

Mrs B F Wake

# Carnalea Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Carnalea Residential Home is a residential care home providing personal care and accommodation for up to 55 people aged 65 and over. There were 38 people living at the service at the time of inspection.

### People's experience of using this service and what we found

People told us, "We are generally happy. The staff are amazing, they always get things sorted, there are no problems". Another person told us, "It's very clean, they are always cleaning". A relative told us, "It's a nice facility, not the plushest but it is a practical safe environment".

We have made a recommendation about the management of some medicines.

We have made a recommendation about updating records following equipment checks.

Electronic care planning systems had been in place since January 2021. Updated person-centred care plans and risk assessments had been created, detailing individual support needs and how to minimise risks to people.

Staff protected people's privacy and dignity in their practice and encouraged people to maintain their independence by enabling them to do as much as possible for themselves.

Staff training was up to date and the service had used external healthcare professionals to assess competency in meeting specialist needs of people.

Improvements had been made to layout and design the communal areas, allowing for more choice and control as to how people wish to spend their time.

Social activities were limited due to the COVID-19 pandemic, however schedules maximised use of time available and were varied.

Food standards and selections had been improved with a new chef and a member of staff employed to support breakfast times. Mealtimes were observed and waiting times had been significantly reduced and people were given a choice regarding where they would like to eat.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had a positive approach to dealing with complaints.

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

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carnalea Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our caring findings below

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below

**Good** 

# Carnalea Residential Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Carnalea Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used information we had received since the last inspection in March 2019. This included details about incidents the provider must notify us about, such as abuse, serious injury or when a person dies. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We requested feedback from the Local Authority commissioning teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us additional information we requested in a timely manner.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, in March 2019, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We observed concerning practice during lunch time medication round. Medication was administered to three people during meals with no observation to ensure it was taken. This was highlighted to the registered manager who took immediate action.

We recommended that the registered manager review senior care staff competencies and complete spot checks to ensure people are safe.

- People were assessed to identify the support they needed to take their medicines. Some people required staff to give them their medicines and other people self-administered.
- We completed a random audit of controlled drugs and all medicines counted tallied with the medicine's records.
- Medicines were ordered, stored and recorded safely.

### Assessing risk, safety monitoring and management

At our last inspection, the registered manager failed to ensure accurate records were kept to keep people safe from harm. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection the registered manager had made improvements and were no longer in breach of Regulation 17.

- Senior care staff performed visual checks on fire safety equipment and evacuation chairs.

We recommended this be formally recorded to ensure compliance.

- Risk assessments were in place for people. These were monitored and updated when necessary. One person had recently had their care plan updated when they returned from hospital. All relevant assessments such as moving and handling were updated if their needs had changed.
- The registered manager and senior care staff were responsible for completing reviews. They were alerted by the electronic record system when a care plan or risk assessment required a review. This ensured that people's care plans were reviewed and updated as necessary.
- Four members of staff were booked to complete fire marshal training. This had been delayed due to the COVID-19 pandemic.

## Staffing and recruitment

At our last inspection, the registered manager failed to ensure robust recruitment procedures were in place. This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection the registered manager had made improvements and were no longer in breach of Regulation 19.

- Records showed that staff had been recruited in a way that ensured they were suitable to work in a care setting. Staff employed since the last inspection had completed an application form, had interview notes on file and a Disclosure and Barring service (DBS) check to assist in preventing unsuitable staff from working with people who use services.
- There were suitable numbers of staff to support people. The registered manager told us that the service has not had to recruit any new members of staff during the pandemic and had no vacancies at present.
- Staff told us that they felt there were adequate numbers of staff on shift during the day. However, at night there are less staff on shift to support people. The registered manager used a recognised dependency tool to assess staffing levels.
- The registered manager had looked at ways to deploy staff in different ways during busy times. The service had employed specific housekeeping staff, chefs, and a member of staff to assist with taking breakfast orders. This enabled care staff to concentrate on people's care and support.

## Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received training to make sure they had the information they needed to keep people safe. The staff we spoke with could describe what abuse meant and how they would respond and report if they witnessed anything concerning.
- Staff told us the registered manager was approachable and they would have no hesitation in raising any concerns they had. They were confident they would be listened to and actions taken where necessary. Staff knew where to raise concerns externally.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

## Learning lessons when things go wrong

- The registered manager was reactive to areas concern raised during inspection.
- The provider and registered manager had worked with the local authority when safeguarding concerns had been raised. Accidents and incidents had been recorded by staff and monitored by the registered manager to try to prevent similar incidents being repeated. Preventative action was discussed with staff in staff meetings and one to one supervision meetings.



# Is the service effective?

## Our findings

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

At the last inspection, in March 2019 this key question was rated as requires improvement. At this inspection this key question has now improved to good, this meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection, the registered manager failed to ensure people received a service that was individual to their needs and preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection the registered manager had made improvements and were no longer in breach of Regulation 9.

