

Carlton Nursing Homes Ltd

Carlton Manor Care Home

Inspection report

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Date of inspection visit:
05 February 2016

Date of publication:
15 March 2016

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

This inspection took place on 5 February 2016 and was unannounced. We last inspected the service in February 2014 when we found compliance with all of the regulations inspected.

Carlton Manor provides care and support for up to 32 older people who may be living with dementia or mental illness and younger adults with a physical or learning disability.

The registered manager has been in post since March 2015.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us the manager was approachable and supportive.

People living at the home told us they felt safe. Although there were systems in place to protect people from risk of harm and staff had been trained in how to keep people safe, we found that the systems for managing medicines had not always been followed as staff were not maintaining an accurate record of medicines used. This meant the provider was in breach of regulation.

We also found staff did not always maintain the principles of safe moving and handling.

Recruitment processes were robust and thorough checks were always completed before staff started work to make sure they were safe and suitable to work in the care sector. Staff told they received good levels of training and we saw documentation which evidenced this.

There were enough staff on duty to make sure people's care needs. Activities were offered and the service had recognised through their own auditing systems that improvements could be made to this provision.

The home was well maintained and systems were in place to make sure it was safe. People's bedrooms were personalised and we found everywhere to be clean and tidy.

We found people had access to healthcare services and healthcare professionals were involved in supporting the well-being of people living at the home.

Staff were caring and treated people with respect. The privacy and dignity of people was considered through care planning and people were respected. People told us the staff were good.

People told us they enjoyed the food and choice was available.

More could be done to support people living with dementia in their orientation around the home. We recommend that the provider looks at additions to the call system so that people can have call bells within their reach at all times.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

Systems were in place to seek the views of people who lived at the home and their families and to monitor the quality of the service provided.

We found one breach of regulation. You can see what action we told the provider to take at the back of the full version of the report.'

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Staff were being recruited safely and there were enough staff to meet people's needs.

Staff understood how to keep people safe.

Systems were in place to make sure the premises was clean and well maintained.

Call bells in communal areas were not accessible to people with mobility issues.

People's medicines were not always managed safely.

Is the service effective?

Good ●

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and knowledge to meet people's needs.

Staff did not always follow safe moving and handling practices. The service was working within the principles of the MCA and meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS).

People enjoyed the meals and were provided with a choice of different foods. The food intake of people who were nutritionally at risk was effectively reviewed by staff to ensure they had received sufficient.

Better signage was needed to support people living with dementia in their orientation around the home.

People had access to healthcare services.

Is the service caring?

Good ●

The service was caring

Staff were respectful of people's privacy, dignity and independence.

Support was put in place to ensure people's wellbeing.

Is the service responsive?

Good ●

The service was responsive.

Care was planned with a person centred approach and involved the individual concerned and other people involved in their care.

People had access to activities and plans were in place to improve the activities offered.

Systems were in place to make sure complaints were managed well.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post who provided leadership and direction within the home.

Effective quality assurance systems were in place.

Carlton Manor Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 February 2016 and was unannounced.

The inspection was conducted by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included looking at information we had received about the service and statutory notifications we had received directly from the service. We also contacted the local authority commissioners and the safeguarding team.

We usually send the provider a Provider Information Return (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not send a PIR on this occasion.

We spoke with four people who were using the service, four members of care staff, a nurse, the manager, and the health and safety and governance leads for the service.

We looked at two people's care records, two staff files, medicine records and the training matrix as well as records relating to the management of the service. We looked round the home and spent time in the communal areas observing care and the experiences of the people living at the home.

Is the service safe?

Our findings

We looked at the systems in place for the receipt, storage and administration of medicines in the home. We saw the majority of medicines were supplied in a monitored dosage system (MDS). Medicines not suitable to be supplied in the MDS were supplied in boxes or bottles. We saw medicines were stored safely either in locked trolleys which were secured to walls, or in cupboards in the clinical room. Records of the temperatures at which the medicines were stored were recorded daily, including the medicine fridge.

We saw a protocol was in place for all medicines prescribed to be taken on an 'as required' or PRN basis. The protocols included a statement about the person's capacity to understand their medicines, the name, strength and dosage and the reason the person had been prescribed the medicine. They included a date the medicine should be reviewed with the prescriber and reasons why the review might need to be brought forward. For example, the person requesting the medicine too often or experiencing unpleasant side effects. The Medication Administration Record (MAR) sheets for PRN medicines included a space for staff to record the reason the person had taken the medicine and the outcome. However, this had not been completed.

