North Yorkshire County Council

Carentan House

Inspection report

Brook Street
Selby
North Yorkshire
YO8 4AU

Tel: 01757702815
Website: www.northyorks.gov.uk

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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

Summary of findings

Overall summary

Carentan House provides residential care for up to 24 older people. It includes facilities to provide care on a short stay, respite or rehabilitation basis in the Homewards Unit. People staying on the Homewards Unit have additional care needs relating to improving mobility and independence.

At the last inspection in October 2014, the service was rated Good. At this inspection we found the service remained Good.

People told us they felt safe and were well cared for. The registered provider followed robust recruitment checks, to employ suitable people. There were sufficient staff employed to assist people in a timely way. People's medicines were managed safely.

Staff had completed relevant training. We found that they received regular supervision, to fulfil their roles effectively.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People said they enjoyed good food. People's health needs were identified and staff worked with other professionals, to ensure these needs were met.

People said staff were kind and caring and that they treated people with dignity and respect. People's independence was promoted. Visiting health and social care professionals spoke positively about the quality of care provided and said that staff acted upon their advice.

Staff were knowledgeable about people's individual care needs and care plans were person centred and detailed. There was a range of activities offered including themed days and meals to celebrate special events and festive holidays.

People told us that the service was well managed and organised. The registered manager assessed and monitored the quality of care provided to people. People and staff were asked for their views and their suggestions were used to continuously improve the service.

Events requiring notification had been reported to CQC. The service met all relevant fundamental standards we inspect against.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Carentan 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 checked whether the registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 10 January 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider was asked to complete 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. We reviewed the information we held about the service including notifications about any incidents in the service.

We asked commissioners from the local authority for their views of the service provided. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England.

We spoke with nine people living at the home, two visitors and a visiting social care professional. We spoke with the registered manager, deputy manager, four care workers and three ancillary staff. We looked around the building and observed what was happening in the home such as medicines being administered and the lunchtime experience. We looked at records relating to the care of four people.

We reviewed management records including the 'service improvement development plan', maintenance, staff recruitment and training, surveys, staff meeting minutes and the complaints book.

Following our inspection, we spoke with two health care professionals who visit the service.

Good

Is the service safe?

Our findings

We observed that people looked comfortable and at ease when talking with each other and with staff. People told us they felt safe and one person said, "It just couldn't be better here." Health and social care professionals told us that they had no concerns and when asked if the service was safe, one health care professional said, "Very much so, yes."

Staff received training on making a safeguarding alert so that they would know how to follow local safeguarding protocols. Staff told us they would have no problem discussing any concerns with managers and were confident any issues they raised would be dealt with immediately. There was written information around the home about safeguarding and how people could report any safeguarding concerns.

Risk assessments were in place for each person based on their assessment of needs. Risks had been identified and action was taken to minimise potential risks without undue restrictions being placed on people. Where people had been identified as at risk of falls, healthcare professionals were involved in the development of their care plans. This meant that people were supported to maintain and increase their mobility in a safe way.

We looked at the arrangements in place for managing accidents and incidents and preventing their reoccurrence. We saw that documentation was completed following a fall including a body map of any injuries sustained, together with a 48 hour observation period to monitor the person for any untoward effects. The registered manager explained that they reviewed all the documentation relating to falls to make sure that staff had taken appropriate action to keep people safe. However, we did not see any formal accident analysis being undertaken at the time of our inspection. Following our visit, the nominated individual told us they reviewed any accidents and incidents in the service and monitored these for any trends and themes so that action could be taken to prevent reoccurrence.

There were contingency arrangements in place so that staff knew what to do and who to contact in the event of an emergency. Health and safety checks were up to date and the registered manager told us that a fire and rescue service officer was due to undertake a full check of the premises in January 2017. There were also personal evacuation plans (PEEPs) about how to support each person in the event of an emergency. These were designed to meet people's individual needs. We saw the PEEPs were kept together so that they were readily available in case of emergency. The degree of assistance a person might require was also displayed on the person's door as a visual prompt for staff. These were in the form of a colour coded picture that was meaningful to the person such as a tractor or a flower, to protect their confidentiality.

People told us there were always enough staff to support them and said that staff had time to spend with them. The registered manager told us they kept the staffing levels under review and deployed staff flexibly around the service to ensure people received support in a timely way. Most people who used the service wore a pendant to call for assistance from staff and we saw that prompt assistance was offered willingly and cheerfully when people requested it.