- At the last inspection, we found that people were waiting for long periods of time in the dining room before their lunchtime meal was served and again after their meal had finished. This had improved on this inspection with people being observed seated and served in a timely manner. Some staff demonstrated patience and a good rapport with people who were eating. We observed some people had less engagement than others and this was fed back to the registered manager.
- We saw that people were given choice regarding food and fluid to ensure people had a balanced diet. One person we observed, had pre ordered a meal for lunch. When it was served, they had changed their mind and the chef accommodated their choice by cooking a different meal. One person told us, "Food is very good, the chef is excellent. Every evening I am asked what I want, given a choice of meals or can have an alternative like egg and chips".
- The chef had a good understanding of the different diets and recommended foods people required. They told us they currently provided diabetic diets, food for people who were lactose intolerant and reduced salt/sugar diets. The chef bakes cakes for people's birthdays and demonstrated knowledge of people's preferences.
- We spoke to a relative who had noticed their relative had lost some weight. The service had acted promptly and referred to appropriate healthcare professionals for review.

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

At our last inspection, the registered manager failed to ensure people's rights were upheld within the basic principles of the Mental Capacity Act. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection the registered manager had made improvements and were no longer in breach of Regulation 11.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had made appropriate DoLS applications to the local authority and kept these under review.
- People had decision specific capacity assessments detailing the reasons these were completed and the outcomes were clearly documented. Where a person lacked mental capacity there was evidence that the decision was made in their best interests. Consent was obtained and recorded before each care activity was completed.
- Staff we spoke to demonstrated how to act if a person declined care and support. A member of staff told us, "It's their choice. We would use encouragement and try to explain the benefits of completing the task, perhaps try a different member of staff as we all have different relationships. If someone continued to decline however, we would respect that."

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

- Assessments were undertaken with people, and their relatives where appropriate, before a decision was made for them to move into the service. This meant the registered manager was able to assess if they had enough staff with the skills necessary to provide the support people needed.
- A range of care plans and risk assessments were developed to provide people's care and support in the way they needed. Care plans included, social interests and hobbies, cultural needs, cognition, mental wellbeing, physical needs, mobility and eating and drinking. The electronic care planning system used was organised into clear sections making it easy for staff to find the information needed.

Staff support: induction, training, skills and experience

- At the last inspection we recommended that the registered manager source guidance from a reputable source to create robust training systems. The provider had sourced an external training service to deliver training. Due to the COVID-19 pandemic, this was completed using a paper-based system. Once complete, the training was sent back to the service to be reviewed and certificates issued.
- New members of staff followed a comprehensive induction programme. This included completing mandatory training, shadowing senior staff and reviewing people's care plans.
- Staff we spoke to felt that they had been trained in necessary areas to be able to provide high levels of support. The services training matrix was reviewed which showed training was up to date for staff.
- Staff received one to one supervision with the registered manager, supporting their development and success in their role. One experienced member of staff had provided suggestions to the registered manager on how care could be adapted or improved which led to changes in practice.
- Staff had been assessed as competent by health professionals in specialised needs e.g. administering

insulin to ensure that all needs of the people can be met without the need for external resources.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals, this was organised by staff.

Information was handed to other agencies if people needed to access other services such as the hospital.

- GPs and district nurses visited the service regularly to help people to maintain their health. People were supported to access services such as dentists, chiropodists and opticians.

- A relative told us, "I have no complaints with the care at all, they get in touch with anyone they need to, to ensure that my [relative] is safe and well."

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

- At the last inspection recommendations were made about the layout of the main lounge. This work was completed with the lounge being separated into three different areas. Each lounge had different activities which enabled people to have choice about where to spend their time.

- There were no people sharing bedrooms at time of inspection. This had been altered to adhere to current COVID-19 guidelines. A person told us, "My room is really nice, it's ensuite, I have brought furniture, photos and pictures to make it my own."

- The annexe of the building had been specifically adapted to support people living with dementia. This was to adhere to current social distancing and COVID-19 guidelines. People were not restricted in their movements and there was a secure outside area for people to access safely. Dedicated staff in this unit were supported by staff in other areas of the building if required.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection in March 2019, this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

At our last inspection, the registered manager failed to ensure people were supported to make choices and decisions within communal areas that affected their well-being and personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection the registered manager had made improvements and were no longer in breach of Regulation 9.

- People were encouraged to feedback to staff about their views. At the last inspection people told us that there were issues with the communal lounges. Since the last inspection, the communal lounge had been remodelled and separated into three different lounges, giving people choice of where to spend their time. For example, in one lounge there were no televisions as people who used that lounge liked to listen to the radio. There was a television on in the next lounge however this did not have any impact on the other two lounges.
- People's care and support was personal and focused on positive outcomes in the electronic care plan and tailored to how they liked to be supported. If people were unable to express their own views, family were involved in the care planning stage.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect. We observed interactions between staff and people at lunch and staff treated people with patience and were not rushed.
- One person said, "The staff stop for a chat if they have time." Another person commented, "The staff are really jolly good and jolly kind." A relative said, "We always find the staff polite and very good." We were told, "Each [staff member] is different, they do their best."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people to maintain their privacy and dignity. They described, for example, that they made sure curtains were closed as well as people's bedroom doors and always helped people to remain covered up when providing their personal care.
- People were supported to maintain their independence by doing as much as they could for themselves. Staff told us they walk by the side of people when moving from one part of the service to another to give encouragement and support.
- Confidentiality was supported. Information was locked away as necessary in a secure cupboard or filing

cabinet. Computers and handheld devices used by the provider and staff were password protected to keep information secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection in March 2019, this key question was rated as requires improvements. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At the last inspection the registered manager had failed to ensure people received care and support that met their individual needs and preferences. This was a continued breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection the registered manager had made improvements and were no longer in breach of Regulation 9.

