Jeeves Care Homes Ltd

Carrington House Care Home

Inspection report

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Nottingham
Nottinghamshire
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Tel: 01159621100

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We inspected the home on 28 September 2016. This was an unannounced inspection. Carrington House Care Home is situated in Nottingham and provides accommodation over three floors for up to 27 people. The home provides accommodation for people who require support with personal care due to disability or old age. On the day of our visit 25 people were living at the home.

The home did not have a registered manager at the time of our inspection. The registered manager left the home in August 2016 and a new manager had been appointed and was in the process of applying to become registered. 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.

Improvements were required to the management of medicines. Although people told us they were happy with the support they received to take medicines we found a number of issues which meant that the management of medicines was not safe. The manager introduced a weekly medicines audit following our visit to help identify issues in future.

Risks to people and the measures required to keep people safe were not always clearly identified and monitored. However, care plans did contain good guidance for staff about how to monitor and respond to people's health conditions and staff were knowledgeable about how to reduce risks to people.

People were protected from the risk of abuse as management and staff understood their role in keeping people safe from harm. People were also supported by enough staff.

People were supported by staff who had received training and were supported by the management team to ensure they could perform their roles and responsibilities effectively.

People were encouraged to make independent decisions. Staff told us about how they supported people to make choices and decisions, and authorisations to deprive people of their liberty had been applied for. The manager told us they were liaising with outside professionals to check the status of applications and would review capacity assessments to ensure these were in place when needed.

People told us they enjoyed the food and we found that they were protected from the risks of inadequate nutrition. Specialist diets were provided if needed and people received the support they required during mealtimes. Referrals were made to health care professionals for additional support if required.

People were treated with dignity and respect and their choices and preferences were respected. We saw staff were kind and caring when supporting people. People and their relatives contributed to the planning of their care as appropriate.

People received person centred care. People told us that staff provided support in line with their wishes and encouraged their independence. We found that people were supported to maintain their interests and supported to engage in activities as they wished.

People and their relatives felt able to raise issues with the management team and complaints were dealt with appropriately.

Management systems were not effective in identifying and responding to issues which could affect people's health and safety. At the time of our visit, regular audits were not carried out. The manager told us of systems they had introduced in respect of medicines management and cleanliness of the kitchen following our visit.

People told us that the manager and owner were visible and approachable and staff felt supported and motivated to provide good care to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The home was not always safe.

Although people told us they were happy with the support they received with their medicines we found that the management of medicines was not safe. The manager introduced a weekly medicines audit following our visit to help identify issues in future.

Risks to people and the measures required to keep people safe were not always clearly identified and monitored. However, care plans did contain good guidance for staff about how to monitor and respond to people's health conditions and staff were knowledgeable about how to reduce risks to people.

People were protected from the risk of abuse as management and staff understood their role in keeping people safe from harm. People were also supported by enough staff.

Is the service effective?

Good

The home was effective.

People were supported by staff who had received training and were supported by the management team to ensure they could perform their roles and responsibilities effectively.

People were encouraged to make independent decisions. Staff told us about how they supported people to make choices and decisions and authorisations to deprive people of their liberty had been applied for.

People told us they enjoyed the food and we found they were protected from the risks of inadequate nutrition. People received the support they required during mealtimes. Referrals were made to health care professionals for additional support if required.

Is the service caring?

Good

The home was caring.

People were treated with dignity and respect and their choices and preferences were respected. We saw staff were kind and caring when supporting people.

People and their relatives contributed to the planning and review of their care as appropriate.

Is the service responsive?

Good

The home was responsive.

People received person centred care. People told us that staff provided support in line with their wishes and encouraged their independence.

People were supported to maintain their interests and supported to engage in activities as they wished.

People and their relatives felt able to raise issues with the management team and complaints were dealt with appropriately.

Is the service well-led?

Requires Improvement

The home was not always well led.

Management systems were not effective in identifying and responding to issues which could affect people's health and safety. At the time of our visit, regular audits were not carried out. The manager told us of systems they had introduced to identity and respond to issues following our visit.

People told us that the manager and owner were visible and approachable and staff felt supported and motivated to provide good care to people.