We saw countdown sheets were in place for tablets supplied in boxes. This meant staff had to count the tablets at each point of administration. We checked four boxed medicines against the amounts recorded on the MAR as received and administered. Two were correct but two did not tally. The countdown sheet for a box of Warfarin 3mg tablets said there should be 15 tablets available, however we found there were 25 tablets. In addition the countdown sheet for a box of Warfarin 1mg tablets said there should be 16 tablets available, but we found only 7 tablets. When we checked back over previous countdown sheets we found the reason for the errors, however this indicated that staff had not been checking the amounts of tablets at each administration but had just followed on from the previous recording. We also noted staff had not always recorded the amount of medicine received on the MAR sheet. This meant staff were not always following the systems put in place for managing medicines safely.

This breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw monthly audits of medicines were carried out and the governance lead for the service told us they were looking for an external auditor to come to the home to conduct medicines audits. The governance lead told us they addressed any issues related to medicines with nursing staff through supervision.

People we spoke with told us they felt safe. One person said, "Yes I need them (staff) to make sure I'm safe." We spoke with three members of care staff and a nurse about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. Staff were able to tell us about different types of abuse and said they had been given information about how to raise a safeguarding alert if they needed to.

The training matrix showed staff had received recent safeguarding training. The registered manager had a clear understanding of the safeguarding procedures and the process for making referrals to the local authority safeguarding team. They showed us their safeguarding file which included the report of the

incident and the referral to the local authority safeguarding team.

Although staff had received training in moving and handling, we observed staff did not always follow best practice. We observed staff assisting a person to the lounge in a wheelchair. The member of staff had tipped the wheelchair backwards to stop the person's feet trailing on the floor as there were no footplates in place. We then saw staff assist the person into an easy chair using an underarm lift to assist them to their feet. This practice could put both staff and people using the service at risk.

The registered manager told us the current staffing levels were five care staff and a nurse from 7.30am until 2pm, four care staff and a nurse from 2pm until 8.30pm and two care staff and a nurse between 8.30pm and 7.30am. The registered manager worked mainly office hours on weekdays but said they would always support staff if needed. We looked at duty rotas for the two weeks prior to our inspection which confirmed this. Care staff were supported by cleaning, laundry and catering staff seven days a week and an activities organiser worked variable hours on weekdays. Maintenance support was available as needed. The registered manager told us three people who lived at the home were also supported with activities by staff from an outside agency.

None of the people we spoke with raised concerns about staffing levels and staff felt they were adequate. We had some concerns about the nursing staff working thirteen hour shifts, particularly as we observed they struggled to take their breaks as they were in constant demand.

We looked at two staff recruitment files and found all the necessary checks had been completed before the staff member commenced employment. This included a criminal record check through the Disclosure and Barring Service (DBS) and two references. This ensured staff were safe and suitable to work at the home. We saw any concerns with staff performance was recorded within their file and that any issues were followed up to make sure the staff member was working safely and appropriately.

Staff told us they had regular one to one supervision and annual appraisal with the registered manager. We saw records which confirmed this.

Systems were in place to make sure the home provided a safe environment for the people living there. The registered manager told us they completed a walk around of the home on a daily basis and recorded any maintenance issues identified. We saw the maintenance book was divided into green, red and amber sections. Any work needed to be done urgently to ensure the safety and comfort of people living at the home was recorded within the red section which meant it would be dealt with within three days. We saw urgent matters had been dealt with immediately. However, we noted that people sitting in the lounge and dining areas did not have access to the nurse call system unless they were able to walk to the call point. During our inspection there were staff available in these areas but they confirmed with us that this might not be the case at busy times such as early morning and evening times.

We recommend that the provider looks at additions to the call system so that people can have call bells within their reach at all times.

We saw people had Personal Emergency Evacuation Plans (PEEPS) in place. These contained good detail to enable staff to support people safely in the event of an emergency.

Care records included an overall risk assessment which covered twenty one areas of possible risk to the person. Where a risk had been identified within an area of need, a separate risk assessment was in place. For example, care plans for eating and drinking included nutritional assessments and identified if the person

was at risk nutritionally and what actions staff needed to take to mitigate this risk. Mobility care plans included a moving and handling assessment detailing the principles of safe moving and handling, a falls risk assessment and risk assessments for any equipment used such as bed-rails and hoists.

We saw accidents were recorded and the registered manager completed a three monthly analysis report of all accidents that had happened in the home. An incident log was also in place which was audited monthly by the registered manager and any lessons learned from the incident were recorded. Both were used by the registered manager to identify any themes or trends which for which actions could be put in place to mitigate future risks.

We undertook a tour of the building looking in a number of bedrooms and all of the communal areas. In two bedrooms we found the beds had been made with dirty or stained linen. The registered manager had a system in place which identified which staff had supported the people in each bedroom. This meant they were able to address these issues immediately with the appropriate staff. We found all other areas clean and tidy.

Is the service effective?

