

Farrington Care Homes Limited

Carlton House

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

Carlton House is a care home registered to provide care for up to 24 older people. The home is a converted building on a residential street in Hatch End. The service provides support to people living with various health conditions and including people living with dementia. At the time of our inspection, 23 people were using the service.

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

Food hygiene practice was not always carried out in a safe way. Quality assurance audits were not robust enough to identify when actions were required to make improvements around food hygiene.

People were well cared for and received personalised care and support. They were happy living at the home, had good relationships with staff and were given choices about their care. Their relatives were also happy. People were supported to stay safe. The risks to their wellbeing were assessed and planned for. They received their medicines safely and as prescribed. People were supported to access healthcare services. They had enough to eat and drink and they were offered chances to participate in a range of activities.

Policies and systems were in place to help protect people from the risk of harm, abuse, and improper treatment. Risks had been identified to both those people who used the service, and staff. Medicines were administered following best practice.

There were enough suitable staff. There were systems for selecting and recruiting staff, as well as good training opportunities. Staff felt supported and worked well as a team.

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.

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

Rating at last inspection was good (published 15 November 2018).

At our last inspection we recommended that the provider sought advice and guidance from a reputable source regarding activities for people with dementia. At this inspection we found had made improvements in this area including recruiting an activity coordinator, people and their relatives were happy with the daily activities provided by the home.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

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 safe	Requires Improvement ●
Is the service effective? The service was effective	Good ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well led.	Good ●

Carlton House

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

The inspection was carried out by 2 inspectors and 1 other CQC staff member who was observing the inspection process.

Service and service type

Carlton House is a care home registered to provide care to up to 24 older people. There were 22 people living at the home, the majority of whom were living with dementia. 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 our inspection.

During the inspection

We spoke in person with the manager. We also spoke with 6 people using the service, 5 relatives and 4 staff to get their experience and views about the care provided. We reviewed a range of records. They included staff files containing recruitment, training and supervision information, and peoples' files containing care and medicine records, risk assessments, care plans and reviews. We checked a variety of records relating to the management of the service, including audits, quality assurance, policies and procedures. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection.

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 good. At this inspection the rating has changed to requires improvement. 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.

Assessing risk, safety monitoring and management; preventing and controlling infection

- Risks to people's safety and well-being not always managed consistently so as to support people to stay safe at all times.
- The provider had arrangements in place for preventing and controlling infection, but these were not consistently followed. Areas of the kitchen were dirty and needed cleaning including the large oven where lunch was cooking, the large free-standing freezer in the kitchen required defrosting. The floor had a cracked tile and behind all units was dirty and required a deep clean. The chip pan had dirty oil in and required cleaning.
- We found eggs in a bowl on top of the fridge on checking dates we noted these were out of date by 6 days, we alerted staff immediately as they were preparing eggs for people's breakfast. Staff removed the eggs immediately, we discussed with the manager also who explained an order of food including eggs which we observed later in the day.
- We found chicken in the main fridge in the kitchen in large bowls marinating, these bowls were not labelled or covered properly, this meant there was a risk of cross contamination to other foods.

We found no evidence that people had been harmed, however these issues indicated the provider had not always identified and managed the above risks to people's safety and wellbeing so they were supported to stay safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider told us they had improved their kitchen cleaning audits and had an external audit carried out to review improvements made in this area.
- Risk assessments were in place. These were individualised and included details of potential risks and a management plan which provided information about how to support people to minimise risks. These were tailored to reflect people's individual needs. Staff we spoke with were aware of how to keep people safe from these risks.
- We were assured that the provider was preventing visitors from catching and spreading infections and admitting people safely to the service. Staff used PPE appropriately and there were sufficient supplies of this.
- There were arrangements in place for responding to and managing signs of infection. The provider's infection prevention and control policy was up to date.
- Following the inspection, the provider told us they had improved their kitchen cleaning records and audit system and had an external audit carried out to review improvements in this area.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help safeguard people from abuse. There were appropriate policies and procedures and the staff received training to understand these.
- Staff knew how to recognise and report abuse, some comments were "[staff] would ensure they ask person for further details of concern and immediately raise with manager, another said "It is [staff] role to observe, listen and report to manager if they have any concerns."
- Healthcare professionals thought the home provided a safe environment for people to live in.
- People using the service and their relatives told us they felt the service was safe.

