

Virk Family Limited

Carrington House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



Overall summary

We inspected the service on 19 November 2014. Carrington House Care Home is registered to provide accommodation for up to 27 older people. The service is situated over three floors with a small shaft lift for access to the upper floors. On the day of our inspection 20 people were using the service.

The service did not have a registered manager in place at the time of our inspection. 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.

At the last inspection on 25 November 2013, we asked the provider to take action to make improvements in relation to the cleanliness of the service and protecting people from an unsafe environment and these actions had been completed and the improvements made.

Summary of findings

People were living in a cleaner and safer environment than when we last visited

During this inspection we found there had been a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people were not always supported with risks to their care and welfare.

People were supported to make decisions and where people did not have the capacity to make decisions this had been assessed appropriately under the Mental Capacity Act 2005 (MCA) and decisions had been made in people's best interests. However there were restrictions on some people's freedom to leave the home alone and applications had not been made to ensure people were protected under the Deprivation of Liberty Safeguards.

People felt safe in the service and we saw the manager shared information with the Local Authority when needed and staff knew how to respond to incidents if the manager was not in the service. However we found that where a person was at risk of choking, staff were not following professional guidance to minimise this risk.

Medicines were administered to people as prescribed and people were supported by staff who had the knowledge and skills to provide safe and appropriate care and support.

People were supported to eat and drink enough. Referrals were made to health care professionals for additional support or guidance if people's health changed.

We observed people were treated with dignity and respect and had their choices acted on. We saw staff were kind and caring when supporting people.

People did not always have the opportunity to follow their hobbies and interests. People were listened to and any concerns were acted on. People were involved in giving their views on how the service was run through the systems used to monitor the quality of the service. Audits had been completed that resulted in the provider implementing action plans to improve the service.

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?

The service was not consistently safe.

People were not always supported with risks to their health such as choking.

People were living in a much cleaner environment than when we last visited and they told us they felt safe in the service. People felt safe and received their medicines as prescribed.

Requires Improvement



Is the service effective?

People were able to make decisions and people who lacked capacity were protected under the Mental Capacity Act 2005. However there were some restrictions placed on people being able to access the community independently, without the authorisation to do so.

People were supported to maintain their hydration and nutrition. People were supported by staff who were provided with training and support.

Requires Improvement



Is the service caring?

The service was caring.

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

People were encouraged to make choices and decisions about the way they lived and were supported to maintain independence.

Good



Is the service responsive?

The service was not consistently responsive.

People were not always supported to pursue their interests and hobbies.

People's health was monitored and responded to when their health changed.

People felt comfortable to approach the manager with any issues and complaints were dealt with appropriately.

Requires Improvement



Is the service well-led?

The service was well led.

People felt that the management team were approachable and were improving the service. The provider sought the views of people who used the service, their relatives and staff.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good



Carrington 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 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.

We inspected the service on 19 November 2014. This was an unannounced inspection. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During the visit we spoke with nine people who lived at the service and three relatives, seven members of care staff, two members of the catering team, a senior care worker, the manager and the registered provider. We observed care and support in communal areas. We looked at the care records of five people who used the service, staff training records, as well as a range of records relating to the running of the service including audits carried out by the acting manager and provider.

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.

Is the service safe?

Our findings

The last time we inspected the service in November 2013 we had concerns about the cleanliness of the service. At this inspection we found improvements had been made and people told us the service was clean and hygienic.

One relative said, "It is clean, the cleaning lady is marvellous, she works hard, same as the laundry lady." We saw people were using communal areas which were very clean and hygienic and people had their bedrooms kept clean. We spoke with cleaning staff and they showed us schedules to demonstrate the service was cleaned at regular intervals and that dedicated tasks were completed on a daily basis. Care staff we spoke with told us they felt the service was much cleaner now.

