Macleod Pinsent Care Limited

Carlton House

Inspection report

44 St Aubyns, Hove, East Sussex, BN3 2TE
Tel: 01273 738512
Website: www.mpch.co.uk

Date of inspection visit: 27 & 28 January 2015
Date of publication: 24/02/2015

Ratings

Overall rating for this service	Requires Improvement
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Overall summary

We inspected Carlton House on the 27 and 28 January 2015. Carlton House is a residential care home that provides care and support for up to 25 older people. On the days of the inspection, 21 people were living at the home. Carlton House provides support for people living with varying stages of dementia along with healthcare needs such as diabetes, Parkinson's and sensory impairment. The age range of people living at the home varied from 60 – 100 years old.

Accommodation was provided over four floors with a lift and stair lift connecting all floors. Thought and consideration had been given to the environment of the home, making it as dementia friendly as possible. People spoke highly of the home and visiting relatives confirmed they felt confident leaving their loved ones in the care of Carlton House.

A registered manager was in post. 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 and associated Regulations about how the service is run.

At the last inspection in September 2014, we asked the provider to take action to make improvements on their understanding of the Mental Capacity Act 2005 (MCA),

Summary of findings

quality assurance of the home and record keeping. An action plan was received from the provider which stated they would meet the legal requirements by 1 January 2015. At this inspection we found improvements had been made, but further areas for improvement were still identified.

Staff understood the principles of consent to care and treatment and respected people's right to refuse consent. However, not all staff had received training on the Mental Capacity Act 2005 (MCA) and mental capacity assessments were not consistently recorded in line with legal requirements. We have identified this as an area of practice that requires improvement.

Quality assurance systems were not in place to analyse incidents and accidents for any emerging trends, themes or patterns. Care plans were not regularly reviewed and the provider had no mechanism in place to assess the effectiveness of care plans. Despite concerns with the provider's quality assurance framework, people received care that met their needs in a personal and individual manner. However, we have identified the above as an area of practice that requires improvement.

People felt safe living at Carlton House. Training schedules confirmed staff members had received training in safeguarding adults at risk. Staff knew how to identify if people were at risk of abuse or harm and knew what to do to ensure they were protected.

People were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Each person had a care plan that outlined their needs and the support required to meet those needs. Care plans were personalised and included information on people's individual likes, dislikes, daily routine and what was important to them.

People received care that centred on them as an individual and staff were responsive to people's changing needs. Activities were meaningful to people and promoted their identity and self-worth. Staff regularly took people out to local shops, cafes and for walks. People's religious and cultural needs were maintained and supported, and the home had built links with the local church community.

Staff received on-going training and support that enabled them to provide effective care. Staff spoke positively of the registered manager and demonstrated a commitment to providing high quality dementia care.

People were treated with respect and dignity by staff. They were spoken with and supported in a sensitive, respectful and caring manner. People were seen laughing and smiling with staff. Staff understood the importance of monitoring people's health and well-being on a daily basis.

Feedback was regularly sought from people, relatives and healthcare professionals. The registered manager and staff continually strived to make improvements and deliver care that was personal to each person.

Summary of findings

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

Calrton House was safe. People told us they felt safe at the home and with the staff who supported them.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Risks to people's safety were identified by the staff and the registered manager and measures were put in place to reduce these risks as far as possible.

Is the service effective?

Requires Improvement

Certain aspects of Carlton House were not consistently effective. Staff's understanding of the Mental Capacity Act 2005 (MCA) varied and not all staff had received training on MCA. Mental capacity assessments were not completed in line with legal requirements.

Staff had the knowledge, skills and expertise to provide effective care to people. People's health care needs were monitored on a daily basis and people could see health and social care professionals to make sure they received appropriate care and treatment when needed.

People's nutritional needs were met and people could choose what to eat and drink on a daily basis.

Is the service caring?

Good

Carlton House was caring. People were supported by caring staff who respected their privacy and dignity. Staff spoke with people and supported them in a very caring, respectful and friendly manner.

Staff were highly motivated and passionate about the care they provided. There was a strong ethos of promoting independence and individuality within the home.

People and their relatives were involved in decisions about their care and treatment.

Is the service responsive?

Good

Carlton House was responsive. Care plans ensured that people received care that was personalised to meet their needs and wishes.

