

Macleod Pinsent Care Homes Ltd

Carlton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Carlton House is registered to accommodate up to 25 people. It specialises in providing care and support for predominantly older people, many of whom were also living with dementia. Accommodation is provided over four floors in a quiet residential area. At the time of inspection there were 20 people living at the home. People had access to two communal lounges, a dining room and a garden area.

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

Whilst the manager had created an open and positive culture, we found not all discussions around people's care and outcomes had been clearly documented. For example, it was not clear discussions had taken place with people and their relatives around DoLS applications. We have made recommendations about involving people in decisions about their care.

People were safe. A relative told us, "It's very safe, because the staff are very conscientious, attentive and aware. I trust the staff that they look after mum well." Systems supported people to stay safe and reduced the risks to them. Staff knew how to recognise signs of abuse and what action to take to keep people safe. There were enough staff to support people safely.

Staff were trained in administering medicines. People were protected by the prevention and control of infection. Appropriate Personal Protection Equipment (PPE) was available when needed while supporting people. People were supported to maintain their health and had support to access health care services when they needed to. The service had good relationships with external agencies, such as GPs and community mental health nurses.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Staff engaged with people very well and offered them choices on an ongoing basis. People's views and concerns were listened to and action was taken to improve the service as a result.

People received kind and compassionate care. The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for. People's privacy was respected, and their dignity maintained. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection: Good (report published on 12 December 2017).

Why we inspected

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality

Commission (CQC) scheduling guidelines for adult social care.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Carlton House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Carlton 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 in place however, they were not yet registered with the Care Quality Commission. Like registered providers, a registered manager is a 'registered person'. 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. The manager was taking proactive steps to ensure registration was completed as soon as possible.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps plan and support our inspections.

During the inspection

We were not always able to talk to people about their experiences of living at the service, so we spent time observing the interactions between people and staff, in order to help us understand people's experiences of living there. This is referred to as the Short Observational Framework for Inspection (SOFI). We spoke with two relatives and seven members of staff, including the manager, senior care workers, care workers and the housekeeper.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the manager to validate evidence found. We looked at staffing rotas and surveys completed by people using the service, their relatives and visiting professionals. We spoke with health and social care professionals who visited the service regularly.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to ensure staff had the right guidance to keep people safe from harm. One relative told us "It's very safe, because the staff are very conscientious, attentive and aware. I trust the staff that they look after mum well."
- Staff had completed up to date training and they knew how to recognise the potential signs of abuse. The registered manager was also aware of their responsibility to report concerns to the Local Authority and to the CQC.
- People and their relatives knew how to raise concerns. Information was clearly displayed across the service about adult safeguarding.

Assessing risk, safety monitoring and management

- Risk assessments were in place to promote people's safety. These were regularly reviewed and kept up to date. One person was at risk of becoming distressed, anxious and displaying behaviours that can challenge. There was clear guidance to staff on how to support the person to minimise and manage this behaviour safely.
- People had Personal Emergency Evacuation Plans (PEEPs) in place to detail the support they would need in the event of a fire or emergency. There was also a "grab and go" folder by each main exit to allow easy and quick access to this information if required.
- Processes were in place to protect people from avoidable harm. For example, where a choking risk had been identified, additional support was available at meal times to minimise the risk.
- The environment was safe. Risks associated with equipment, for example the lift breaking down, had been identified and managed, and a contingency plan was in place. Appropriate checks had been undertaken to ensure the safety of the premises, including the wiring and fire safety equipment.

Staffing and recruitment

- There were sufficient numbers of staff to keep people safe and staffing rotas confirmed this. The manager reviewed and assessed staffing levels using a dependency tool based on the needs of people. The manager gave an example where they arranged additional staffing to support someone with complex needs.
- The service used agency staff to cover staff shortages such as annual leave and sickness. The service aimed to promote consistency in its use of agency staff. One staff member told us, "We use agency staff who are usually the same ones, so they are familiar to residents."
- Safe recruitment practices were in place to ensure staff were safe to work within the health and social sector. This included employment history checks, suitable references and Disclosure and Barring Service (DBS) checks.

Using medicines safely

- People's medication was managed safely by staff. We looked at several medication administration records (MAR). These showed that people received their medication regularly and correctly.
- The service had clear protocols for administering 'as and when required' medication. We saw person-centred guidance which explained when a person may require the medication and how they would communicate to staff.
- Staff received regular training and competency assessments to ensure their practice remained safe. We observed a member of staff safely administering medication, including sitting with a person until they were sure their medication had been taken correctly.

Preventing and controlling infection

- The service was clean and tidy. The service employed housekeeping staff. A relative told us, "Generally the cleanliness is very good, there are never any overwhelming unpleasant smells."
- Measures were in place to control and prevent the spread of infection, this included hand sanitiser gel available throughout the service.
- Staff had completed appropriate training, including food hygiene, and we saw staff using personal protective clothing and equipment safely, such as gloves and aprons. Staff understood their role and responsibilities in keeping the service clean.