Carrington House Care 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.

We inspected the home on 28 September 2016. This was an unannounced inspection. The inspection team consisted of one inspector 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.

Before the inspection, we checked the information that we held about the home such as information we had received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted commissioners (who fund the care for some people) at the home and asked them for their views.

During the inspection we spoke with seven people who lived at the home and two relatives. We also spoke with one care worker, the chef, the laundry assistant, the activities co-ordinator the deputy manager, manager and the owner. We looked at the care records of three people who lived at the home, staff training and recruitment records, as well as a range of records relating to the running of the home. We observed care and support in communal areas of the home.

Requires Improvement

Is the service safe?

Our findings

People told us they received their medicines when they required them and received the required support from staff. One person told us, "They (staff) are excellent when it comes to giving me my meds."

Improvements were required to ensure that the management and administration of medicines was safe. We found that peoples medicines administration records (MAR's) did not always contain information required for the safe administration of medicines, such as a photograph of the person to aid identification and a record of any allergies. In addition we found that not all of the actions identified by a medicines audit carried out by an outside agency in May 2016 had been completed by the time of our visit. For example, the temperature of the room used to store medicines had not always been recorded on a daily basis and there had not been a weekly audit of controlled drugs. We checked the controlled drugs register and stocks of controlled drugs and found these did not always match as the register had not always been updated when these drugs had been given.

We found that on a few occasions people's MAR's had not been signed when people had received their medicines and handwritten entries of medicines on the MAR's had not always been signed as being checked by two staff to ensure the accuracy of information. No regular audits of medicines were being carried out which would help identify such issues. We fed back our findings to the manager who informed us they had implemented a weekly medicines audit following our visit.

Staff had received training in the safe handling and administration of medicines and had their competency assessed and medicines were stored safely and securely.

People, and their relatives told us that action was taken to reduce the risks of harm. For example, one person told us, "Safe? Yes because they keep an eye on me. Had a number of falls before I came. That's the reason I'm here. They remind me to use this frame and they are doing a very good job as I have not come to any harm." One person's relative felt that their relative was safer as the home had supported their relation to move rooms in response to concerns about safety.

Records of accidents and incidents were kept and included details of the action taken following the incident to reduce the risk of harm to the person in future. However, we found that potential risks to people were not always clearly identified or monitored. For example, one person's care plan stated that they should be weighed monthly and their nutritional risk assessment should be updated monthly. We found one recorded weight for the person for August 2016. We reported this to the manager and the person was weighed during our visit. A nutritional risk assessment was not included in their care plan. When we fed this back to the manager they told us that the person was not at nutritional risk, however this was not clear in their care plan.

People's care plans contained clear guidance for staff about how to recognise and respond to risks associated with their medical conditions. For example, care plans included information about the signs and symptoms of dehydration, urinary infection and diabetes if relevant to the person. If people required regular

repositioning in order to prevent a pressure ulcer developing, records were in place to evidence the person was being supported to change their position in line with their care plan. Where people required specialist equipment, such as a bed sensor or pressure relieving mattress, this was provided. However, regular checks of equipment to ensure they remained safe and were in good working order were not always clearly documented to evidence that checks were being carried out at regular intervals.

We observed that staff supported people safely to mobilise. We saw that information was available in one person's care plan as to the type of equipment they had been assessed by an occupational therapist as being safe to use. We saw staff using this and observed that they were confident and capable. Staff worked together as a team, explaining what they were doing throughout the process, offering reassurance and chatting to the person they were transferring. We heard staff prompting people to use their walking aids and observed that staff accompanied some people when they were walking to ensure that people's independence was maintained in a safe way.

The owner showed us a report which had been completed by an outside agency to identify environmental risks to people and the action required to reduce risks. They told us that they were working with the agency to complete the required actions. We found that checks were taking place to reduce environmental risks such as those associated with fire or legionella.

People told us that they felt very safe at Carrington House Care Home. One person told us, "I feel safe because staff check on you to make sure you are okay" whilst another person told us, "It's secure and always someone on duty at night." Another person said, "Staff look after you alright. Always someone there to help if you need it." People's relatives also told us that their relations were safe.

