

Mrs Pauline Jones

Carr Bank House

Inspection report

9-11 Heywood Street
Bury
Lancashire
BL9 7EB

Tel: 01617977130

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 28 March and 5 April 2018. The last inspection of Carr Bank House took place in January 2017 when we found all the regulations we reviewed were met.

Carr Bank House is a privately owned care home providing accommodation for up to 14 adults with mental health needs. The home consists of two adjoining properties that have been adapted to form a large house. There is a small garden to the front of the home. It is located in a residential area, close to Bury town centre, and is within easy reach of public transport. There were 13 people accommodated at the home on the days of the inspection.

Prior to this inspection we received information that raised some concerns around record keeping at the service.

At our last inspection on 10 January 2017 we rated the service Good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in the shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good.

The service has a registered manager. 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 requirement in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People were positive about the registered manager and the way the home was run.

The people who used the service felt safe and staff we spoke with understood their role in protecting vulnerable adults. Recruitment procedures were robust and minimised the risk of unsuitable people being employed.

People enjoyed support from a stable team of staff who knew the people living at Carr Bank House well.

People received support that maximised their independence and risk assessments were in place to support them in the least restrictive way possible.

Appropriate action was taken to keep the property clean and to remain free of any offensive odours.

Medicines were safely managed and people told us they received their medicines as prescribed by their

doctor.

Care plans and risk assessments were in place and were based on the individual needs of each person and were regularly reviewed.

Staff we spoke with and records seen showed that staff received the training and support they needed to carry out their job roles effectively.

Care records were stored securely in order to maintain confidentiality.

There was a suitable complaints procedure located in the hallway and each person was provided with their own copy as part of the service user guide information provided on admission.

Systems were in place to monitor and help maintain the quality of service being provided.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Carr Bank House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 was an unannounced comprehensive inspection which took place on the 28 March and 5 April 2018. The inspection was undertaken by two adult social care inspectors on day one and one adult social care inspector on day two.

We did not request a Provider Information Return (PIR) on this occasion. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During our inspection we spoke with six people who used the service, the registered manager, the deputy manager, a business consultant and two care staff.

We carried out observations in shared areas, such as lounge and dining room and those bedrooms people invited us to see. We looked at care records for three people who used the service and medication administration records in detail for two people. We also looked at the recruitment, training and supervision records for three members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People we spoke with who lived at the home told us they felt safe with the staff that supported them and in the way the home was run. Procedures were in place to minimise the potential risk of abuse or unsafe care taking place. Staff had received training in safeguarding vulnerable adults and whistleblowing and this was confirmed by the staff we spoke with and training records seen. One member of care staff said, "I wouldn't hesitate in reporting anything to a manager I thought was abuse to a resident. I would take it further if it wasn't dealt with by the manager."

To enable people to achieve as much independence as possible positive risk taking was promoted and assessments of people's individual risks had been completed. If required, a relevant health care professional would be contacted for advice and support, for example a dietician. Those risk assessments we saw were planned to keep people safe and did not unnecessarily restrict their individual lifestyles. There was also environmental risk assessments in place to make sure all parts of the service were being safely maintained.

We found there was a safe system of staff recruitment in place. Pre-employment checks were carried out before any person was offered employment with the service. These checks were carried out to reduce and minimise the risk of unsuitable staff being employed.

There was a stable staff team in place and staff spoken with confirmed that the way they worked was flexible to make sure people's support needs were met in the best way possible. No agency staff were used and people were supported by a team of staff that knew them well which provided a continuity of care. There had been no changes to the staff team since our last inspection but we still checked three staff recruitment files. Those files we looked at contained all relevant documentation, but this was hard to find as the files lacked organisation, but we did see that files were being re-organised into a consistent format.

We looked to see if there were safe systems in place to support people with their medicines management. We found that all medicines received into the home had been checked on receipt and were then stored safely. We found medicines management policies and procedures were in place and records indicated that staff had been trained in the safe administration of medicines and were also subject to regular competency checks. People we spoke with confirmed they received their medicines when they should and had no concerns about the support and management of their medicine regime.

We found the building was clean and mostly free from offensive odours. We did find that the suite in the main lounge did have an odour of urine in places and the deputy manager actioned the cleaning of the cushions straight away. We found hand wash and paper towels in place in shared areas of the home such as toilets and bathrooms.

Records seen showed that accident and incidents had been appropriately recorded. Documentation was also in place to demonstrate that equipment had been serviced and maintained as required, including gas appliances, electrical appliances and fire fighting equipment.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

We found effective care was being provided to people who lived at the home because staff providing care and support and been appropriately trained and had a good knowledge and understanding of people's needs. Staff we spoke with and records seen showed that staff received the training and support they needed to carry out their job roles effectively.

One person told us, "I love the staff, they're nice and everything" but did say they thought the gap between tea and supper is too long for some of the people to wait. Discussions with the deputy manager confirmed that no other person had raised concerns about the length of time between tea and supper and, therefore, no changes had been made. Another person said, "I know I can be difficult but the staff know me well enough and help me when I need it."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interest and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of our inspection two people had a DoLS authorisation in place and the deputy manager was carrying out reviews of all other people living in the home and taking advice from the DoLS assessor to make sure any DoLS assessment were carried out appropriately. Where able, people had signed their agreement to care and treatment in their plans of care. This indicated that people had been involved in developing their plan of care.