However we found the procedures for making sure waterproof mattresses were kept clean were not sufficient. Staff told us they cleaned the mattresses but we found the cleaning solution they were using would not eliminate the bacteria and this left some mattresses smelling of urine.

The last time we inspected the service in November 2013 we had concerns about the safety of the environment. At this inspection we found improvements had been made and people were now living in safe environment.

All of the areas of concern we had found at the last inspection had been addressed. Clutter had been removed and maintenance issues were being dealt with in a timely way. People told us that they didn't have any concerns about the environment and several told us they had a, "Lovely room." Staff told us that any issues with maintenance were dealt with quickly by the person employed to carry out the repairs.

We found that where people had been identified as being at risk of choking, advice had been sought from the Speech and Language Therapist (SALT). The procedures in place to ensure one person received the diet and medicines in the appropriate form were not effectively managed. This person had been assessed as being at risk of choking and there was a care plan in place informing staff of how this person should receive their meals and medicines. We observed staff did not follow this plan and the person was placed at risk of choking. Two members of staff were not aware of the diet this person was supposed to have.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the times medicines were administered and we found there was a potential risk of people receiving their medicine doses too close together. We discussed this with the provider and when we returned to the service for the second day we saw the provider had put in place steps to minimise this risk.

People were supported by staff who had been trained to administer medicines safely. People had been assessed as not being safe to manage their own medicines. We observed staff administering medicines to people and saw they followed safe practice. We saw that medicines were stored safely and administered as prescribed. Staff told us that the manager observed them administering medicines on occasion to assess their competency.

All of the people who used the service that we spoke with told us they felt safe. One person told us, "The staff are nice, I do feel safe." Another person said, "I am safe here." Relatives told us they felt their relation was safe in the service. One said, "[Relation] is safe here, I wouldn't want to move them."

People could be assured that staff would support them to be safe from harm. Staff had received training in protecting people from the risk of abuse. Staff we spoke with had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns and escalating them to external agencies if needed. The manager demonstrated that they had shared information with the local authority following incidents in the service.

Risks to individuals were recognised and assessed so information was available to staff on how to manage risks. We saw there were assessments in place to assess and monitor the risks in relation to pressure sores and nutrition. A health professional who had been visiting a person who used the service told us that they had always witnessed staff use safe practice whilst supporting people.

All of the people we spoke with told us they felt there were enough staff working in the service to meet their needs. We observed people received care and support from staff without having to wait. Staff we spoke with told us they felt

Is the service safe?

there were enough staff working in the service to meet the needs of people. We saw the provider was using a tool to analyse how many staff were needed to meet the individual needs of people living in the service.

Is the service effective?

Our findings

Eight of the nine people we spoke with were happy with the food offered. One person said, “The food’s pretty good.” Another said, “Foods alright.” Two of the three relatives we spoke with said they felt the food was good, although one said they felt the meat was sometimes “tough.” We observed people being offered a choice of what to eat and drink at mealtimes and individual requests were catered for. The food looked appetising and nutritious and people we spoke with during lunch told us they were enjoying the meal. We also saw people being offered drinks and snacks, including a healthy option of fruit which was offered in the morning and afternoon.

We saw from the records of two people that nutrition was assessed on a monthly basis and where a risk of weight loss was identified, advice was sought from a dietician. Following this staff increased the frequency of when people were weighed, recorded the amount people were eating and fortified food with extra calories when recommended by the dietician.

People were supported to make decisions and where people did not have the capacity to make decisions this had been assessed appropriately under the Mental Capacity Act 2005 (MCA). The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. The acting manager and staff had a good understanding of the MCA. There were assessments in place to show that people’s capacity had been assessed and decisions were made in their best interests where they lacked capacity.

The Deprivation of Liberty Safeguards are a part of the MCA and protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. We found that three people were prevented from leaving the home alone as it had been assessed it was not

safe for them to do so. The provider told us they recognised they needed to make the applications to the Local Authority but had not yet done so. We found staff did not have an understanding of the DoLS. This meant staff were placing necessary restrictions on people without the authorisation to do so.