People told us that they felt they could approach staff with any concerns regarding their safety. One person said, "Feel safe because (there) is always someone around. Can talk to them if something (is) bothering you. Feel happy and free to do this." Another person told us, "Yes I feel safe as (there is) always somebody here and I could talk to any of the care staff if I was worried about something." We observed people appeared comfortable and relaxed with staff.
People could be assured that staff understood their responsibilities to respond to any incidents or allegations of abuse. The staff we spoke with told us about some of the different types and signs of possible abuse and the action they should take if they suspected abuse was happening. One member of staff told us, "I would listen to the person, document it and speak to the manager." The staff member told us that, "100% I feel action would be taken (by the manager)." We saw that information was available for people who lived at the home, relatives and staff containing relevant contact details if they suspected abuse. Both of the staff we spoke with told us that they would report their concerns to outside agencies such as CQC or the Local Authority if required. We found that the manager and owner of the home were aware of their responsibilities and had shared information with the local authority as appropriate.

People told us that they felt there were usually enough staff to meet their needs safely. One person told us, "Never really have to wait for long an usually someone at hand if need something." Another person said, "Yes enough (staff). Always able to contact staff when need them and don't have to wait long." People told us that they sometimes had to wait for staff when they required support to get up in the mornings.

Staff told us that there were enough staff to meet people's needs. We observed this to be the case during our visit. We observed that staff responded to people when they requested support in a timely and unhurried manner. We looked at staff rotas and saw that the owner's identified staffing levels were usually achieved. The owner told us that they had identified staffing levels though observations of people's needs by supporting staff during shifts so that they witnessed first-hand the support that people required to keep

them safe. A member of staff confirmed that the owner had recently supported staff during a night shift to ensure safe staffing levels were maintained.

There were sufficient staff available on the day of our visit to attend to people's needs when they needed support. We observed that staff were available in communal areas where the majority of people living at the home chose to spend their time. People did not have to wait for help and call bells and verbal requests were dealt with in a timely manner. Care staff were seen to sit in communal areas to complete daily care notes but were engaging and responsive to people. One person's relative commented that staff appeared to have time to spend talking to people and we observed this to be the case. We saw that care staff spent time engaging people in conversations in a positive way.

We found that the provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment records of four members of staff and found that checks were carried out through the Disclosure and Barring Service (DBS) as part of the recruitment process. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work vulnerable adults. This helps employers make safer recruiting decisions. Staff had completed application forms and were required to account for any gaps in their employment and provide identification. References were requested to determine if staff were of good character, including from the person's most recent employer.

Good

Is the service effective?

Our findings

People were supported by staff who were provided with training and support appropriate to their role. Both people living at the home and their relatives felt that staff knew what they were doing and supported them well. One person's relative told us, "Seems to be a lot more dementia awareness among staff than in the past and think they are having more training."
Staff told us that they had received an induction which prepared them adequately for their role. One staff member told us, "(Induction) helped (prepare for role), I read policies and care plans." We saw that a new induction program had been devised and that new staff were in the process of completing this. The manager told us that they were currently focused on ensuring that staff were receiving the training required for their role. Staff told us about training courses they had attended such as moving and handling, first aid and fire safety. We saw evidence that training in first aid and moving and handling had been held in the four weeks prior to our visit and that further training courses had been booked. One staff member told us that the training they had received was, "Brilliant" and they felt able to request any training they felt would be useful to their role. We saw a copy of training records which evidenced that staff had received training in a number of areas relevant to their role and that systems were in place to identify when training updates were required.

Staff told us that they felt supported in their role. The manager told us that since coming into post they had devised supervision paperwork and would be commencing regular 1:1 supervisions in addition to annual appraisals. They told us that the delay in starting this process was due to them being relatively new in post and wanting to get to know staff and observe their working practices. In the meantime, we saw evidence that group supervisions and team meetings had been held with staff.

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.

