

Jeeves Care Homes Ltd

Carrington House Care Home

Inspection report

25 Mayo Road
Nottingham
Nottinghamshire
NG5 1BL

Tel: 01159621100

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Carrington House Care Home is a residential care home registered to provide personal care for up to 28 people aged 65 and over. At the time of the inspection, 22 people were living at the service. The accommodation is over three separate floors.

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

People were not always protected against the spread of infection. Staff were not always following infection control policies and procedures.

People at the service were at risk of harm due to concerns identified around medicines management which was not always safe.

Staff were not always recruited safely, and the provider did not always follow its recruitment policies and procedures.

There were occasions when there was not enough staff on the rota at weekends and on nights.

Staff told us the training was good; however the training record was not up to date and some staff working at the service were not on the training record.

Care records were detailed, and risk assessments to support people were in place.

There was analysis of incidents to prevent reoccurrence.

Governance arrangements did not provide assurance that the service was well-led.

Staff were positive about the service and told us they felt well supported.

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

Rating at last inspection

The last rating for this service was Good (published 8 December 2017).

Why we inspected

We received concerns in relation to poor kitchen hygiene; neglect of a person; poor infection control; inexperienced management and poor leadership. A decision was made to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

The ratings from the previous comprehensive inspection for the key questions not looked at on this occasion, were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. We identified breaches in relation to medicines, recruitment, preventing the spread of infection and improving the quality of the service. The provider took immediate action to mitigate the risks identified. You can see what action we have asked the provider to take at the end of this full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always Safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Carrington House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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 team comprised of two inspectors on site, an assistant inspector making phone calls to staff off-site and an Expert by Experience off-site, making phone calls to relatives of people at the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Carrington House is a 'care home'. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and 10 relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, senior care workers, care workers, the chef and domestic staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with one visiting health care professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and other records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people were not safe and were at risk of avoidable harm.

Preventing and controlling infection

- People were not always safe from the spread of infection as the home did not consistently apply good prevention and control of infection practice. We were not assured that the provider was preventing visitors from catching and spreading infections. We did not observe visitors filling in track and trace forms or having temperatures checked.
- We were not assured that the provider was using Personal Protective equipment (PPE) effectively and safely. We observed 'used' PPE lying on a shelf. We observed staff not changing PPE when moving from one person to another and equipment was not wiped down between or after use.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Equipment and some areas of the home including the kitchen, were not sufficiently clean. Staff were observed carrying dirty linen in their arms, and we observed dirty linen on the floor of the hall.
- We were not assured that infection outbreaks would be effectively prevented or managed.

Assessing risk, safety monitoring and management

- Safety monitoring of the service was not always effective, which placed people at risk of harm.
- We observed an unlocked cupboard with the keys in the door which contained cleaning products. This meant people potentially had access to dangerous chemicals.
- The kitchen cleaning rota had not been maintained and deep cleaning had not occurred. Equipment in the kitchen was visibly soiled. This lapse in good food hygiene practice put people at risk of harm.
- Information about people's dietary needs and risk of choking on display in the kitchen was not up to date, this meant people could be given food that was not suitable for them.
- Care plans were detailed and risk assessments using recognised assessment tools were in place. Staff told us about one person who needs had changed. However, this was not reflected in their care plan or risk assessment.
- Staff told us they had time to read care plans but there was not always enough information for people on respite care. Staff also told us they did not get updated about changes quickly enough.
- We observed one member of staff using an unsuitable under arm lift, we were informed by the registered manager they had received training in moving and handling. There was no record of moving and handling training or any other training for this member of staff on the training matrix.
- Although there had been improvements around the home, with new furnishings, bathrooms and flooring in communal areas, some areas of the home were not clean.

Using medicines safely

- Medicines were not always stored safely and a cupboard containing medicines for disposal was found

unlocked. This meant people could have access to medicines that were not prescribed for them.

- We were informed the medicines fridge was broken and a new one was on order. There was no thermometer inside the fridge to monitor the temperature at the time of the inspection. This meant we could not be sure that people received medicines that had been stored correctly.