Our findings

The training matrix showed staff were up to date with training in areas including health and safety, fire safety, moving and handling, infection control and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The training matrix identified when training was overdue and when staff had completed their induction. We saw new staff commenced training for the care certificate. A programme of planned training was also in place. Staff told us the training they received was good and that they were well supported by the registered manager. We saw a supervision schedule which showed the registered manager had a supervision schedule in place which indicated staff received supervision between three and six monthly. The Governance Lead told us that they were involved in the supervision of nursing staff as requested by the Registered Manager or for professional nursing issues.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager told us one person living at the home had a DoLS authorisation in place. We looked at the paperwork in relation to this and saw the only condition was for staff to inform the person's GP that they had a DoLS in place. Records showed this had been complied with.

Care records we looked at included direction for staff to seek the consent and opinions of the person before care was delivered. During our inspection we heard staff explaining what they were doing and making sure people understood and agreed with any care interventions. Care plans included a section titled 'Capacity and Consent.' We looked at a care file for a person who had been assessed as not having the capacity to make complex decisions and referred to supporting the person to make less complex decisions but having best interest discussions for more complex situations.

People told us they enjoyed the food provided. One person said, "Yes it's alright; I can choose something else if I don't like what they have given me." We saw a menu on the wall in the dining room informing people of the meal choices for that day and an 'Always Available' menu which informed people if they were hungry between meals or wanted an alternative to the daily choices, to inform the chef and they would prepare something for them. There was a list of choices on the 'Always Available' menu.

We saw cold drinks were available to people throughout the day and hot drinks were brought round at intervals. We noticed people were handed biscuits rather than being given a choice. People were not provided with plates for their biscuits. At lunchtime we saw the hot trolley was placed outside of the dining

room and meals plated up by the chef for staff to serve to people. Although people had made their choice of either fried or poached fish, they were not given choice over the other components of the meal. Parsley sauce was put on the meal rather than offering it to people to put on themselves. Tables were nicely set and condiments were available. The registered manager told us the menus were in the process of being revised and that pictorial menu's would be made available to assist people to make choices, particularly those living with dementia.

Care plans were in place for people who had been assessed as at risk nutritionally. One person's record stated 'I need a diet and fluid chart as I have a low BM (Body Mass). However when we looked at the charts for this person we saw they had not always been fully completed and there was no evidence of the charts being monitored to make sure the person was receiving the dietary intake they needed.

Although a number of the people who lived at the home were living with dementia, we saw little evidence of appropriate signage to assist people with orientation either around the home or to their bedrooms. However we saw there were choices of communal areas for people to sit. This included a small sitting area on the first floor, two lounges and an activities room. This meant people had options if they wished to have some quiet time.

We saw from care records that people had access to healthcare professionals as needed. This included the GP, dentist, chiropodist and district nurses. This meant people were supported appropriately with health care needs.

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, "They are really good, they know what I need."

Staff appeared to know people well and demonstrated kindness and respect in their approach to people. One person told us staff were considerate of their need for privacy and independence and said they always sought permission before entering their room.

Care plans referred to maintaining people's privacy and dignity. For example the desired outcome of the care plan for supporting a person with their personal hygiene stated 'For personal hygiene to be maintained in a dignified manner.'

One member of staff told us they had worked at the service for a long time and felt the care provided was of a high standard. They told us they 'really cared' about the people living at the home and this ethos was promoted by all staff.

One person told us about how they helped out with jobs around the home and enjoyed doing this because it made them feel useful.

We saw people's personal belongings and clothing kept in their rooms were looked after nicely and people had been encouraged to personalise their rooms to reflect their personality and lifestyle. We also noted that people had been supported in their personal care needs to make sure they appeared smart and well presented. For example ladies hair appeared to have been attended to and gentlemen had been supported to shave.

Staff spoke with people discreetly when asking if they needed support and gave explanations about the support they were giving.

The registered manager told us about how they looked for ways in which people who lived at the home could be supported to ensure their wellbeing. For example arrangements were in place for people with learning difficulties to have support from an outside company. We also saw the manager had arranged one to one support for a person when they had experienced some mental health difficulties.

Is the service responsive?

Our findings

Care plans had been developed with a person centred approach. Both of the care files we reviewed included an 'All about me' document which gave details about the person, their lifestyle, family, interests, preferred routines and preferences. The information contained within these documents is valuable in helping staff to get to know people, particularly people who may have difficulty with verbal communication. Whilst the information in the 'All about me' appeared to be up to date we noticed the planned reviews had not been documented as completed.

Care planning was based on the individual's activities of daily living and included areas such as personal hygiene, eating and drinking, mobility, skin integrity and communication. The care plans were written in the first person and therefore from the point of view of the individual concerned. Each care plan gave detailed information of the person's needs, the support they needed to meet these needs and their preferences in the way care and support was provided. Each care plan had a 'desired outcome' and was reviewed monthly against this.