Staff were knowledgeable of the principles of the MCA. One staff member told us, "If people have capacity, we respect their choices. (If people lack capacity) we make best interest decisions for them. I would ask people's opinions." Another staff member said that they had read the MCA policy and told us about how they would apply this to people living at the home.

We observed that staff asked people's permission before providing care. For example, staff asked one person's permission before supporting them to use mobility equipment. One person told us, "They always ask if it is alright to get me out of bed and ask me if they should fetch my water to wash myself or if I need more help."

We found that some mental capacity assessments were included in people's care plans, for example, in relation to whether people had capacity in relation to the support they required with personal care or their

finances. It was not always clearly recorded whether people had capacity in relation to other aspects of their care, such as in relation to the support they required with medicines or whether they could consent to information being shared with professionals. We fed this back to the manager and owner who told us that they would review MCA's to ensure they remained up to date and were in place where required. When people had been assessed as lacking the capacity to make certain decisions, appropriate best interest decisions had been made which incorporated the views of family members and were least restrictive of people's rights.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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 were being met. The manager and owner told us that two applications had been made for people living at the service. It was not clear whether these applications had been followed up with the local authority, as one application had been made in May 2015 (prior to the owner taking over the running of the home). We fed this back to the manager who told us that they were liaising with the person's social worker to check the status of the application.

People were protected from the use of avoidable restraint. People who sometimes communicated through their behaviour were supported by staff who recognised how to support the person and respond in a positive way. There were care plans in place informing staff of what may trigger the behaviour and detailing how staff should respond. We found that staff we spoke with had a good knowledge of these plans and applied this knowledge when supporting people.

We looked at the care records for two people who had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) forms in place which had been completed by the person's doctor. These had been completed appropriately and discussed with the person or their relatives if the person lacked capacity to make the decision themselves.

People told us that they enjoyed the food at the home. One person told us, "The food is alright. (I) have a choice. (They) ask you day before or sometimes same day what you want. (There) is always plenty to eat." Another person said, "(The) food is very good." People confirmed that they had the choice about what and where they ate.

Staff told us that they thought that people were well supported to maintain their hydration and nutrition. We observed that tables in the dining room were well presented during breakfast and lunchtime with copies of the menu on each table to aid people's choice. People were offered a choice of meals and the food looked appetising and nutritious. People were provided with appropriate support and encouragement to eat their meal. Two people required a specialist diet and the support of staff to eat. We saw that staff supported these people in a patient and dignified way. We observed that people ate a good amount of food during the mealtime.

People's care plans contained guidance for staff on the support people required to maintain their hydration and nutrition. The amount of food and fluid people consumed during the day was monitored by staff to ensure people were receiving adequate amounts and if people required extra input or monitoring this was provided. For example, some people required their weight to be monitored on a weekly basis so that any changes could be identified quickly and we saw records confirming this had been done. Information contained within people's care plans also showed that advice had been sought from external professionals, such as speech and language therapists, if required.

People, and their relations, told us that the support of healthcare professionals was provided if needed. One person told us, "They get the GP in to see you if you are not well and we have had an optician, dentist and chiropodist in the last few weeks." Another person's relative told us, "They (staff) are very good at getting professionals in when needed. Get the GP out promptly if [relation] unwell and always keep me informed."

People's relatives told us that the home was visited regularly by a chiropodist and optician. We saw records which confirmed this to be the case. People's care plans also evidenced that support had been obtained from a range of healthcare professionals when required, such as the dementia outreach team, occupational therapy and district nurse. We spoke to one visiting healthcare professional who told us that staff were knowledgeable about the needs of the people they supported. We saw that guidance provided by visiting professionals were included in people's care records.

Good

Is the service caring?

Our findings

Without exception, people living at the home felt that staff were kind and caring towards them. Other descriptions used for staff were compassionate, friendly, happy, respectful and professional. One person said, "Staff understand me and what I need and are always kind and ready to help me if I need it. Can't fault them at all, none of them." Another person told us, "When [name of staff member] opens my door in the morning then I am made for the day. [Staff member] is so understanding, cheerful and caring." One person's relative commented, "Staff are friendly, caring, talkative and interested in the people they are caring for."

