

Carlton Care Home (Nottingham) Limited

Carlton Care Home

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?

Good 

Overall summary

This inspection took place on 24 October 2014 and was unannounced. When we last inspected the service in November 2013. The provider was meeting all expectations.

Carlton Care Home provides accommodation and nursing for up to 29 people who have nursing or dementia care needs. There were 25 people living in the home at the time of our inspection.

The manager was present on the day of our visit. 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.

We found staff were knowledgeable in how to safeguard people from abuse. They had attended relevant training, which helped them protect people from abuse.

We found the provider had a robust recruitment process to ensure they employed qualified and skilled staff to meet people's needs.

Summary of findings

People received their medicines as prescribed and in a safe way. Relevant records were completed and staff had attended appropriate training to ensure medicines were administered safely.

We found staff were aware of the mental Capacity Act 2005 (MCA), and Deprivation of Liberty Safeguards (DoLS). This meant people would not be restricted without the appropriate safeguards being in place. We found the provider made suitable arrangements to ensure people who lacked the capacity were appropriately assessed. We saw mental capacity assessments had been implemented for all the people living in the home.

Risk assessments had taken place to ensure people's needs were met. We saw sufficient staff on duty at the time of our inspection.

People we spoke with described ways in which their needs were met by knowledgeable staff who understood their individual care needs. Staff told us they completed an appropriate induction when they first started work at the home. We saw relevant training had been undertaken by all staff to ensure people were cared for by suitably skilled and qualified staff.

People told us they felt their privacy and dignity were respected. We saw staff interacting with people and they were caring for people in a calm and respectful manner.

People's needs were assessed and monitored to ensure they maintained good health and wellbeing. The provider consulted other professionals and followed advice when required to ensure people's changing needs were met.

People received suitable support to help them eat and drink independently. We saw people received sufficient to eat and drink. Staff were knowledgeable about people's dietary requirements to ensure they received a nutritional diet.

People were encouraged to be involved with their care and how the home was run. Staff had good knowledge about people and what was important to them. They were able to describe individual's preferences, wishes and aspirations. Complaints and concerns were dealt with in a timely manner. People we spoke with told us they were able to raise concerns and knew who they should raise them with.

We found the manager was open and approachable. They had appropriate systems in place to gather, record and evaluate information about the quality of the service. The manager had a good relationship with other healthcare professionals. When we spoke with other healthcare professional they told us they had a good positive relationship with the manager and there were no concerns with the care that was given.

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 safe.

People felt safe with the staff who cared for them and were protected from abuse. Staff were knowledgeable of how to recognise the signs of abuse.

People were able to take informed risks as the service managed potential risks and people received their medicines safely and as prescribed.

There were sufficient staff on each shift. Staffing levels were assessed and monitored to ensure people needs were met.

There were plans in place for the provider to respond in an emergency to ensure people's health and safety.

Good



Is the service effective?

The service was effective.

People's needs were met by staff who had appropriate skills and knowledge.

The manager was following the requirements set out for the MCA and DOLs and acted legally in people's best interests if they did not have the mental capacity for particular decisions.

People were supported to have a balanced diet that promoted healthy eating and drinking.

People received relevant health services when their needs changed.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion on a daily basis.

People had access to advocacy services and relevant information, so they could make informed choices and be fully supported to make the right choice for them.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People were supported to follow their individual interests and social activities.

People were encouraged to share their experiences and raise concerns if needed.

Good



Is the service well-led?

The service was well led.

People were encouraged to be actively involved with the service.

The manager was open and approachable.

Good



Summary of findings

The provider had a system to regularly assess and monitor the quality of service that people received.

Carlton 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.

The inspection took place on 24 October 2014 and was unannounced.

The inspection team consisted of two inspectors and an Expert by Experience who had experience with relatives and immediate family using adult social care services.

We spoke with 21 people who use the service and six relatives and friends of people living at the home. We also

spoke with three care workers, one nurse, the manager and the registered provider. We looked at some information in documents, which included five care files, three staff files and relevant management files.

Some people were not able to express their views due to their specific needs, so we used a Short Observational Framework for Inspection (SOFI). This is a method designed to help us collect evidence about the experience of people who use services.

Before the inspection, the provider completed a Provider Information Return (PIR). 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, which we used to prepare for the inspection. We contacted the local authority which had responsibility both for safeguarding and commissioning services. We took the information they provided into account in this report. We reviewed the information relating to this provider held at that time by the Care Quality Commission.

Is the service safe?

Our findings

All people we spoke with told us they felt safe. Four relatives told us they were reassured their family members were safe through their own involvement with the person and when they visited the home.