People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing. Staff were creative in finding ways to support people to live as full a life as possible.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Summary of findings

Is the service well-led?

Certain aspects of Carlton House were not consistently well-led. The home's quality assurance framework required improvement as mechanisms were not in place to analyse or monitor the effectiveness of systems in place.

People spoke highly of the registered manager and staff. Clear values were in place which governed the running of the home and how care was delivered.

Management was visible within the home and staff felt supported within their roles. Systems were in place to obtain the views of people, visitors and healthcare professionals. The registered manager was committed to making on-going improvements to the home.

Requires Improvement

Carlton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 home, and to provide a rating for the home under the Care Act 2014.

We visited the home on the 27 and 28 January 2015. This was an unannounced inspection. The inspection team consisted of an inspector, specialist advisor with experience of mental health and an Expert by Experience who had experience of older people's residential care homes. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection, we spoke with six people who lived at the home, five visiting relatives, five care staff, the chef, the cleaner, the registered manager and a visiting healthcare professional (Occupational Therapist).

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

We looked at areas of the building, including people's bedrooms, the kitchens, bathrooms, and communal lounges. Some people were unable to talk to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during lunchtime. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records of the home. These included staff training records and policies and procedures. We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at Carlton House. This is when we looked at their care documentation in depth and obtained their views on how they found living at Carlton House. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People told us they felt safe living at Carlton House. Visiting relatives confirmed they felt confident in leaving their loved one in the care of Carlton House. One visiting relative told us, “When I walk out of the door, I’m not worried.”

Medicines were managed safely. People told us they received their medicines on time and visiting relatives commented they felt assured in care staff managing their relative’s medicine regime. Some prescription medicines known as controlled drugs (CDs) have legal requirements for their storage, administration, records and disposal. CDs are prescribed medicines used to treat severe pain or treat drug dependence. However, some people abuse them by taking them when there is no clinical reason to do so or divert them for other purposes. For these reasons, there are legislative controls for CDs. CDs were stored, recorded and ordered appropriately. The stock levels of CDs were checked on a regular basis and CDs were administered in the presence of two care staff as per good practice guidelines.

Medicines were ordered in a timely fashion from the local pharmacy and Medication Administration Records (MAR charts) indicated that medicines were administered appropriately. MAR charts are a document to record when people receive their medicines. Records confirmed medicines were received, disposed of, and administered correctly.

Guidance was in the place for the use of, as required medicines (PRN). PRN medicine should only be offered when symptoms are exhibited. Clear guidance and risk assessments must be available on when PRN medicine should be administered and the steps to take before administering it. Documentation provided information on when the PRN medicine should be offered, the maximum dosage, reasons for giving, steps to take before giving the medicine, actions after giving the medicines and the expected outcome. The registered manager expressed a strong commitment to the minimal use of PRN medicines to manage behaviour that could challenge. For example, behaviour such as distress, anxiety or aggression. MAR charts confirmed PRN medicines were rarely administered and other methods of helping people to calm down (distraction techniques or talking therapy) and reduce those behaviours before PRN medicines were offered.

People were supported to live autonomous independent lives whilst living in a care setting and living with dementia. The registered manager and staff understood the importance of risk enablement (measuring and balancing the risk and the positive benefits from taking risks against the negative effects of attempting to avoid risk altogether). One staff member told us, “People need to take risks and we encourage people to take positive risks.” The registered manager recognised the importance of risk assessing, but not taking away people’s rights to take day to day risks. With support from staff, people went out and about, to local shops and pubs. People were supported to continue smoking, cooking and to go out with family and friends. Staff recognised the importance of respecting and promoting people’s freedom.

Risk assessments were in place to enable people to take part in activities with minimum risk to themselves and others. Risk assessments included, falls, managing finances, hoarding behaviour, medication, mental health, alcohol and declining personal care. Each risk assessment looked at the current situation, the expected outcome and actions required. Where possible, staff would write the risk assessment in conjunction with the person, considering the impact of not taking the risk and the benefits on the person for taking the risk. One person had a requested a hot water bottle during the night. A risk assessment was devised as the person could have been at risk of scalding themselves and signed by the person to indicate their consent. Therefore enabling the person to continue taking day to day risks but reducing the likelihood of any harm.