Staffing and recruitment

- The provider carried out relevant recruitment checks before employing new staff to ensure suitable staff were employed. This included proof of identification, references and the right to work in the UK.
- Checks were made on their suitability through Disclosure and Barring Service. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- After being recruited, staff completed induction and training, so they had the required knowledge to care for people appropriately. The provider had enough staff to care for and support people and did not use agency staff.
- People were supported by a staff team which included regular consistent staff which helped ensure people received continuity of care.

Using medicines safely

- Medicines were managed safely. The provider had a process for the management and administration of medicines to ensure they were given as prescribed.
- We reviewed the medicines administration records (MAR) for 4 people, and we saw that staff had signed when administering each medicine and allergy information was identified.
- The medicines fridge temperatures were regularly checked, and we saw the temperature records which showed that medicines were stored safely within the correct temperature range to ensure they worked effectively.
- The staff who administered medicines had a medicines competency assessment completed to check their skills and understanding.
- The registered manager carried out monthly audits on all medicines, this meant that any discrepancies could be picked up and dealt with in a timely manner.

Learning lessons when things go wrong

- The home reviewed accident and incident records to reduce the possibility of reoccurrence.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned during team meetings.
- The registered manager was aware of their responsibility to notify the CQC appropriately of incidents that had occurred.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who lacked capacity to make certain decisions did not always have the appropriate documentation completed. The home had a shared bedroom downstairs, recently a person who lived upstairs had to move downstairs due to changes in their health needs. The registered manager did not follow the process to include the related local authorities in the decision-making process. The registered manager did complete the relevant paperwork in the home, however this meant that the decision making process was not followed to ensure the best interest of the people involved.

We recommend the provider ensures capacity assessments and best interest decisions are completed for any restrictions and reviewed regularly.

- The registered manager had applied for DOLs as required, they also had a DOLs tracker in place to ensure they reviewed and renewed as required.
- Staff were able to describe where consent was required. A staff member told us, "We ensure we always have the people we support best interests and decisions during our support."

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

- People's needs and choices were assessed, and care provided to ensure their needs were met effectively.

- People had care and support plans that were personalised and reflected their needs aspirations and physical and mental health needs. These were reviewed to ensure that they accurately reflected people's needs.

Staff support: induction, training, skills and experience

- Staff had not received regular supervision. The registered manager was aware of this and was planning improvement in this area. We saw evidence of regular team meetings which included a lot of discussion on all aspects of care.
- Staff felt well supported some of the comments were, "The registered manager is very approachable", another staff member said, "We work as a team here that's how it all comes together."
- Staff completed a range of training courses which provided them with the range of skills and knowledge required to meet people's care needs.
- We saw evidence that staff members had either completed an NVQ in health and social care or the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One family member told us, "Staff always inform us of upcoming appointments and outcomes if we cannot attend."
- People were supported to access healthcare services when required. Care records had information of these visits with healthcare professionals including GP, nurses, dentists.
- Staff supported people to get involved in regular exercise, on the day of our inspection staff were supporting people to go for walks in the large garden area at the back of the home.

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

- People received support to eat and drink enough to maintain a balanced diet.
- We observed people having choice of foods for breakfast including porridge, toast and cereals of their choice.
- People were able to eat and drink their cultural preferences. One person said, "There are options like today its chicken casserole or pork chops, the food is good." We observed these options on the menu for the day of our inspection.
- People's weights were monitored, and food and fluid charts completed where required.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals. During the inspection we observed people having their meals at different times.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well maintained environment.
- People personalised their rooms one person told us, "I like my room, it's nice and I have pictures I want on the wall."
- The home had a large well maintained garden at the rear of the home, on the day of our inspection we observed a lot of activities in the garden including people walking and sitting outside talking to staff.
- The bathrooms and toilets had recently been renovated; they were thoughtfully decorated.

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 our last inspection we rated this key question good. At this inspection the rating has for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- People looked comfortable in the presence of staff and the interaction with people was natural and warm. Staff spoke about people living in the care home in a very respectful and positive manner.
- People and their relatives said staff were friendly, supportive and caring. They spoke positively about their experiences of living or visiting the care home and were complimentary about how staff treated their relative. One relative said "[Person's] first language is not English, [staff member] speaks their language, and this has been really positive for [person]. Staff also supported [person] to have a photo album of where they lived before moving, this is wonderful for [person] and staff to talk though".