Due to concerns with infection control procedures, medicines storage and cleaning, this placed people at risk of harm. We found no evidence that people had been harmed; however, 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, we shared our concerns with the local CCG's Infection Control Team to support the service. We also shared our concerns with the environmental health department to report our findings in the kitchen. The provider supplied evidence of an impending kitchen refurbishment.

- People had personal evacuation plans to identify how staff needed to support them if they needed to leave the building quickly.
- Staff told us they received in house medicines training from a pharmacist and only senior staff did medicines.
- The service had an electronic medicines system in place for administering and recording medicines which staff told us reduced the risk of errors occurring.

Staffing and recruitment

- Staff were not always recruited safely. None of the staff recruitment files reviewed contained the appropriate amount of references to ensure that the service recruited staff safely.
- Training records were not up to date. Some staff on the rota were not on the training record so we could not be assured of what training they had received.
- Several relatives told us that although there appeared to be enough staff, there was a high turnover of staff. One relative told us, "The change of staff is not good for the residents as they get used to friendly faces, and staff get to know people and their routines."
- Staff also told us there had been a lot of staff changes, but there were always enough care staff. However, at weekends there was a lack of domestic and laundry staff which impacted on their work.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke to knew how to identify abuse and what to report. Staff were confident that the manager would action concerns and told us they would report concerns to CQC if necessary or go to the owner of the home.
- The provider had policies and procedures in place to support staff knowledge.
- Relatives we spoke to told us they thought their family members were safe. One relative told us, "Staff are very caring and know people well." Another said, "When it was my father's birthday, they video-called us."
- There was a lack of activities within the home and no activity coordinator in post. Relatives expressed concern that there was little outdoor space and a lack of activities for people.

Learning lessons when things go wrong

- We saw evidence of learning lessons when things go wrong.
- The manager performed analysis of falls and put measures in place after a fall to prevent reoccurrence.

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 the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires improvement This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Quality assurance arrangements and systems for identifying risk were not always effective and there had been a lack of consistent management oversight of the service. We found concerns with recruitment records, staffing levels and training records.
- The registered manager told us they did a daily walk-round. However, we found issues with cleaning, health and safety, manual handling and use of PPE that were not identified on the walk-round.
- Audits in place were ineffective. There were infection control and cleaning audits in place. However, there was no one on the staffing rota identified to perform laundry duties or cleaning at the weekends and there was a lack of oversight of cleaning schedules.
- One room that was not in use contained a stained mattress which was reported as suitable for use according to the mattress audit.
- Relatives told us they were concerned about the high level of staff turnover and two relatives told us they did not know who the current manager was.
- We observed paper support plans kept in an unlocked cupboard in the lounge. This information was therefore accessible to unauthorised personnel.
- Staff told us they received feedback following incidents that occurred however, we were informed about one incident that had not been reported in the correct way.

Due to poor governance of the service people were placed at risk of harm. This is a breach of Regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- There were people living at the service who shared a room. However, the service was unable to produce any documentation to show that people or their relatives with power of attorney had agreed to this, or it was in their best interests.
- There was no record of staff response to call bells, so we could not be assured that staff responded in a timely way.
- Staff demonstrated a positive attitude to people and were positive about their roles and told us they were happy working at Carrington House.
- Staff told us the registered manager was supportive and responsive and they had good contact through

regular supervision sessions.

- The registered manager was receptive to our findings and keen to address issues of concern.

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

- Relatives told us there had been surveys in the past but nothing recently and they had not received feedback from surveys completed.
- Relatives told us they did not get invited to meetings and would have liked more information and contact during the Covid-19 pandemic.
- We saw the results of surveys completed by people living at the service and it was clear that the service had responded to people's suggestions.
- Staff told us there were not enough team meetings in place, and night staff told us they would like more involvement in these.
- The registered manager understood their responsibilities and families told us they were informed if incidents occurred.

Working in partnership with others

- The service worked in partnership with external agencies and healthcare professionals to support people. We received positive feedback from one visiting health care professional.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Poor infection control practice, poor medicines storage and lack of cleaning put people at risk of harm Regulation 12 (1), (2) c, d, e, g, h

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Oversight of recruitment process and procedures, systems to monitor the safety of the service were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. Regulation 17 (1), (2) a, b, f,

The enforcement action we took:

Warning Notice