Staff told us they had attended appropriate safeguarding training and knew who they should report concerns to. Staff were fully aware of how to recognise and protect people from abuse. One care worker said, "I would report to the nurse in charge or the manager if I had reason for concern." We saw appropriate safeguarding protocols had been followed when staff had reported safeguarding issues to the local authority.

We saw there was an open culture when the provider dealt with safeguarding issues they worked with the local authority and reported accordingly any concerns or suspected abuse issues. We found the manager investigated allegations of abuse. We saw relevant information that demonstrated they managed incidents, accidents and safeguarding promptly. If and when required they completed thorough investigations and made changes if any actions were identified.

We saw appropriate risk assessments had taken place for example, for falls and wound care. These risks were identified during pre-admission assessments. We saw on one person's care file that discussions had taken place and the relevant risk assessments completed to ensure the person remained safe when taking informed risks, such as, when they were seated alone and using the dedicated area outside the main building. We spoke with two people who described the procedures that were in place to make sure they were safe at all times.

The manager told us they had implemented a new emergency evacuation plan, which identified roles and responsibilities for all staff. We saw a copy of the emergency plan, which contained information to support people if an emergency should occur.

All people we spoke with told us there were always enough staff on duty, day and night. One relative said, "This also contributes to the feeling my family member is safe." We saw sufficient numbers of staff working on the day of our inspection. Two staff we spoke with confirmed there were enough staff on each shift with the right skill mix. One staff member said, "We all work together." We also observed staff were available and attended people's needs in all areas of the home.

We saw the provider had robust recruitment processes in place, which they followed to ensure they had the right staff employed. A contributory factor to this was described by people who used the service and their relatives. They told us regular staff were in place and most of them had been working at the home for a long time.

We saw people received their medicines safely and as prescribed. The provider followed professional guidance and there were policies and procedures in place for the appropriate storage, administration and disposal of medicines. We observed staff giving people their medicines and saw that they stayed with people whilst they took all their medicines. Staff were assisting in an unhurried manner and talked with people during this process.

We checked the procedure for controlled drugs and saw that accurate records were kept. Appropriate audits had taken place. We looked at Medicine Administration Record (MAR) sheets for people's medicines. Staff used the MAR sheets to record individual medicines that people received. We saw the MAR sheets contained photographs of each individual to identify who the medicines were for. We looked at people's medicine care plans and saw the medicines were as prescribed and were relevant to that person. We found the medicine trolley was always left secure whilst staff delivered the medicines to people. We spoke with one member of staff who was responsible for administering medicines. They told us they had completed relevant medicines training and were regularly tested on their knowledge. We saw on the training records that named staff had received appropriate training with regards to administering medicines.

Is the service effective?

Our findings

All people we spoke with described ways in which their needs were met. They told us staff were knowledgeable and understood their individual needs, choices and preferences. One relative told us their family member had been fully dependent and needed a great deal of support from care staff when they first came to live at the home. This person had made significant improvement by responding to the positive care provided by the staff at the home.

We found all staff had received an induction when they first started work at the home. One member of staff told us they were introduced to each person living at the home before they provided any care. They also said they shadowed other staff members. They told us the time frame for shadowing depended on the staff members' confidence and ability. All staff we spoke with said they had received relevant training and read policies and procedures to ensure they fully understood what was expected of them. We saw staff had attended specific training to help meet the needs of people they cared for, such as dementia or diabetes. People we spoke with told us they felt the staff worked hard and knew what they were doing.

We found for people who lacked capacity, relevant mental capacity assessment forms had been used. We found each care plan identified if the person was able to make their own decision for the care and treatment they received. No one was deprived of their liberty at the time of our inspection. We saw staff had attended relevant training on the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguarding (DoLS). One staff member we spoke with understood the importance of mental capacity assessments. Another staff member told us they had just completed training on the MCA and DoLS. They talked about people having freedom and choices. They said this was to make sure people were able to make decisions for themselves.

The provider told us she always aimed to act in people's best interest. She told us if there was any doubt about a person's capacity they would obtain appropriate guidance from relevant healthcare professionals.

We observed staff asking people for their consent before they provided any care or support. One relative described how this was done, as their family member had limited mental capacity. They also explained how staff had obtained consent prior to a vaccination.

All the people we spoke with told us the food was "Okay". We observed five people and found they were supported accordingly by staff either when needing support to eat their meal or if they required assistance to help them eat independent. We found people with complex needs were regularly monitored and reviewed to ensure they received sufficient to eat and drink.