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

- The people we spoke with told us staff asked them how they wanted their care provided and their preferences with care were being provided in line with their wishes.
- Staff knowledge and experience of people's likes, dislikes and preferences was observed on the day of our inspection, staff knew people very well.
- People told us that they were able to make choices. One person said, "I can ask for things I want and staff listen."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They were cared for in private. Staff knocked on doors before entering.
- Staff were trained to respect people's rights to be treated with dignity and respect. We observed this on the day of our inspection, the environment was relaxed, and we saw positive staff practices throughout our visit. Staff were caring, patient and provided friendly support that respected people's privacy.
- People told us that staff respected their privacy. One person said, "Staff always knock before coming to my room."

Is the service responsive?

Our findings

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

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

- People's care plans provided staff with information on their specific care needs and how the person wanted their care provided.
- Staff were observed on the day of our inspection to interact well with people. Staff were knowledgeable about people's likes, dislikes and preferences when we spoke with them. People and relatives also confirmed this. A relative told us, "They know [person] so well, and are well trained."
- Staff recorded the care and support they provided for each person during their shift. The staff also recorded what the person ate, any activities they undertook and how the person was feeling.
- Staff confirmed they regularly read the care plans and risk assessments for the people they supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed at their initial assessment and regularly reviewed.
- Staff knew people well and we observed that staff took the time to engage with people during our inspection.

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

- The service encouraged and promoted social interaction. The service had an activity coordinator in post, we saw activities taking place in the service on the day of our inspection that included walking exercises in
- The provider had recruited an activity coordinator. This had improved the quality of activities for people which included exercises in the garden, drawing, arts and crafts, having a local school come in to sing for people during festive celebrations.
- One relative said, "The activity coordinator is great, they show a real interest in people's lives and needs."
- People confirmed their family and other people who are important to them were able to visit when they wanted. This was confirmed by the relatives we spoke with.

Improving care quality in response to complaints or concerns

- The provider had a procedure for when concerns were raised to ensure they were reviewed and

investigated.

- The registered manager confirmed they had not received any complaints in the last 12 months.

End of life care and support

- The provider had an end-of-life care policy in place.
- People were able to document their care wishes in relation to end-of-life care in their care plans if they wished to do so.
- The registered manager had sourced training for end of life for all staff, the training was sourced from a local hospice.
- The registered manager confirmed, at the time of the inspection, they were not providing end of life care for anyone living at the home.

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 good. The rating for this key question has remained 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

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not enabled the registered manager to identify and take timely action to address some of the areas for improvement we found. For example, the kitchen and food issues we found.
- The registered manager was responsive to the matters we found and took action to address the issues promptly.
- The care workers had the skills, knowledge, and experience to perform their role and had a clear understanding of people's needs.
- Regular team meetings were in place and care workers had up to date training.
- Staff had access to up-to-date policies and procedures, which included the business continuity plan in case of any emergency. Staff were kept up to date about people's needs through daily handovers to ensure any changes to people's support was shared.
- After our inspection the provider sent us a new audit system for the concerns identified around the cleanliness and food hygiene measures.
- The provider had also ensured all staff attended food hygiene training as a refresher course.

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

- The registered manager was approachable and created an open culture and staff worked with people to achieve good outcomes.
- Staff and relatives spoke positively about the registered manager and their leadership. A relative said, "The registered manager is very approachable always there to help."
- On the day of the inspection, we observed that the registered manager and staff were visible in the home and took a genuine interest in people and interacted with them positively.
- Family members told us staff kept them updated on their relative's wellbeing on a regular basis and staff were always available to discuss anything on visits to the home.

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

- The registered manager had the skills, knowledge and experience to perform their role. They had a clear understanding of people's needs and maintained oversight of the quality of the service. The registered manager was aware of their responsibility to notify the local authority and CQC appropriately of safeguarding concerns.

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

- People and relatives were engaged in how the service was run and had opportunities to feedback about the care provided. A relative told us "We are happy with the service; they ask us for feedback regularly."
- Staff, relatives and people using the service knew the registered manager and felt confident speaking with them when needed.
- The provider had considered people's protected characteristics such as religion, culture, and ability. The registered manager supported people with their religious beliefs enabling people for example to have visits from their church leaders.

Working in partnership with others

- The service worked in partnership with other agencies, such as doctors, dentists, social workers, to help to provide joined up care to people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons did not always ensure care and treatment was provided in a safe way for service users.