Learning lessons when things go wrong

- Systems were in place for staff to record and identify lessons learned. Improvements were made when things went wrong. For example, when the service identified that additional training was required around people's dietary needs, they sought this support from the Speech and Language Therapy Service.
- The manager had undertaken monthly audits of accident and incidents within the service. This highlighted any themes and learning. For example, a pattern of near miss medication errors was found so additional training was given to staff to prevent any harm to people. A peer audit process of medication was put in place. This meant medication was checked and counted daily by a second staff member to identify any discrepancies quickly.
- Staff were aware of how to report accidents or incidents. The manager held regular team meetings to share information and learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The manager carried out a pre-assessment prior to people's admission to ensure the service could meet their needs. One relative told us "The manager came to visit us at home before admission and the meeting was thoughtful and professional and friendly." Staff knew people's likes and dislikes and were able to give people choices.
- We saw care being delivered in line with the law and best practice guidance in order to meet people's needs effectively. Care plans were regularly reviewed and updated.
- The service used nationally recognised tools to assess risks such as nutritional risk, falls risk and pressure ulcer risk. We observed care intervention, such as using thickener in drinks, being followed and charts were in place to monitor food and fluid intake where appropriate.
- Protected characteristics under the Equality Act (2010), such as religion and disability, were considered as part of this process. Staff had a good understanding of equality and diversity. This was reinforced through training and the provider's policies and procedures.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to deliver effective care and support. Staff told us that they had access to on-going training which was available both face to face and online. The service had a link with the Local Authority to keep an up to date skill base. There was a clear training matrix on the wall in the manager's office showing clearly when training refreshers were next due.
- Staff completed an induction when they started working at the service. The manager told us that alongside mandatory training, new staff also received a welcome pack and the opportunity to shadow shifts until the manager was happy they were competent and confident. Staff were given time to read people's care plans and signed to say they had done this.
- Staff told us that they received regular supervision and felt supported by management. The service held team meetings, where additional learning was discussed.

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

- People were given a choice of food at mealtimes, and alternatives where available, if required. We saw people enjoying their food at lunchtime and more being offered when people had finished. One person told us, "The food is very good. Yes, we get a choice."
- Staff understood people's nutritional needs and any risks related to eating and drinking. One person was known to eat very quickly which caused a risk of choking. We observed staff sitting with this person and supporting them to minimise this risk.
- Dietary information was clearly displayed in the kitchen. One staff member told us, "We use the care plan

and paper work to ensure the kitchen is aware of people's dietary needs."

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

- Staff worked well with other agencies to ensure people's needs were met promptly. An occupational therapist and a GP visited the service to assess people during the inspection. We saw a staff member contact a GP due to a person having a suspected urine infection.
- There was evidence in people's care plans of appropriate referrals being made to external agencies. This included opticians, dentists, the falls prevention team and dieticians.
- People's oral health care needs were assessed, and staff supported them with their oral health on a daily basis.
- After the inspection, we contacted a professional who told us, "Staff contact me appropriately when needed, we work together and include people and their family members as much as possible."

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

- The environment was suitable to meet people's needs. There were clear signs available to support people to navigate their way around as independently as possible. The service was situated over four floors with a lift to support accessibility.
- The service had a warm and welcoming feel. People were able to personalise their rooms with their own belongings. Each person had a photograph of themselves on their door to support them recognise their own room.
- Management had taken on board feedback from people and relatives, and had recently updated the front lounge, including putting up pictures of famous faces as conversation starters.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We discussed with the manager the principles of MCA and found the manager and staff had a good understanding of the Act and received regular training in this area. We observed staff giving people choice and supporting them to make their own day to day decisions.
- DoLS applications had been made for all residents. People were not unduly restricted and consent to care and treatment was routinely sought by staff. Staff were able to tell us who had a DoLS in place and any specific conditions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People were treated with kindness and were calm and relaxed in the presence of staff. Staff clearly knew people well and were able to tell us about the people they were caring for. We saw people enjoying games and general interactions with staff.
- Staff had an understanding of equality and diversity. Any needs associated with culture, sexuality or religion were discussed at the assessment before admission. We viewed some compliments cards and one stated, "Thank you for your kind care. It has been wonderful that they have been able to get to Mass at the local church."
- We saw a staff member communicating with a person who had hearing difficulties by speaking closely to their ear. This was done in a respectful and discreet way to ensure the person could remain involved in the activity.