Staff were knowledgeable about the people they supported and specifically how to support people with behaviour which might challenge. Staff demonstrated they understood how to respond to people's behaviour and recognised the triggers which could cause a person to become challenging. One staff member told us, “We are extremely familiar with our residents and through talking therapy and distraction techniques, we can diffuse the situation.” During the inspection, we observed some people becoming distressed or agitated. Staff responded quickly and calmly and their actions eased people’s anxiety whilst respecting their rights and privacy. One person was becoming increasingly agitated whilst shouting at staff. Through the use of talking therapy and distraction techniques, staff eased their anxiety and provided support in a caring, patient and dignified manner.

Good

Is the service safe?

Staff were able to tell us confidently what they would do if they suspected abuse was occurring at the home. They were able to tell us who they would report safeguarding concerns to outside of the home, such as the Local Authority or the Care Quality Commission. It was clear staff understood their own responsibilities to keep people safe from harm or abuse. Safeguarding policies and procedures were up to date and appropriate for this type of home, in that they corresponded with the Local Authority and national guidance.

There were enough skilled and experienced staff that contributed to the safety of people. A team of three care staff, team leader, chef, cleaner and registered manager were available throughout the day. The night shift consisted of two care staff with the registered manager providing on-call support. Throughout the inspection, we observed that people received care in a timely manner and call bells were answered promptly. Staffing levels allowed for staff to take people out and about and outside for regular cigarettes. Staffing levels were based on the needs of individuals. The registered manager told us, "Previously I've been told by the provider to drop the staffing levels if we have less residents but I've argued against that. Our staffing levels are based on the needs of people. When needed, I've increased staffing levels to provide one to one, or if we have a resident with complex care needs." People and staff we spoke with commented they felt the home was sufficiently staffed. One visiting relative told us, "It doesn't matter what time you come in, there are staff in the lounge."

Recruitment processes were safe. Staff files confirmed that a robust recruitment procedure was in place. Files contained evidence of disclosure and barring service (DBS) checks, references included two from previous employers and application forms.

People were cared for in an environment that was safe. There were procedures in place for regular maintenance checks of equipment such as the stair lift, fire fighting equipment, lift and moving and handling equipment (hoists). Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, staff safety and welfare. People had emergency evacuation plans which detailed their needs should there be a need to evacuate in an emergency.

Requires Improvement

Is the service effective?

Our findings

People and visiting relatives spoke positively of the home and of staff members. One person told us, "They're looking after me properly." However, we found Carlton House did not consistently provide care that was effective.

At the last inspection in September 2014, the provider was in breach of regulation 18 and 10 of the Health and Social Care Act 2008. This was because staff's understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were limited. The provider had also not acted on the latest ruling made by the Supreme Court. Improvements had been made, but there were still areas that required addressing.

The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. Staff understood the principles of gaining consent from people and recognised that people had the right to refuse consent. One staff member told us, "We always give people choice but sometimes too much choice makes it harder, for example offering too many options." We also use pictures and non-verbal communication." Another staff member told us, "If someone says no, we may go back and ask again, but we know our residents, and if they say no, they usually mean no." Staff clearly understood the principles of gaining consent from people before delivering care, however, staff's understanding of the principles of the MCA, such how the time of the day may impact on their ability to make those decision was varied. Training schedules confirmed that not all staff had received MCA training. The registered manager confirmed training had been booked and understood the importance of why staff needed training on the MCA. Good dementia care involves a clear and robust understanding of the MCA and paid staff who provide care and support are legally required to work within the framework of the MCA and have regard to the MCA Code of Practice. We have therefore identified this as an area of practice that requires improvement.

At the last inspection in September 2014, mental capacity assessments were not completed in line with legal requirements. This was because the assessments did not evidence how the decision of capacity was reached. The registered manager acknowledged that the home's current assessments were still not in line with legal requirements. The registered manager told us, "We are looking for a new recording tool which will allow us to record the steps we take when assessing capacity." From talking to staff, it was clear staff knew that people could make simple decisions. For example, what to eat, if they wanted to go out for a cigarette, what to wear or what to do. People were provided with the information in a way they understood and were given time to make the decision. However, we have identified the recording of MCA as an area of practice that requires improvement.