People we spoke with told us they were happy with the care they received from the staff and their relatives also spoke positively about the care provided. One person said, “I am happy here.” A relative told us they visited the service at different times of the day and was happy with the care being provided by staff.

People we spoke with told us they felt the staff knew what they were doing and relatives also said the same. Staff told us they had regular support and supervision with the acting manager, where they were able to discuss the need for any extra training and their personal development. Staff told us they were given training and said they felt the training given enabled them to do their job safely and we saw there were systems in place to support staff returning to work after long term absence.

People we spoke with told us they were supported to see a doctor when they needed to and that chiropodists, opticians and a podiatrist visited them at the service. One person told us that following a fall they needed to spend some time recovering and was, “Looked after, the girls are very good.” Another person told us about their particular health problems and regular visits to the hospital, escorted by staff. We saw evidence that staff sought advice and from external professionals such as dieticians and occupational therapists to support people with their health care.

People’s health needs were monitored and their changing needs responded to. We saw one person had developed a small ulcer and staff had sought advice from an external health professional. The health professional had given advice on how to minimise the risk of this happening again and we saw staff were following this advice.

Is the service caring?

Our findings

People commented positively on the staff and said they liked them with one person saying, "Very nice." We observed people approaching the staff during the day and people looked relaxed with the staff.

Relatives also said they were happy with the service with one saying, "I am always happy with the care." Another relative said, "There are quite a few staff go the extra mile." Relatives told us they felt their relation was treated kindly and with compassion by staff.

We observed a number of interactions between staff and people who used the service, which were warm and friendly. Staff spoke with people in a friendly, cheerful manner and explained to them before they gave any help or support.

We observed the lunchtime dining experience was a positive one with people chatting and laughing together. The two care staff in the dining area chatted with people and we saw they were kind and supportive to people who needed prompting with their meal. One person did not eat their meal and a member of staff said gently, "Would you like something else? A sandwich or something?"

One health professional who had been visiting a person who used the service told us that when they visited, the acting manager and care staff all displayed a caring and attentive attitude to the person. Another visiting health professional told us they had seen an improvement in the service in that the atmosphere was more friendly and homely.

People felt they could give their opinion on how they wished to be supported. One person said, "I say what I want and encourage others to be vocal about their wishes." One person told us that they had chosen the clothes that they were wearing and that this had made them happy.

We saw people were given choices about what they did and where they spent their time. We saw people spending time in their own bedrooms when they wished and saw some people chose to have their meals in other areas of the service, other than the dining room.

People had access to information about how to contact an advocate. Advocates are trained professionals who support, enable and empower people to speak up. We saw there were leaflets in the main reception area of the service, which people would be able to read, with the contact details of local advocates. The provider told us there was no-one currently using an advocate but that this was discussed in meetings.

People we spoke with told us that staff respected their privacy and dignity. One person said, "They (staff) never come in without knocking." Relatives told us they felt staff were respectful and they also told us they could visit at any time of the day and were made welcome. We spoke with two members of staff about how they would respect people's privacy and dignity and both showed a good level of understanding in relation to this. We observed staff interactions through the day and saw staff were mindful of people's privacy in that they knocked on doors and closed doors prior to assisting with personal care. Staff included people in discussions when they were supporting them and gave explanations of what they were doing.

Is the service responsive?

Our findings

People told us they felt they could make their own choices about what they did such as when they went to bed and when they got up. People told us they had not been involved in their care plan reviews but they were not concerned about this. Relatives we spoke with told us they felt staff communicated well with them and kept them up to date and involved them in their relations care.

People's needs and abilities were assessed and we saw that new care plans had been put in place which gave staff information about how much support people needed and what they could do for themselves in order to promote their independence. The information included what people liked and disliked, what was important to them and how staff should support them in a way they preferred.

