

BKR CCH Limited

Carlton Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carlton Care Home is a residential care home providing personal and nursing care to 22 people at the time of the inspection. The service can support up to 29 younger and older adults in one adapted building.

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

Risks to people's health, wellbeing and environment were managed well. People were supported to take their medicines in a safe way. Staff understood how to protect people from the risk of abuse. We found there were enough staff to support people with their needs safely.

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 home was managed well. The registered manager and provider worked as a team to monitor quality and take action to make improvements where required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 24 July 2019). 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

We carried out an unannounced comprehensive inspection of this service on 11 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlton Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Carlton Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors, a Specialist Advisor whose specialism was nursing 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

Carlton Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 13 September 2022 and ended on 28 September 2022. We visited the service on 13 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan the inspection.

During the inspection

We spoke with nine people about their experience of using the service and two relatives. We observed interactions between people and staff. We spoke with eight members of staff including the registered manager, the nominated individual cook, housekeeping, nursing and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including four care plans, medication records, audits and training data. We also looked at the services policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There was an effective system in place for the safe ordering, storage, administering and disposal of medicines.
- Staff were trained to administer medicines safely and had their competency checked.
- We observed and records confirmed staff were now using and managing creams in line with best practice guidance.
- A relative told us the nursing staff would speak with them if there were any concerns with medicines.

Preventing and controlling infection

At our last inspection the provider had failed to take steps to assess the risk of, prevent and control the spread of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

The provider facilitated visiting. People were able to have visitors when and where they preferred. A relative told us, "Staff are accommodating [when we visit], they offer where to sit, for example to sit in lounge or on the patio."

Systems and processes to safeguard people from the risk of abuse

- The provider had implemented processes to ensure people were safeguarded from the risk of abuse.
- People and their relatives told us they felt safe living at the home.
- Staff understood their responsibility to protect people and had been trained to recognise potential signs of abuse. They knew how to appropriately escalate any concerns.

Assessing risk, safety monitoring and management

- The provider ensured potential risks to both people's health and wellbeing and the environment were assessed, monitored and managed well.
- Specific risks to people's health and conditions were managed. For example, people at risk of developing pressure sores had the risk mitigated by appropriate pressure relieving equipment and care. For people living with a urinary catheter, their care was managed well with staff understanding how to manage any associated risks.
- To prevent any harm or injury occurring from potential environmental risks the provider ensured regular checks were carried out. For example, regular flushing of water outlets and temperature checks to reduce the risk of waterborne infections and scalding.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- Enough staff were available each shift to meet people's needs in a safe way.
- People told us, "There seem to be quite a lot of them around and they come quite quickly and at night" and "They come quickly if I need them."
- Pre-employment checks were carried out to ensure staff were appropriate and suited for the position. These included Disclosure and Barring Service (DBS) checks. DBS check provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- We saw evidence of the registered manager and the provider carrying out investigations when things went wrong.
- For example, following an incident involving missing property, lessons were learnt. A new process was

implemented for staff to document all personal items on admission and to improve communication with the hospital or wherever the person is being admitted from.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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; 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

At our last inspection the provider had failed to assess, monitor, improve and mitigate risks associated with medicines, infection and records. This meant governance systems were not always effective at ensuring people received quality care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager understood their duties and responsibilities and worked with the provider to monitor quality performance throughout the home.
- Regular and effective audits were carried out on all areas of the service. Completed audits were then reviewed by the provider to identify any areas for quality improvement. For example, call bell times had improved following feedback to staff and an additional call bell monitor had been installed in the dining room.
- The provider understood and met their legal requirements. For example, having their rating on display and contacting relevant parties when things went wrong. A relative told us, "If anything is going off, they let me know."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff worked in an inclusive and personalised way.
- For example, using a picture book to empower people who struggled with verbal communication, to be able to continue to express themselves.
- A relative told us, "It is perfect, everything is what I wanted for [named relative], the friendliness, kindness, staff are so accommodating...nothing is too much trouble. There is not one negative thing I can think of."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider had taken steps to ensure they were actively engaging all people involved with the service.

- They used questionnaires to request feedback from staff, people using the service and their families. The responses were analysed with actions identified where relevant.
- Resident of the day had been introduced to focus on one particular person at a time to ensure they were meeting all their diverse needs.
- Staff were encouraged to be involved in the service. Staff we spoke with told us how positively they felt about working at the home and how staff morale was high. They also told us management and the provider were "very approachable and if you've got a problem they listen."
- A professional who worked with the service said "I have always found them very welcoming and attentive to my advice. The manager is always open and knowledgeable."

Continuous learning and improving care

- The registered manager and provider had a proactive approach to continuous learning and were keen to improve care.
- The provider invests in staff development to improve the care provided. For example, two of the home's nurses had recently completed a Social Care Nursing Masterclass.
- The provider also encouraged staff to give their views on improvements that are needed.
- Feedback and recommendations made by the inspection team on the day of inspection resulted in new processes being implemented immediately.