We witnessed warm and social interactions between staff and people living at the home. Staff acknowledged people as they walked past or sat down to have a quick chat with people. We observed one person returning from a medical appointment and saw that they were greeted warmly by a member of staff who asked about how their appointment went. Staff made an effort to ensure that people were comfortable. For example, by ensuring they were sat upright and comfortable before their meal or supporting a person to elevate their legs when they spoke about being in pain. We observed two staff members supporting people with their meal. The staff were very patient and engaging, waiting for people to finish their mouthful and offering encouragement. There was much conversation between one staff member and the person they were supporting. The person was singing and laughing at points throughout the meal and the interaction with the staff member had a clear positive effect on them.

Staff we spoke with were knowledgeable about the people they supported. Some of the staff had not worked at the home long but told us that they got to know people by having time to sit talking with them and reading their care plans. People's care plans contained information about the person including their background and likes and dislikes. People's preferences in relation to the care and support they received were recorded. For example, people's preferences about how many pillows they preferred at night, whether they preferred support from male or female staff and any specific toiletries they used were recorded.
Most people told us they were given choices about their everyday routines, although some people could not recall being asked. One person told us, "We can go to bed when we want, no set time. Just ask when ready or staff ask us and bring us up in the lift. Get ourselves into bed and staff come and check on us during the night." Another person told us, "(Staff) usually come in around same time to get me up but always ask if (I am) ready or if want to stay in bed a little longer. Same at night but if tired only have to ask and (staff) take me."
People, and their relatives, told us that they were involved in talking about their care needs. Most of the people we spoke with recalled being involved with planning their own care. One person said, "They (staff) come in to get us up about 8am which is fine. Can't remember ever being asked what time suited but probably were as they went through everything with us and our family before when we came." One person's relative told us, "Preferred routines and times discussed and on care plan. (Staff) follow this but (are) flexible and still give choice.(Staff) always ask if (person) ready to get up, go to bed."
The manager was knowledgeable about the service provided by advocates and in what instances the support of an advocate would be sought. The owner told us that the support of an independent advocate had been sought for two people who lived at the home who required support with a specific decision. Advocates are trained professionals who support, enable and empower people to speak up.

People we spoke with told us that staff treated them with dignity and respect. One person told us, "They are respectful to us both and respect our privacy", the person told us that staff ensured their dignity was maintained during support with personal care. People, and relatives told us about how respectful staff were when speaking to them whilst still being able to have fun and make jokes. One person told us, "Yes they (staff) do treat you with respect but we have fun as well, lot of banter." One person's relative commented that they felt that the staff team were approachable and took time to listen.

We observed that staff ensured that people's privacy and dignity was maintained. We saw that staff supported people with their continence needs in a discreet way and spoke quietly to each other to ensure sensitive information was kept private. Staff ensured that people's clothing was kept clean during mealtimes by providing aprons and we observed staff reassuring one person who was concerned about spilling food during a meal. On another occasion, a staff member supported a person to adjust their clothing to ensure that their dignity was maintained.

Good

Is the service responsive?

Our findings

People living at the home told us they got the care and support they needed in the way they prefer. People, and their relatives felt that staff knew them well and recognised what was important to them. One person told us, "I need help with shaving and showering and I give them 10 out of 10. In terms of looking after my physical wellbeing they are, "Top Drawer" and score at least 101%." Another person's relative told us, "Staff all have a very good idea of [relations] character and behaviours and if there is any difference they pick up on it." Another relative said, "Sometimes they go over and above what is expected. [Relation] was ill on day I was due to go away and needed to go to hospital. Manager organised member of staff to go with [relation] while she covered at the home and gave me her personal mobile so I could keep in touch."

People's care plans contained detailed information about how people communicated and what support they needed to be able to make choices or decisions. For example one person's care plan in respect of communication provided staff with guidance about how information should be presented to enable to the person to be involved in decisions about their care as possible. We saw that staff communicated effectively with people by presenting information clearly and concisely. We also observed that a member of staff recognised that a person was not wearing their glasses and went and found these for the person and ensured they were clean. People were supported to maintain their independence as much as possible. It was clearly evidenced in one person's care plan that they had capacity to make decisions and staff should always ask for their consent or preferences before delivering care. We observed staff doing this on the day of our visit.