In March 2014, changes were made by a court ruling to the Deprivation Liberty Safeguards (DoLS) and what may constitute a deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. To protect people's safety, Carlton House has a key code in place and therefore staff were continually aware of people's whereabouts in the home. DoLS applications had been made for all people living at the home. Staff had a firm understanding that people were subject to DoLS and guidance was in place if people continually requested to leave the home, or made attempts to the leave the home.

The registered manager and staff recognised that for people living at the home, the impact of the DoLS application did not infringe on their freedom or independence. People received one to one support to regularly go out and about. Staff members encouraged people to go the local shops with them, or out for walks and people were supported to go out with their family and friends.

Staff commented they felt supported and received sufficient training which enabled them to provide effective care to people. Training schedules confirmed staff received an on-going programme of essential training which was updated regularly. Apart from MCA training, staff had received training that was specific to the needs of people living with dementia. Additional training included equality and diversity along with dealing with conflict and aggression. Staff regularly attended training provided by the council, which empowered staff to discuss the subject area with other care staff and embed the learning into practice. One staff member told us, "The training is really informative and helpful."

Systems to support and develop staff were in place through regular supervisions meetings with the registered manager and team leaders. These meetings gave staff the opportunity to discuss their own personal and professional

Is the service effective?

development as well as any concerns they may have. Annual appraisals had been completed for all staff. Therefore mechanisms were in place for supporting staff in relation to their roles and responsibilities. Staff commented that if they had any worries they could approach the registered manager or the team leader on shift for advice or guidance.

People were supported to maintain good health and received on-going healthcare support. People commented they regularly saw the GP and visiting relatives felt staff were effective in responding to people's changing needs. One relative told us, "Mum has had an infection that was picked up quickly. She's had a medication assessment and an annual review done too." Staff recognised that people's health needs could change rapidly and for people living with dementia, they may not be able to communicate if they felt unwell. One staff member told us, "We monitor for signs, changes in behaviour and facial expressions which may indicate something is wrong."

For people living with dementia, their mental health may deteriorate, along with their level of understanding and memory. The registered manager worked in partnership with the mental health team and psychiatrists to help promote people's health and wellbeing as far as possible. There was a clear recognition and understanding by staff that people's behaviour and level of understanding changes on a daily basis. Staff commented that if people did present with heightened levels of confusion, they also considered if they had an underlying health problem which could be causing the confusion, such as a urinary tract infection (UTI). The registered manager and staff, regularly sought the advice of the GP and district nursing team if they suspected someone had a UTI. Where staff had concerns, people's urine would be tested to ascertain if they were suffering from a UTI, which enabled them to take prompt action and gain input from healthcare professionals. The home had a daily diary which recorded any input, advice or guidance from visiting healthcare professionals.

People were complimentary about the food and drink. One person told us, "The food is lovely, no problems at all, very edible." Another person told us, "You have a choice; the second course is whatever you choose from the menu." People were involved in making their own decisions about the food they ate. For breakfast, lunch and supper, people were provided with options of what they would like to eat. A daily menu was displayed in the dining room and if people did not like the options available, alternative meals could be offered. Information was readily available on people's dietary likes and dislikes and the chef had a firm understanding of people's dietary requirements. Where a need for a specialist diet had been identified we saw that this was provided. For example, some people were on a soft diet due to problems with swallowing. Some people were lactose intolerant, and therefore lactose free milk was available.

Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Staff also recognised that if someone was refusing food or suffering weight loss, it may be associated with a dental problem or swallowing problem. One person had been continually refusing food and losing weight. A referral to the speech and language therapist was made who recommended a pureed diet. This resulted in the person enjoying food again and their weight stabilising.

We spent time observing lunchtime in the communal dining area and in other areas of the home such as the lounges. Most people attended the dining room for lunch. The cutlery and crockery were of a good standard, and condiments were available. For those who chose to remain in the communal lounges, a table was laid and people assisted in laying the table. Refreshments were available and the atmosphere was quiet but relaxed. The meal time was unrushed; staff interacted in a friendly manner and were aware of people's needs. Staff encouraged people to be independent, for example, showing them the cutlery and how to use it independently. People, who required support, were assisted in a dignified manner with care staff interacting and supporting the person at their own pace.

Good

Is the service caring?

Our findings

People and visiting relatives spoke highly of Carlton House. One person told us, "All the staff are so caring." Another person told us, "We have night staff, they are very nice people. We are very well cared for here."