- The service had implemented a new electronic system for care plans and daily records in January 2021. This enabled people to receive care that met their individual needs and preferences. Care plans included information about a person's life history and preferences. This meant that people could be supported in a personalised way. One person told us, "They know how I like things done."
- The service had operated a reduced activities timetable since the pandemic. However, care staff told us that when they complete personal care tasks for people, they tried to engage them in activities such as bingo, dancing and other activities.
- The schedule of activities was varied and there were dedicated time slots for one to one sessions for people who were unable to participate in group activities.
- People had been asked about their cultural and spiritual needs and if they needed staff support. This was recorded in their care plan. Many people expressed a religious preference but did not wish to attend a place of worship or need staff support with their spiritual needs.

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and recorded in their electronic care plan so staff had the guidance needed to understand where people had difficulties. For example, time to process information slowly before responding or requiring full explanation of what staff were trying to achieve.

Improving care quality in response to complaints or concerns

- Complaints had been received since the last inspection and the outcomes recorded were positive,

showing that they had listened to concerns raised and acted accordingly. Lessons learned from complaints were shared with staff in staff meetings and informal conversations.

- People who used the service were able to raise concerns or complaints through the internal procedure. These were recorded appropriately, and the person was kept informed about the response and actions taken.
- We reviewed the service's complaint records. Complaints had been responded to and recorded appropriately. There was a positive approach from the registered manager when receiving complaints or concerns about the service.

#### End of life care and support

- No people were receiving end of life care at the time of inspection. The service was caring for people who were frail and for people whose needs had increased recently. All people had a section in their electronic care plan for end of life preparation and wishes. Of the four care records we looked at, three people had detailed plans including wishes and funeral arrangements. One that was not complete was for a resident who recently moved into the service and the registered manager informed us that they were waiting for relatives to provide further information before completion.

# Is the service well-led?

## Our findings

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

At the last inspection in March 2019, this key question was rated as requires improvement. At this inspection this key question had improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the registered manager failed to ensure there was accurate record keeping and that effective systems were in place to monitor the quality and safety of the care provided. This was a continued breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection the registered manager had made improvements and were no longer in breach of Regulation 17.

- Since the last inspection the provider had completed the transfer of confidential personal information from paper records to an electronic system. This meant that records relating to people's care could be accessed by staff in a timely manner. The registered manager and senior care staff had the responsibility to ensure these were updated for any new or change in needs.
- The provider had a range of audits to monitor the quality and safety of the service provided. Regular audits included: care planning, infection control, medicines and health and safety. Infection control and social activity audits had been completed in January 2021 and referenced changes as a result of the pandemic.
- A relative we spoke to said, "The referrals my [relative] needed were picked up and acted on straight away." This person's care plan record was reviewed and updated appropriately.
- The registered manager had oversight of the service and was available to staff and people. The provider had not been able to be physically in the service since March 2020 however had been supporting the service via telephone and had been proactive and responsive with requests from the registered manager.
- Feedback was positive about the management of the service. A relative told us, "If I had any worries would go to [registered manager] or the deputy but could go to any of the staff. If I raised something, they have looked into it, no significant concerns and they are always helpful."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- A member of staff told us they "I would be happy to have my own family move into the service if they needed care."
- Staff we spoke to described the service as a good place to work, where the staff get on. A member of staff told us, "If there are ever any issues I can go straight to [registered manager] and they will act on it. We are actively encouraged to discuss things as a whole team."



- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their ratings in the main entrance to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the service through 'resident meetings' which people could choose to attend. People who were unable to participate due to ill health or unable to make their views heard had support from their relatives.
- In April 2020 a newsletter was sent to people's relatives detailing the new procedure for contact with people who use the service. The service had developed a private social network forum which was secure. This enabled relatives to talk to other relatives, raise any concerns with the registered manager and book video call slots with their love ones.
- Staff told us that during the pandemic all staff had not been able to attend meetings due to social distancing guidelines. Staff told us that if they felt there was something that needed addressing, they would go to [registered manager] as the door is always open. Before lockdown staff were having regular staff meetings and records of these were reviewed as part of the inspection. Each meeting had an 'action plan' of things that needed to be followed up.
- The registered manager welcomed suggestions on how the service could be improved from staff who were experienced in different locations. One member of staff told us, "I have made suggestions to [registered manager] since joining Carnalea that I had seen been done before. [Registered manger] has implemented these already and I think they work well."

Working in partnership with others

- The registered manager attended local provider forums (video calls during pandemic) and had worked closely with, and supported other providers in the local area, sharing good practice at times. They worked closely with visiting professionals such as GPs, specialist nurses and district nursing teams.