People told us they were supported to maintain their independence. One person told us, "They (staff) definitely encourage you to do what you can for yourself. I can't stand at the sink without support so they bring me a bowl by my bed so that I can give myself a wash in the morning which I like to do." We found that care plans contained guidance about what tasks people were able to do themselves and we observed one person was asked by a member of staff if they wanted to help them put their freshly laundered clothes away in their room.

People told us that they were involved in planning their own care. Where people were not able to plan their own care, we saw that the manager had requested the input of people's relatives to ensure that support planned would meet people's needs and reflected their preferences. It was not always clearly recorded when people had read and agreed to their care plans although the level of detail regarding people's preferences clearly suggested people's views had been sought.

We saw that peoples care plans had been reviewed to ensure that information was up to date and accurate. Staff told us that they had time to read care plans and felt that these contained appropriate guidance. The staff we spoke with were able to give us examples of the guidance that care plans contained. One staff member told us, "(Care plans) give you the information you need."

We observed that staff responded to people's needs in a timely way. We saw that one person required the assistance of equipment and two members of staff to move around the service. There was always two

members of staff available to assist to ensure the person did not have to wait for support. In addition, the person required regular repositioning to avoid developing a pressure area. We saw that staff documented that this was provided at intervals specified in the person's care plan.

People told us they were given a choice of activities and were involved in deciding what they would like to do. People's comments included, "I really enjoy some of the activities. I am a lifelong football fan and we play indoor football which I really enjoy. It's very entertaining but I like to win," and, "I like the activities and [activities co-ordinator] is lovely and we have a really good time with lots of laughing and joking." People were complimentary of the range of activities which they could participate in if they wished and people told us that they were supported to practice their faith. One person told us, "I am not sure if they have a church service but I have visits from my church and I would like to start a prayer group here, perhaps I will suggest it."

People were provided with activities and supported to maintain their interests. We observed activities taking place on the day of our visit. One person was encouraged by a number of staff to engage with an activity. We saw that staff were knowledgeable about the person's preferences and used this knowledge to encourage participation in a friendly and supportive manner. We witnessed an activity taking place in the afternoon which resulted in a high level of engagement from people living at the service. There was much conversation and laughter during the activity to evidence people's enjoyment. People were also supported to attend activities outside of the home. We heard people and staff discussing the arrival of a fair nearby and their excitement about going.
We spoke to the activities co-ordinator who had been in post for the last two months and was in the process of getting to know people who lived at the home and their preferences and interests. They told us that they spoke to people on an individual basis about what they would like to do, saying, "It's about person centred care. Each resident is an individual and I want to do it for everyone." People's views about activities were sought and acted upon. The activities co-ordinator told us they held a meeting to discuss what people wanted and as a result they had a pub lunch. Another person who lived at the home wanted to knit but found this impossible due to their disability. The co-coordinator taught the person how to make pom poms. People also requested a seaside trip and to respect people's wishes in line with the budget staff held a 'beach day' at the home. We were told that paddling pools and sand were brought in, they had a disco and provided lemonade and fish and chips. At the time of our visit people's bedrooms doors did not have items of personalisation to enable people to recognise them. The activities co-ordinator told us that people are making their own 'name plates' during an arts and craft session and that people had chosen their own designs and medium such as paint or fabric so that these were personalised and meaningful to people. One person's relative expressed that they thought the home was very good at providing person centred care. They told us, "I think the care is person centred not task centred and that the staff treat everyone as another human being and not a person with dementia or whatever."
People we spoke with told us they had not needed to make a complaint but were aware of the process for doing so. People, and their relatives, felt that the staff would listen and act on any concerns. One person told us, "Yes. I am sure they would as they do take note if you comment on anything." Another person's relative told us that they were very happy with the response to a concern raised which had been resolved to their satisfaction and commented that they felt the home had gone, "Over and above" in their response.
The home had a complaints policy and we saw that information was available in the reception area of home informing people how they could make a complaint. We also saw there was a suggestions box for people to leave feedback. Staff told us that they felt that any complaints made would be taken seriously by the manager and responded to.
People could be assured that complaints would be recorded and responded to. We reviewed two complaints which had been received since the owner had taken over the running of the home in April 2016. We saw that the complainant had been responded to and an apology given if required. It was recorded

whether the complainant was happy with the response. We saw complaints had been investigated and action plans put in place if required although it had not always been checked whether these were effective in reducing a reoccurrence. The manager told us they would ensure that actions implemented would be checked to ensure they were effective.