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

- People were able to express their views and wishes and people's care plans were regularly reviewed and kept updated with any changes. One relative told us they were involved in their loved one's care planning when they were admitted to the service and another said, "Staff always keep me up to date with any changes."
- Staff were aware some people required additional support to be involved in making day to day decisions. For example, staff would write information down for a person, so they had time to process this and communicate their choices and wishes.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected. One relative told us, "Staff always try to listen, treat mum with dignity and encourage her wherever possible." We saw staff knocking on people's doors before entering. There was a shared bedroom in the service. Curtains were in position to ensure those in the room had privacy.
- Staff treated people with kindness. We saw a person in the lounge becoming distressed. A staff member remained calm and treated the person with compassion in order to offer reassurance which helped the person to settle again.
- People were encouraged to be as independent as possible. We saw people being encouraged to walk independently without being rushed.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a clear understanding of people's needs and wishes. Care plans were personalised and clearly detailed people's preferences with regards to their care. People's care plans contained a life story which described their background, likes and dislikes. One relative told us "They (staff) seem to know all the residents well".
- Where people's needs changed, staff were responsive. For example, one person's behaviour had deteriorated, and we saw the manager and staff had sought appropriate external specialist support to ensure the correct care was in place to meet this new need.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans, if appropriate. For example, the service had bought a voice controlled smart speaker and used this to support people with reminders and those who were visually impaired.
- Staff were aware of people's communication needs and were seen to be using appropriate language to support people to understand and allow them time to respond.
- We saw one person being supported to have telephone contact with their sister. Staff turned down the volume on the television in the background to ensure the person could hear.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People maintained relationships with their family and friends using electronic devices. One person had an electronic device in their room to maintain visual video contact with their loved ones. There were other electronic devices available to people to contact those who were important to them.
- The service had an activities co-ordinator for three days per week. People had the opportunity to engage in arts and crafts, and artwork people had made was displayed throughout the service. During the inspection we saw people participating in games. The service also had outside entertainers, e.g. musicians. One relative told us, "I did speak to the manager about the range of activities offered and improvements in this area have been made."

- Staff supported people to access the community, this included trips to the shops and to enjoy ice cream at the beach. The manager told us that she recently engaged the local community to support a person celebrate a special birthday. They received a significant amount of birthday cards to mark the occasion.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint and told us that they would be comfortable to do so, if necessary. The service had a clear complaints policy in place, which was displayed by the main entrance. Care plans also contained a copy of the complaints procedure.
- We reviewed the complaints received by the service over the past three years. There were very few and these had been resolved in a timely manner. We spoke to management about minor complaints which were not documented in the paper file. We were told that any minor concerns or issues raised were documented on their electronic system. This was reviewed regularly by management.

End of life care and support

- At the time of inspection there was one person receiving end of life care. The manager had followed advice from health professionals and were involving the family to ensure the person wishes were met.
- We saw care plans which clearly indicated people's future needs and wishes. This included any preferences people had expressed and details of any funeral arrangements.
- People were able to die with dignity. Where appropriate, Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place. Staff knew which people had DNACPR's so that people's wishes were known and respected.

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 requires improvement. At this inspection this key question has remained the same. 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.

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

- The service had a manager in post however, at the time of inspection they were not-registered with the CQC. The manager had started the registration process.
- The manager had created an open and positive culture. However, we found not all discussions around people's care and outcomes had been clearly documented. For example, it was not clear if discussions had taken place with people and their relatives around DoLS applications. One relative told us, they had not had any conversations with staff about applying for a DoLS. Where two people shared a room together, some discussions were recorded with one person's family members, however it was not clear in both people's care plans how the decision was made to ensure the people were suitably matched to share one room.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support; and that these conversations are clearly recorded in people's care plans particularly where people lack capacity.

- Whilst care plans contained some person-centred information, this was added upon admission. Staff had gained more information about the people through getting to know them which was evident through their practice. This additional knowledge about the person as an individual, e.g. more detail about their life story, was not always in the care plans and did not give staff a personalised overview of the people they were caring for.
- We saw people enjoying the activities available within the home and staff gave people a choice of activities to participate in. The manager had ideas and plans for the future, however these were not yet introduced and embedded into practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager had an open-door policy and people could approach them directly with their individual matters. Staff told us they felt well supported by the manager.
- The manager and staff understood their roles and responsibilities of working for the service. Staff told us "It's a good place to work, nice colleagues and managers." Statutory notifications about accidents, incidents and safeguarding concerns were being sent to the CQC as required.
- Staff were trained and regular audits were completed by the manager to identify areas for improvement and any patterns or trends. An example of this was re-training a staff member following a trend of medication near misses.

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

- People and relatives were given the opportunity to give feedback in order to shape the service. For example, we reviewed pictorial questionnaires which people had completed to give their views on matters such as what foods and activities they would like. One person also wrote "I like being here, I enjoy visiting Church on Sundays."
- Relatives were also given surveys, where they were able to give suggestions about the service. One relative told us, "I know that I can approach any member of staff who will be attentive and help." The sample of the relative's surveys we reviewed agreed that the manager was available to discuss any problems.
- Staff team meetings were in place and staff told us they were able to make suggestions to improve the service. Staff told us they felt supported.
- The service put out a request to the community for birthday cards to be sent to a person in their care. This resulted in positive feedback from person using the service therefore, the manager set up a "pen-pal" scheme with a local school. This allowed further cards and letters to be exchanged to encourage social interaction between generations.

Continuous learning and improving care; Working in partnership with others

- The manager understood the importance of continuous learning. They had recently attended training with the local authority to stay up to date with legislation and practices.
- There was an internal support network set up between all services within the company. The manager used this to share, learn and improve practice.
- The manager was working closely with external agencies such as the Care Home In-Reach Team (CHIRT) to improve the service for people. The professionals we spoke with gave positive feedback, one person told us, "I have a very good working relationship with all staff members."
- The manager attended local forums to keep up to date with information and changes relevant to their local area.