The acting manager told us they had introduced a monthly visit from a place of worship and that all but one person who used the service had attended and enjoyed it. There was a planned absence of the activities co-ordinator. The manager told us that currently care staff were supporting people to follow their hobbies and interests as they had not been successful in recruiting a short term activity organiser. The provider told us there had been outside companies who had been into the service to provide different entertainment and activities. However we did not see any evidence of staff supporting people to follow their hobbies and interests on the day of our visit and people told us

there was not enough for them to do. One person said, "I spend a lot of time hanging about it's a boring routine." Another person said that they spent a lot of time on their own in their room but they were "getting used to it now." A relative told us they felt there was little stimulation for people, who were often left in front of the television.

People we spoke with told us they would feel comfortable to raise issues if they were unhappy in the service. They told us they did not currently have any concerns about the service. One person said, "If I was worried I would go to the senior." Another said, "You can talk to the manager." Relatives told us they were happy to raise any concerns and that staff were good at communicating with them about their relation. One relative said, "I feel I can always raise an issue with staff."

People could be assured that their concerns would be taken seriously and acted on. Staff we spoke with knew how to respond to complaints if they arose and knew their responsibility to respond to the concerns and report them immediately to the acting manager or the provider. We saw one person who used the service had raised a concern with the provider. The provider had met with the person and had responded appropriately to the concerns.

We saw people were given the opportunity to discuss concerns at meetings held for them. We saw there was also documentation in the main reception informing people of how to raise a concern and there was a clear procedure for them to follow.

Is the service well-led?

Our findings

There had not been a registered manager in post since May 2014. An acting manager had been recruited and the provider told us she was commencing the process to register with us. The provider was in the service on both days we visited and people told us he was there frequently overseeing what was happening and supporting the acting manager in the day to day running of the service.

We spoke with people who used the service and their relatives about whether they felt the service was well led. One person told us, "Its better now. New manager is good." People who used the service and their relatives mentioned the new manager positively, with comments such as, "The new manager is very nice, she listens." Also, "She's very good and approachable."

A health professional told us that when they visited the service the acting manager always spoke with them and they felt she ensured she got to know people who used the service well and checked that care plans were updated with any new advice given. They felt there had been recent improvements in the service.

People were supported by staff who felt valued. Staff we spoke with told us they felt supported by the acting manager and the provider. They told us they felt they could approach them and would be listened to. Staff also had opportunities to contribute to the running of the service through staff meetings.

We observed staff were comfortable approaching the acting manager and the provider throughout the day and saw that they were given support and direction. Staff told us the acting manager worked with them as a team and directed them. The acting manager confirmed this and said it was an effective way of observing practice and getting to know staff and people who used the service.

Records we looked at showed that the acting manager sent the required notifications to us within the required timescales to ensure we were kept up to date with events in the service.

We saw there were meetings held for people who used the service and their relatives to enable them to have a say in the quality of the service. All three relatives all mentioned the meetings held for them and told us they could fill in a form to give their comments and suggestions if they were unable to attend.

There were systems in place to monitor the quality of the service provided. We saw the provider was checking the quality of care delivery by carrying out audits of the service. This is a process that helps to ensure people receive the right care. We saw the provider was carrying out audits of the care plans, the cleanliness of the service and the environment. The acting manager was carrying out audits of the medicines. We saw the provider had identified gaps in care plans and had put an action plan in place to improve this. For example the provider identified the care plans needed reviewing for the month in which the audit took place and we saw this had been completed.

The acting manager told us they were prioritising improvements in the service and that they recognised what still needed to be done. She told us she was working with the provider to make the improvements and staff we spoke with confirmed this was happening and commented positively on the improvements the acting manager was making. We saw the provider had an improvement plan in place and also recognised what work needed to be done in the service such as introducing new care plans.

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 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services People who use services were not protected against the risks of receiving care that is unsafe by means of the delivery of care that meets individual needs. |

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.