The atmosphere in the home was calm, relaxed but with friendly and homely feel. A safe, well designed and caring living space is a key part of providing dementia friendly care. A dementia friendly environment can help people be as independent as possible for as long as possible. It can also help to make up for impaired memory, learning and reasoning skills. The registered manager was committed to making Carlton House as dementia friendly as possible. Doorframes were painted a different colour from the wall to help make them easily identifiable for people. People's bedrooms had pictures of how they recognised themselves to help orient them and walk around the home independently. Signs were displayed in colour with pictures throughout the home, such as signs for the toilet, lounge and dining room to help orient people.

Considerable thought had been used when designing the environment to promote people's wellbeing. The communal lounges provided the feel of being at home. A fireplace (electric) with sofas around was in place, providing the feel of someone's front room. A dining table was at the back of the lounge, with armchairs for people to look out at the garden. Books, videos and DVDs were displayed on the lounge wall for people to use. Rummage boxes (boxes with items from the past or items such as sewing equipment) were available and people were seen enjoying spending time going through them. Stimulation was consistently around the home with objects and things for people to pick up and do.

People looked comfortable in the care of Carlton House. They were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted. Ladies had their handbags to hand which provided them with reassurance. A hairdresser visited the home on a regular basis and on the day of the inspection, people were excited about the hairdresser visiting.

Staff relationships with people were strong, supportive and caring. Staff demonstrated a strong commitment to providing compassionate and high quality care. From talking to staff, they each had a firm understanding of each person's likes, dislikes, personality, background and how best to provide support. One staff member told us, "We want to promote and maintain a happy and safe environment for people."

Staff were observed interacting with people in a friendly manner. They were also emotionally supportive and respectful of people's dignity. Staff understood that people may not be oriented to time or place and may often think they are much younger, or their understanding of time/ place may vary on a day to day basis. On the day of the inspection, one person became visibly upset and distressed. Whilst talking to staff, the person was becoming increasingly upset, talking about soldiers and staff soon discovered the person was reliving aspects of the Second World War. Staff responded with kindness and compassion. The registered manager told us, "We take the stance of not orienting people to time or place, as it may upset them or cause greater confusion. We will provide emotional support or distraction techniques to help the person think of something else." Staff clearly responded to people's emotional needs with compassion, respect and understanding.

We saw the relationships between staff and people receiving support consistently demonstrated dignity and respect. Staff understood the principles of privacy and dignity. One staff member told us, "If people want time alone in their room, we will respect their privacy." Another staff member told us, "When offering personal care in the communal areas, offer it discreetly." Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

Staff supported people to regularly meet their toileting needs. One staff member told us, "Although people have continence pads, we want to promote their dignity and we regularly take them to the toilet." People had toileting regimes in place and staff also recognised non-verbal communication cues which indicated the person needed to go. During the inspection, we observed on several occasions, staff spotting these cues and taking the individual to the toilet immediately.

The registered manager and staff recognised that dignity in dementia care also involved providing people with choice and control. Throughout the inspection, we observed

Good

Is the service caring?

people being given a variety of choices of what they would like to do, where they would like to spend time and empowered to make their own decisions. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. For example, staff ensured smokers received support to carry on smoking, as this activity was important to them and was a defining feature of their character. Staff would light the cigarette and also support the person to remember to smoke.

The home had a strong ethos of promoting people's independence and individuality. The registered manager told us, "We want people to remain as independent for as long as possible." Staff could clearly tell us how they enabled people to remain independent. One staff member commented on how they promoted people to wash their own face and dress themselves independently. The registered manager and staff worked in partnership with healthcare professionals such as Occupational Therapists (OT) to help keep people mobile and fit.

Accommodation was provided over four floors with flights of stairs, a lift and stair lift connecting all floors. During the inspection, people were seen freely negotiating the stairs which in return promoted muscle strength and balance.

Where people's mobility had deteriorated, the registered manager had been creative in sourcing additional equipment which would promote the person's independence and quality of life. One person's level of mobility had deteriorated significantly and they were spending significant amounts of time in bed. Through working with the OT, specialist equipment had been sourced which enabled the person to safely get out of bed and spend time in the communal areas interacting with other people.