Requires Improvement

Is the service well-led?

Our findings

Internal auditing systems were not in place at the time of our visit to monitor the quality of the service provided. For example, the manager told us that they audited MAR sheets on a regular basis and signed when checked. However, we found a number of issues with medicines during our visit. This meant there was a risk that issues with medicines management would not be identified and addressed in a timely manner. In addition, there was no audit of care plans or in areas such as catering and infection control.

Although we saw that many areas of the home were clean during our visit and that measures had been taken to reduce the risk and spread of infection, some areas of the kitchen were not clean and no cleaning schedules were in place. The manager accepted that the kitchen was not as clean as it should be and told us that the owner was planning a re-fit of the kitchen and would ensure it was a clean environment in future. We were provided with a copy of a new kitchen cleaning schedule following our visit.

We also found that incidents and accidents which had occurred in the home had not been routinely analysed to identify any trends to help reduce the risk of future occurrences. We fed this back to the manager and owner who told us that they would analyse incidents and accidents in future to identify trends.

There had been considerable changes to the management and ownership of Carrington House Care Home in the six months prior to our visit. The people and relatives we spoke with were positive about the outcome of the changes. One person's relative told us, "It's welcoming and friendly and staff are always smiling. Have time for you and take a real interest in people they care for." Another person's relative commented, "Building has been decorated and after [relation] not well asked if [relation] could move downstairs and this was done as soon as was possible."

People and their relatives told us that they found the owner and manager to be approachable and visible at the service. Comments included, "The new owner had been very open and honest about issues that have arisen in the past," and "It's very well led. Manager is usually around the home but if not on the 'shop floor' you know that she is accessible in the office if you need anything." Another person said, "Yes I think it's well led. Manager very friendly, as are all the staff and the owner. She comes and talks to you and takes real interest in what you are doing and how you are."

Staff told us that they enjoyed working at the home and were motivated to provide a good quality service. The staff told us, and we observed that they worked well as a team to ensure that people's needs were met. We saw that effective methods of communication were in place to ensure that staff were aware of any changes. For example, the staff handover book contained detailed information about changes in people's needs and any concerns. Staff told us they were involved in the running of the home and felt able to raise concerns or make suggestions with the manger or owner. One member of staff told us, "It's constantly improving. We all support each other. If anyone has an idea it's thought out." Another staff member told us, "I feel comfortable with people around me. We work well as a team. They (manager and owner) use our ideas."

People and their relatives were involved in the running of the home. We were shown a copy of a quality assurance survey which was in the process of being developed to capture feedback from people and their relatives about their views of the service. We were told the results of feedback would be analysed and an action plan developed in response. A previous survey had not been sent out as the owner had only taken over the running of the home in April 2016.

We viewed minutes of a meeting held with people who lived at the home and their relatives. We saw that people were asked if they had any concerns regarding safety and everyone present at the meeting confirmed they felt safe. Minutes from the meeting showed that meals and activities were discussed and people's views sought.

At the time of our inspection there was not a registered manager in post. The manager had been in post since June 2016 and was in the process of applying to become registered with the CQC. The manager and owner understood their role and responsibilities and records showed they had submitted notifications to the Care Quality Commission when incidents had occurred in line with statutory requirements.

The manager told us that they felt well supported in their role by the owner and that resources were available to them to drive improvements at the home. They gave us examples of recent changes to fixtures and fittings and redecoration taking place within the service. We saw that improvements had been made to the environment such as redecoration in some areas and that new carpets were in the process of being fitted. The manager and staff confirmed that the owner regularly visited the service and was approachable.