The deputy manager informed us that menus were developed from having conversations about meals during resident meetings and people were supported to shop for the meals. Care plans included details about people's nutritional needs and identified people's preferences. For example, one plan stated, "I enjoy medium size portions and I am able to choose my menu choice each day." People told us about their individual dietary needs and how these needs were taken into account as part of the menu planning.

People who used the service said, "If I need a doctor the staff will come with me" and "I have a social worker who comes to see me." Care plans seen indicated that people had access to and were supported by various health care professionals such as psychiatrists, hospital consultants and specialist nurses. Each person had their own doctor and records indicated that people's individual treatment was monitored and regularly reviewed.

Parts of the home were showing signs of wear and tear although there was evidence of on-going maintenance work taking place, such as re-plastering of walls in the communal areas. We identified a

number of issues whilst walking around the home on the first day, for example new light bulbs needed, storage cupboard needed locking and hallway needed clearing of stored items. On the second day of inspection we found all the issues had been addressed.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

People who lived at Carr Bank House spoke highly of the support they received from the staff team. They told us they got on well together and that staff were "Kind, helpful and caring." One person we spoke with told us, "[staff name], this is the one we love, there all the time, she's amazing." Another person said, "This is a good place to live, even though I would rather be in my own home."

Both the registered manager and deputy manager were committed to providing a service that was based on the individual needs of each person and the staff we spoke with shared the same commitment.

During the days of the inspection we observed staff engaging with people in a caring, positive and sensitive way. We saw that staff knew people well and could enjoy appropriate humour when spending time with people and talking about general things.

People who used the service were seen to be treated with respect and dignity by the staff team throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Care records included details of people's preferred term of address and staff knew by what name people preferred to be known as.

We found that care plans were under review to make them more person centred and more focussed on the needs of the individual. Evidence was available to demonstrate that people had been involved in the planning of their care.

People were supported to make decisions about their daily lives and were helped to make contact with health care professionals that were also involved in their care. For example, doctors, social workers and specialist hospital consultants. We saw evidence where other health care professionals had helped a person make a decision about their future care needs when living back in the community independently.

We saw that information was available to people who used the service to inform them of community services available for them to access, for example, a local advocacy service should they want help of an independent advisor.

People we spoke with told us that staff respected their choices about how they wanted to spend their day. Staff encouraged people to keep involved in things that were important to them such as reading, participating in hobbies and interests and having discussions about daily life.

Care records were stored securely in order to maintain confidentiality.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

Care records we reviewed also included detailed assessments that had been carried out by the registered manager or a senior member of the staff team to make sure the personal and health care needs of a potential new service user could be met appropriately before any decision was taken for the person to be admitted to Carr Bank House. People told us that the staff spent time talking with them to make sure they were still happy with the care and support they were receiving. The deputy manager told us that staff provided up-dates on each person every month to keep care plans and related documentation up to date. The plans of care contained sufficient information for staff to be able to meet people's care needs.

People who lived at Carr Bank House told us that the staff were very caring and responsive to their needs. One person told us, "I like to go shopping and have a look around at what I can buy. We've been bowling and sometimes, when the weather is nice, we go to the park."

We observed that staff encouraged people to enjoy their leisure activities which included darts, board games, crosswords and puzzles and one person enjoyed experimenting with make-up. People also had close links with the local community such as Bury market and a large local supermarket which one person told us "It's handy to get my beer."

To encourage people to participate in the daily life of the home staff sometimes used magazines and pictures to give people ideas about things such as meal planning or choosing furnishings for the home.

One member of staff told us, "At the start of each shift we have a staff handover where we discuss how the last shift has been, if anyone is poorly or feeling 'under the weather'. We also check that everyone has had their tablets or if they have an appointment to keep." The handover was also used to enable the registered manager to keep staff up to date with any changes to a person's care or if anyone needed support to attend a hospital or other community based appointments.

There was a suitable complaints procedure located in the hallway and each person was provided with their own copy as part of the service user guide information provided on admission. The procedure also included the contact details of the Care Quality Commission and Bury Borough Council. There had not been any complaints made to the service since the last inspection, but we did see that day to day incidents that had occurred had been promptly dealt with by the management team.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

We asked people who used the service and staff how they thought Carr Bank House was managed. People who used the service said, "Both [name of manager] and [name of deputy] are available if you ever need to talk to them." One person told us, "I think the home is run very well indeed and [name of deputy] is always available to take with, she is lovely."

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

One member of the staff team told us, "I would go straight to the manager if I needed to discuss anything and I know I would be listened to." Another member of staff said, "[Name of deputy] understands a lot and is really helpful."

People were provided with opportunities to comment on the quality of service. Staff and 'residents' meetings had been held and minutes were available for inspection.

There was an opportunity for people who use the service to complete a monthly questionnaire to check if the service was still meeting their individual needs and we saw copies of completed questionnaires. People were also given the opportunity to complete an annual survey about the quality of the service and questionnaires were sent to people who lived at Carr Bank House, general practitioners, care co-ordinators, community psychiatric nurses and relatives. The registered manager confirmed that completed questionnaires were analysed and appropriate action would be taken in discussion with the provider, including any budgetary expense required.

The registered manager conducted regular audits which included infection control, the quality and cleanliness of the kitchen, the environment, maintenance records, medicines, care plans and fire prevention logs.

In our discussions with the registered and deputy manager, both understood their roles and responsibilities to notify the Care Quality Commission of significant events.