Where other health professionals were involved in the person's care, this was included in the care plan. For example, one person's skin integrity care plan included a risk assessment which had been discussed with the district nurse and the care plan review included input from the district nurse.

General health care plans were in place. In one of the files we looked at, the general health care plan included details of the person's 'Do Not Resuscitate' (DNACPR) status and information about the anticipatory medicines that were in place should the person experience pain or agitation. This meant that any deterioration in the person's health had been anticipated and actions taken to make sure they did not experience pain or discomfort.

Where a need for close monitoring of people's wellbeing had been identified this was recorded. For example one person's care records stated 'I need a positioning chart due to risk of pressure sore' and 'I need an output chart due to risk of constipation.' We saw these charts were in place.

We saw the evaluation of one person's care plan in relation to their mental health needs included all the communications from the involved health care professionals and included a risk assessment informing staff of the actions they needed to take in the event of challenging behaviour. This made sure staff were consistent in their approach.

We saw any updates or changes to care plans were written up and placed in a folder used during handover. Staff were asked to sign that they had read the updated care plan. For example, updates to the care plan for a person whose needs had changed following a recent admission to hospital were in the folder at the time of our visit and the registered manager said they would remain there until all staff had signed to say they had read the updated care plan. We considered this to be a positive way of making sure all staff were aware of people's changing care needs.

Care files also included a 'Hospital Passport.' These had been completed in detail and were to be used if the

person needed to be admitted to hospital to give hospital staff important information about the person.

Care plans included a social care plan detailing people's needs and preferences for recreational and social activities. An activities organiser was employed at the home and we saw them engaging people in activities of their choice on the day of our inspection. We saw from the activities programme that a 'Supper night' was held once a week. The registered manager told us this was planned to be an themed night with people given the opportunity to try foods from around the world. One person told us they were 'bored' and would like something different to do. We saw from a recent audit that activities had been identified as an area for improvement and asked for an increase in research based activities for older people.

People told us if they had any concerns or complaints they would speak with staff or the registered manager. Information was on display to tell people how to make a complaint. We saw a complaints procedure was in place for staff to follow to make sure people's concerns were recorded and responded to. Records showed the complaints procedure was followed.

Is the service well-led?

Our findings

The registered manager had been at the home since March 2015. They demonstrated a thorough understanding of their responsibilities in managing the service and also demonstrated a good knowledge of the people who lived at the home. Staff told us they felt supported by the manager and knew they could approach them with any concerns or requests for support.

The registered manager had systems in place to monitor the quality and safety of the service. They conducted daily environmental checks and responded immediately to any issues they identified including where staff had not performed their duties to the standards expected.

Systems for auditing the quality and safety of the service were in place. Maintenance works were checked and signed off by the registered manager to make sure they were completed and all accidents and incidents were reviewed and analysed with actions put in place to mitigate the risk of re-occurrence. Documentation was in place to show that equipment such as lifting equipment, including hoist slings were checked regularly and serviced as per the manufacturer's instructions.

We saw safety checks such as gas and electricity had been completed with certificates of safety in place. We met with the health and safety lead for the company who told us about their role in overseeing that standards were maintained.

We looked at the last two monthly quality assurance visit reports conducted by the company's compliance officer. We saw the reports were based on the five outcome areas inspected by the Care Quality Commission and self-ratings were awarded in line with the CQC rating systems. The audits were thorough and identified areas where improvements were needed and an action plan put in place. However we noted that although the issue we had identified with medicine management in the home had been identified within the January audit with immediate actions put in place to address the concern, this had not been followed up in the February audit. Other issues identified as requiring action had been followed up.

As well as internal auditing systems the governance lead gave us information about the Bradford Commissioner CQUIN scheme (Commissioning for Quality and Innovation) which the home participates in. They told us 'The scheme requires that the home meets high standards of quality and innovation across a number of areas of care including End of Life care, communicating with people with learning disabilities, Dementia care, falls management, avoidance of pressure wounds, infection prevention and control, safety and management of risk, Service User involvement, staffing management and prevention of unnecessary hospital avoidance/attendance through the use of Telemedicine and partnership working. As part of this scheme the home was required to submit evidence of the standards it meets for scrutiny by the commissioner CQUIN team. To date the home has met all the high standards set within the CQUIN criteria.'

Views of people who lived at the home and their relatives were sought through six monthly quality assurance questionnaires. We saw the internal audit conducted in January had identified that an action plan based on the results of the most recent questionnaires was in need of completion.

Service user meetings were also held to give people the opportunity to express their views.

Our records showed that the home had submitted all required notifications to the Commission.

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 did not take formal enforcement action at this stage. 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
Diagnostic and screening procedures	Systems for managing medicines safely were not always being followed. Regulation 12(2)(g)
Treatment of disease, disorder or injury	