We observed people had appropriate cutlery, such as, ones with special handgrips and, where relevant, special dietary needs were accommodated. Staff were mindful when supporting people that they kept their independence, but assisted if required. We spoke with the cook and they were knowledgeable about people's dietary requirements. They had systems to identify if food was suitable for all, such as, people who were vegetarians or people with diabetes. They had labelled the dishes accordingly. The cook told us they asked people each day what they would like to eat. They (the cook) were able to identify if a person required soft or supplemented diet from records they kept. They were mindful of people's likes and dislikes or if a person was feeling unwell. They told us on occasions they had suggested alternative food that would be more appropriate and suitable for people's needs if a person was unwell.

We saw that one person was described as 'variation with weight and food intake' on their nutritional care plan. We noted the provider had obtained advice from a dietician who had made recommendations for the person to receive food supplements. We saw the quantity increased and decreased according to the person's need. We observed this person was given a milky drink that contained a food supplement during our visit.

The manager told us their greatest achievement was a person who was at risk of malnutrition when they arrived at the home. She told us with care and support from staff the person gained weight. The person's family confirmed the staff at the home had successfully supported the person back to a healthy weight. This demonstrated people received good care and support that was effective to their needs and helped to maintain their health and wellbeing.

Is the service effective?

People were supported to maintain good health as they had access to healthcare services, such as a GP, dentist or a chiropodist. People were able to request and have easy access to health services. One person said, "If you want to see a doctor you only have to ask." A relative told us you cannot fault them, they [the provider] are on the ball on getting things done, particularly if [name of person] needs the doctor or a hospital appointment." Another person who lived in the home said, if I want a doctor, I just ask."

We contacted other healthcare professionals as part of this inspection. They all gave positive feedback with regards to how the home worked with them and how they followed professional advice to ensure people's changing needs were maintained.

We found on one record we looked at that the person had 'fragile skin', which meant staff needed to check their skin at regular intervals. It was documented that staff had made relevant referrals to other health care professionals if and when the need arose. We saw documented evidence of how the person's condition had improved with effective care and treatment. It was also recorded in the persons care plan that they could not use the call bell. When we visited this person we found they were unable to communicate their wishes and appropriate capacity assessments were in place.

Is the service caring?

Our findings

People were respected and we observed a positive caring relationship between people and members of staff. One person we spoke with said, it's lovely here, couldn't be nicer. The staff really care for you." Another person said, "I love it, feeling part of the family here."

One relative we spoke with said, "I can only give positive feedback, the staff, they are wonderful."

We observed staff encouraged people to form meaningful friendships. People with similar interests were seated together so they could talk and participate in activities together. Staff spoke to people in a caring and compassionate manner. Staff had a good understanding of people's individual needs and the best ways of communicating with them. We heard a member of staff speaking to a person in their own language as their first language was not English. The person looked very happy to be interacting and communicating in this way with the member of staff.

We found staff were respectful when addressing people and used people's first names when they spoke to them. We found when speaking with staff they had in depth knowledge of each individual's needs and preferences. One staff member described how they cared for a person who they were key worker for. A key worker is a member of staff who works with the person, other healthcare professionals and family members to ensure the person's needs are met. They told us the person's likes and dislikes. We checked the person's care file to clarify the information matched what the care worker had told us. We also spoke with the person and they told us they were able to tell staff what they wanted.

People and relatives we spoke with confirmed they were consulted about their care and treatment. We saw people's views were respected and acted upon. One person told us they had made a choice of how they wanted to live and were fully supported by the staff to adhere to the choice they had made. Other people we spoke with talked positively about the care and support they received. We saw people had been involved with their care planning. The records also identified when families had been involved.

We found information was made available for people if they wanted to use an advocate. Advocacy seeks to ensure that people are able to speak out, to express their views and defend their rights. The provider told us one person had used this service when there had been a breakdown in communication between the family and the provider.

People we spoke with told us they felt they could have their say and that the provider listened to them and that their views were acted upon. We saw relative and resident meetings had taken place. In one meeting, people had discussed setting up a wishing tree. We saw the tree was in place and people living in the home had made some wishes and hung them on the tree. This showed the provider was listening to what people wanted. The manager told us where possible they would support the person with their choice and preferences.

Two people we spoke with said the staff always knocked and asked to enter their room.

We found privacy; dignity and people's rights and choices were recognized in each individual's care plan. All care plans described how staff should maintain a person's dignity. There were clear instructions for staff to follow. When we spoke with staff they were able to tell us what this meant for people and how it made them feel. Another member of staff told us what they did when attending to a person. They told us they would always knock on the person's door and wait to be invited in before entering their room. They said that if the person did not recognise people, they would say hello and introduce themselves when entering the room.