People were able to express their views and were involved in making decisions about their care and support and the running of the home. Resident's meetings were held on a regular basis. These provided people with the forum to discuss any concerns, queries or make any suggestions. Minutes from the last meeting in November 2014 confirmed people spoke about Christmas and what activities they would like to do and what they would like at the Christmas party. Visiting relatives confirmed they felt their loved one was involved in their care as much as possible. Information on the use of advocacy services was available and the registered manager confirmed the home worked in partnership with Independent Mental Capacity Advocates (IMCA) when required.

Good

Is the service responsive?

Our findings

Everyone who lived at Carlton House received care and support that was extremely personal to their individual needs, wishes and support. Each person had a care and support plan in place.

Care plans demonstrated that people's needs were assessed and plans of care were developed to meet those needs. Visiting relatives confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Relatives commented they felt happy in being able to contribute to their loved ones care plan.

Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, emotional support, continence and personal care. A one page profile was available which included a brief over view of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. For example, one person would often spend time in bed. Information was available on how they should be sitting and the support required for safely receiving food and drinking in bed.

Care plans showed that people living with dementia were in various stages of the disease. The staff demonstrated a good awareness of how dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people living with dementia could still live a happy and active life. Care plans incorporated information about people's past's hobbies, activities and their personality traits which enabled staff to provide person centred care and engage with people about their history. Information was clearly documented on the person's healthcare needs and the support required managing and maintaining those needs.

Carlton House had a strong commitment to providing activities that were individual and meaningful to each person. The registered manager and staff understood how people living with dementia needed to feel valued and active. Instead of having a structured programme of activities in place, staff understood each person's individual preferences and what they liked to do to. Each person was supported by staff to undertake an activity which was meaningful to them. We observed, staff sitting with someone doing knitting, throwing a ball around, reminiscence work, making shopping lists with staff and giving someone a hand massage.

Staff understood that people's preference for music, television and film taste would vary. Throughout the course of the inspection, staff were seen playing various types of music and asking people what music they would like to play. One person had a keen interest in rock music and staff were seen dancing with the individual. People who enjoyed watching television were provided with the remote which provided with them choice and control. Throughout the inspection, people always had an activity to hand whether it was newspaper, book, looking through old photos, people were continually provided with stimulation.

Keeping occupied and stimulated can improve quality of life for the person with dementia. The home employed a dedicated activities coordinator whose primarily role was to organise events such as singers coming into the home, holistic therapy and taking people out and about to local shops or cafes. People and visiting relatives spoke highly of the activities. One person told us, "There's a lot going on. We watch the television – music people come in. We do quizzes." On both days of the inspection, staff were observed holding a quiz for people. People thoroughly enjoyed the stimulation and the quiz enabled people to spark conversations with one another, remember past events and helped in keeping their mind active. A visiting healthcare professional also commented on the level of interaction provided at Carlton House, "What I like is the interaction here."

Staff recognised that people's religious needs should not be overlooked and people required on-going support to maintain their beliefs. Those who wished were supported to attend a local church every Sunday. The registered manager had begun building local links with the church community and one congregation picked up people and escorted them to Church every week. Ministers, Reverends and Priests also visited the home providing services for people who may not be able to attend the local service.

The registered manager and staff were responsive to people's changing needs. This was supported by systems of daily records which were filled out in the home's

Good

Is the service responsive?

communication diary. There were also verbal handovers between staff shifts. Staff spoke highly of the handovers and commented they provided them with the information required to do their job safely.

Staff understood the importance of communicating with people living with dementia. Staff recognised that people may not be able to find the right word and or the words at all. For some people living at Carlton House they were dependent upon staff to anticipate all of their needs, as their communication skills had been greatly affected by their dementia. Staff had clearly gained an understanding of how individuals communicated and recognised non-verbal communication cues, along with facial expressions. One staff member commented on one person who tapped their leg when they needed to go to the toilet. From observing staff interactions, it was clear staff recognised the frustration people felt when they were unable to say what they felt or needed.

People and their visiting relatives felt confident in raising any concerns or complaints. One person told us, “I would be happy raising a problem – I’d tell the one in charge.” The complaints policy was displayed in the entrance to the home and in the resident handbook, which was provided to people and their relatives when they moved into the home. Records demonstrated that complaints had been taken seriously by the provider and registered manager, responded to in a timely manner and learning gained from each complaint. The home had not received any formal complaints in over six months.

