no concerns" and "Occasionally things go missing from the laundry; the wife's missing a good sheet. I will speak to the laundry person. It's not a regular happening; occasionally the ironing is not up to the wife's standards, they get done again then." We reviewed the written complaints received by the home. Complaints had been taken seriously and investigated in line with the complaint's policy. Complaints were used to drive improvement within the home. Staff felt any issues they raised were always listened to and solutions and improvements discussed, with one staff member commenting "I feel listened to and would feel happy to raise any concerns."

We reviewed the results from the quality assurance questionnaire for 2014 / 2015. Feedback was positive and displayed at the entrance of the home for everyone to read.

People and their relatives were involved in planning their own care and making decisions about care. One relative commented "Yes, I am involved in care planning; the DoLS application, all of it, they let me and my daughter know." Records contained detailed information about people's health and social care needs. They were written using the person's preferred name and reflected how people wished to receive their care. People's personal preferences were known, for example who did not like to wear perfume or makeup. People's specific bedtime routines were known and respected and their hobbies encouraged such as reading or watching the garden wildlife.

People and where appropriate, those who mattered to them, were actively involved in the care planning process to help ensure their views and preferences were recorded, known and respected by all staff. Staff supported people to do this and there was an ongoing assessment of people's needs. Thorough assessments were undertaken prior to admission. Health and social care professionals involved in the person's care and family where appropriate contributed to assessments and care plans. This information was shared with staff in handovers and further information gathered as staff built a relationship with the person.

People explained they were supported to follow their interests such as reading, watching TV or spending time in the garden. Some people told us they would like more outings external to the home. We fed this back to the registered managers. Some people liked to engage in the activities on offer such as board games, dominoes and pamper sessions. Some people had individually tailored activities and were supported to attend these such as swimming, trampolining and attendance at day centres for their specific needs. The staff organised planned events such as a summer bike event and summer barbecues. The registered managers informed us activities were often spontaneous, for example if they noticed someone seemed low in mood they would ask them what they would like to do and tailored an activity to their need and liking, perhaps visiting the garden centre or going shopping.

Health professionals worked closely with staff to review people's care packages. We were told by external professionals the staff participated in regular reviews for people and responded to suggestions and advice to improve people's lives.

People told us they were able to maintain relationships with those who mattered to them and those who had family enjoyed their visits. We observed relatives visiting with their families throughout the two days and people enjoying these interactions.

Good

Is the service well-led?

Our findings

Caritate Nursing Home had two registered managers who shared the responsibility for managing the service. The registered managers took an active role within the running of the home and had good knowledge of the staff and the people who lived at Caritate Nursing Home. There were clear lines of responsibility and accountability within the management structure. The service had notified the Care Quality Commission (CQC) of most significant events which had occurred in line with their legal obligations. We discussed with the registered managers their responsibility to notify us of DoLS applications and authorisations and sent the provider the relevant guidance following the inspection.

Prior to the inspection we had received concerns that the registered managers were at times defensive when concerns were raised with them. We spoke to the registered managers about these concerns to help ensure an open dialogue was maintained with people and their relatives. We found the registered managers had a good understanding of the duty of candour, undertook investigations into care and concerns raised, thoroughly and fairly. The duty of candour is a requirement for providers to be open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also set out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. We found the registered managers had a good understanding of these processes. People, friends and family and staff all described the management of the home to be approachable, open and supportive. Health professionals said they at times felt they had to explain the rationale behind their advice but once understood their views were respected and action taken. Comments included “It’s a nice team”; “There’s good communication and people are happy.”

The registered managers told us their philosophy was “caring with affection” and underpinned all they did within the service. There was an ethos of individualised care, respect and choice and this was shared amongst the staff team. Staff confirmed they felt guided, listened to, appreciated and had fun as they worked. Staff were encouraged to find ways to enhance the service. For example, in February 2015 the registered managers had asked staff to complete a structured survey to consider the five domains of a CQC inspection (safe, effective, caring, well-led and responsive) in order to ask for their ideas related to service improvement.

Staff held key roles in specific areas and then shared their knowledge. For example one nurse was developing the supervision policy and another was responsible for medicine management. Staff told us they felt they had a voice and shared their opinions and ideas through informal supervisions, handovers and discussions. A caring atmosphere was evident during the inspection where colleagues supported each other and enjoyed their jobs.

The registered managers informed us that the environment was continually being improved to benefit people living at Caritate Nursing Home. An annual refurbishment plan was in place which included for example, the provision of a garden marquee and upgrading the patio area. A full time maintenance worker supported these projects and the on-going work the property required. Upgrading equipment and facilities were on-going for example mains connected water heaters for the provision of hot drinks at all times for people. A new mini-bus had been purchased to enable people to attend hospital appointments and outings if they wished. Monthly and annual service and testing schedules were in place for the maintenance of equipment such as hoists, fire alarms and room inspections.

The registered managers were constantly looking at ways to improve people’s experience. Staff wanted and felt inspired to provide a quality service. Staff told us they were happy in their work, understood what was expected of them and were motivated to provide a high standard of care. The registered manager informed us they did their best to keep abreast of current research and guidance for example information from the Department of Health, The Registered Nursing Homes Association (RNHA), the Nursing and Midwifery Council (NMC) and the National Institute of clinical Excellence (NICE). These resources were used to update policies and practice.

The staff worked in partnership with key organisations to support care provision. Health and social care

Good

Is the service well-led?

professionals who had involvement with the home confirmed to us, communication was good. They told us the staff worked with them, followed advice and provided good support.

The service had an up to date whistle-blowers policy which supported staff to question practice. It clearly defined how staff that raised concerns would be protected. Staff confirmed they felt protected, would not hesitate to raise concerns to the registered managers, and were confident they would act on them appropriately.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.