Some of the people we spoke with told us their relatives were able to visit them at any time. We observed family and friends visiting people during our inspection. We found visiting times were very flexible and without undue restrictions. One relative told us they liked to visit their family member before they started to work. We saw other people who spent most of the day with their relative just as they would if the person was still at home. The manager told us if a person wanted to speak in private they had access to another area within the home, their room or the office to ensure people's privacy was respected.

Is the service responsive?

Our findings

All people we spoke with gave positive feedback on how responsive the staff were to meet their needs. People told us their call bells were always answered. One person said “immediately.” They also said, “Should assistance be required during the night nothing was too much trouble.”

People told us they had been involved in the first assessment of their care before coming to live at the home. The manager told us they completed assessments before a person arrived at the home. These assessments were then used to create the care plan for that person. Staff confirmed they read the information on the care plan to help them personalise care for people living in the home.

The manager talked about the wishing tree. This was to identify what a person wished to achieve. For example, one person loved cooking and wanted to cook more Italian food. The manager told us they had made arrangements with the cook to make this happen. Another person told us they were supported to participate in family events, which they enjoyed. They also said in the summer they did some gardening and liked walking in the garden. Staff were knowledgeable about people and what was important to them. They were able to describe individual’s preferences, wishes and aspirations.

People were supported to follow their interests and hobbies. One person told us the provider had provided a weekly newspaper in the person’s native language. This also helped to support the person’s cultural needs. We

observed another person completing a jigsaw. Their visitor told us they [the person] loved completing jigsaws it was their favourite pastime. When we asked the person if this was what they liked to do, they gave us a happy smile.

We saw people who chose to smoke were allocated an area outside the home. We saw relevant risk assessments had taken place. We had a discussion with one person and they told us they fully understood the risk to their health and what this involved. We saw people who chose to sit outside were monitored by the home security systems to ensure they were safe at all times. We saw that each person’s preference to be outside was documented in their care plan.

All staff we spoke with said they had completed training for equality and diversity. Information we received from the manager told us they were introducing equality and diversity training on a yearly basis to make sure people’s needs were always met. We saw relevant training in this area had been booked for all staff. People could be confident the staff caring for them would have an understanding of their diverse needs and respond to them accordingly.

We spoke with one of the people who had raised a concern and they told us they were happy with the outcome. All the people we spoke with said they would speak with the manager if they had any concerns. During this inspection, none of the people we spoke with raised any concerns or had any complaints about the service they received. The manager told us they had received two complaints within the last 12 months. We saw the manager had responded to the complaints and appropriate action had been taken.

Is the service well-led?

Our findings

People and their relatives commented on the leadership and management of the home. One relative said, “The office door is always open. I’ve been coming to the home a number of years and feel like one of the family.” All the people we spoke with commented on the approachability of the management. We observed this on the day of our visit and all staff demonstrated knowledge and understanding of each individual.

People and their families were given the opportunity to be involved with the service. We saw regular resident meetings were held and people we spoke with told us they found the meetings very informative. We also saw a copy of the newsletter which gave information about activities, people’s birthdays and staff training was made available for people and their relatives. The manager told us this was to ensure people were fully informed what was happening at the home.

We saw people’s needs were managed in line with the care planning. The provider told us through information in the PIR that they were improving the care plan reviews by ensuring relatives and people living at the home where able were fully involved at all times. We saw this was work in progress and had not been completed at the time of our visit.

Staff told us they were able to raise concerns and the provider had policies and procedures in place to help support staff raise any concerns. All staff we spoke with said

they felt confident to question practice and raise concerns if the need arose. One member of staff said, “I would raise any concerns with the manager or local authority; I am confident that the management would listen.

People who used the service and the staff told us the management were always on site and visible. One staff member said, “This inspires and encourages me to do a good job.” The manager told us they were aware of their role and responsibilities. They also told us they were supported by the management team at all times.

We saw the provider had systems in place to monitor the quality of the service. This included gathering, recording and evaluating information by completing monthly audits, such as, for medicines, bedrails safety, mattress pressure checks and medical alerts. The manager told us they also completed visual checks of the home and addressed areas of concern as and when required. This was demonstrated on the day of our visit. When an item of equipment needed replacing it was addressed immediately. This showed they were aware of potential risks that may compromise the quality of the service.

The provider told us the manager had a good relationship with key organisations, such as the local authority. We spoke with the local authority and they confirmed the manager worked with them well. We received positive comments from them about the care people received and the staff providing the care. They told us they had no concerns regarding the care the home provided.