Requires Improvement

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and felt the home was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. Despite people's high praise for management, we found Carlton House was not consistently well-led.

At our last inspection in September 2014, the provider was in breach of Regulation 10 of the Health and Social Care Act 2008. This was because incidents and accidents were not consistently monitored, analysed or reviewed for any on-going themes, trends or patterns. Improvements had been made, but there were still areas that required improvement.

Systems were in place for the recording of incidents and accidents. Recordings documented the time of the incident, who was involved and what happened. Each incident and accident then considered any further action and what that incident/accident meant for the person involved. For example, one person suffered an un-witnessed fall. The follow up information contained clear guidance on the action staff took and the on-going action required to manage the risk of un-witnessed falls. However, there was no mechanism in place to review and audit the incident and accidents collectively, looking for any emerging themes. Despite the above concerns, incidents and accidents were managed well on an individual basis and people received appropriate care following any incident/accident. However, we have identified this as an area of practice that requires improvement.

Arrangements were in place to monitor the running of the home and the effectiveness of systems in place. These included welfare monitoring checks, health and safety audits, office inspection checks, health and safety monitoring and emergency procedure checklist. However, the provider did not complete audits of their care plans, and, there were no mechanisms in place to monitor, analyse and review the effectiveness of care plans. On the day of the inspection, care plans were in the process of being transferred to an electronic system. A sample of care plans was on the computer, while others were still in paper form. The two systems made it hard for care plans to be reviewed regularly and we found a sample of care plans which had not been reviewed since October 2014. The lack of quality assurance around care plans meant that the provider and registered manager had not identified diabetes care plans were not in place. Information was not available on the person's management of diabetes, the signs and symptoms of high and low blood sugars and what to do in the event of someone's blood sugars rising. Despite this, staff had a firm understanding of people's diabetic care needs and the support required to manage their diabetes. However, we have identified this as an area of practice that requires improvement.

The registered manager was committed to making on-going improvements to the environment of the home. They told us, "I want to make the home much more dementia friendly with further signs and to help orient people further. I want to make people as independent as possible." Improvements around the home were slow as the registered manager was constrained by the financial budget set by the provider. Any work that was required to be undertaken needed to be approved by the provider which was often a slow process. For example, we identified the presence of damp in the upstairs bathroom. This was also identified at our inspection in September 2014 and not yet been rectified. Documentation confirmed the damp was identified in January 2014 but the provider had not yet agreed for work to be undertaken. It was clear the registered manager was working well and making improvements to the best of their ability, but improvements to the overall home was often prohibited by the provider. We have therefore identified this as an area that requires improvement.

Staff said they felt well supported within their roles and described an 'open door' management approach. Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. There was a management structure at Carlton House which provided lines of responsibility and accountability. A registered manager was in day to day charge of the home, supported by the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the home. In the absence of the registered manager, a team lead was always on shift, and the home had an area manager who could also be contacted in the event of an emergency.

Management was visible within the home and the registered manager took a hands on approach. The home had a strong emphasis on team work and communication

Requires Improvement

Is the service well-led?

sharing. Staff commented they all worked together and approached concerns as a team. Where people's behaviour changed or new issues arose, it was clear staff discussed things and collectively thought of ways to improve, make changes or manage behaviour. For example, the issue of sexuality and sex for people living with dementia arose. Together staff discussed how to manage this within the care setting and improve the quality of life for people.

There were systems and processes in place to consult with people, relatives and healthcare professionals. Regular satisfaction surveys were sent out to people and their relatives, providing the registered manager a mechanism for monitoring people's satisfaction with the service provided. The survey results from 2014 found that people and relatives were happy with the quality of care, meal provisions and friendliness of staff. Any negative feedback, the registered manager would meet with the individual or relative to see how improvements could be made. Staff commented they felt involved in the running of the home and able to make contributions and express ideas.

Values were in place which governed the running of the home. Although the home didn't have a governing statement of aims or objectives. The registered manager and staff had a firm understanding of the home's values. Staff wanted to provide care that was individual to that person and it was clear staff recognised each person in their own entity. From observing staff interaction, it was clear staff had spent considerable time with each person, gaining an understanding of their life history, likes and dislikes. Care was personal to each person and staff clearly focused on the individual and their qualities.