Robust recruitment practices were followed to make sure new staff were suitable to work in a care service. These included application forms, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This service is in place to help employers make safer recruitment decisions, to protect people.

The arrangements for managing people's medicines were safe. People's medicines were kept under review and, in the case of one GP practice, we were told that a doctor who specialised in supporting older people visited twice a year to review people's medicines. We observed staff were patient and waited to administer people's medicines at a suitable time so the person was not rushed if they wanted to have a lie in. All medicines were administered by senior staff members who were trained and competent to do this. Medicines were administered to people in a safe way and people were helped and supervised if they needed to be.

We looked at the communal areas and a sample of bedrooms. We saw that the service was clean, warm, and welcoming. Sanitising hand gel and personal protective equipment such as gloves and aprons were available at appropriate points throughout the home for staff to use to prevent the spread of infection.

Good

Is the service effective?

Our findings

People told us staff were knowledgeable and helpful. A visiting social care professional said, "I have found that the staff are good at building people's confidence." Another healthcare professional told us, "I am always happy people will be looked after and monitored and you know the care is going to be there."

Staff had received training on a range of topics such as safeguarding, food hygiene and safe moving and handling. Staff training levels were displayed on the noticeboard in the entrance hall. For example, we saw notices that stated, '90% of our staff are trained in back care', and, '100% of our staff are food hygiene trained'. This meant that people who used the service and visitors were kept informed on the level of training staff received.

Training records showed staff had appropriate training in specific care needs, such as epilepsy, relevant to people living at Carentan House. All the staff we spoke with told us that training was on-going and had to be completed to help them to maintain and enhance their skills. Staff had regular supervision sessions so they could care for people effectively.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had received training in MCA and DoLS and we found that staff had a good understanding about people's rights and the importance of obtaining people's consent to their care. When we visited no one was subject to a DoLS authorisation, however, appropriate policies and procedures were in place for staff to refer to and mental capacity assessments had been undertaken. This helped to protect people's rights. With regard to their care, one person said, "They [staff] always ask me if I want something first, there is always a choice." People's care records identified where they could make decisions, or where they needed support from other people for more complex decisions.

People were complimentary about the quality and presentation of meals. People told us the quality of the food was, "Excellent" and "The food is very good, I am well fed." We saw there was a varied menu, which offered people a choice of food at each meal. We observed people were offered drinks and snacks throughout the day and the chef came out of the kitchen to speak with people and consult them about their menu choices. We observed the mealtime was not rushed and people stayed at the table after their meal had been cleared away to chat and socialise with each other. For one person who had been attending a medical appointment, their meal had been saved for them to eat on their return. They said, "They are good like that. Nothing is too much trouble." People's nutritional well-being was assessed and kept under review. Records were kept if people required their food or fluid intake to be monitored to make sure any health needs were identified.

People were supported to access community health care services when they needed to, such as GPs,

podiatry and opticians. During our visit, we saw people went to attend health appointments at the local hospital, GP surgery and at the opticians. One member of staff told us, "It is nice to be able to spend some one to one time with [the person] and we go for a cup of tea while we are out if [the person] likes to do that."

We saw evidence that there were a wide range of healthcare professionals in regular contact with this service to support people. A healthcare professional told us staff understood when people's health needs had changed and made timely referrals when needed. They said, "There is open, good communication and I am positive that if there is any issue, they [the staff] always contact us straight away."

People were provided with essential equipment to maintain and promote their health and wellbeing. For example, we saw community professionals visited to fit telecare equipment to ensure it was working correctly and staff would be alerted when assistance was needed if people were unable to use the call system owing to physical or mental impairment.

Good

Is the service caring?

Our findings

People who used the service expressed satisfaction with the care they received. Comments included, "Very good and caring staff," and, "[The staff] are always ready to have a laugh and a joke."

People's feedback in the service's recent quality survey was positive. Comments we saw included, "Excellent set up," "Staff get it dead right," and "Excellent service, very good and caring staff." We saw thank you cards referred to staff as being cheerful and caring. Regarding staff attitude, one relative had written, "Staff are angels." Another person commented that they felt their relative was in safe hands and was being looked after in a cosy, supportive environment. A social care professional told us, "They [the staff] are genuinely caring. Nothing is too much trouble and we often see [people who use the service] out and about in town."

People told us they were treated with dignity and their privacy was respected. We found examples of how staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. We spent time with people in the communal areas and observed there was a relaxed and caring atmosphere. We saw staff encouraged people to share their views and listened patiently to their responses. People were at ease when speaking with staff and there was a lot of laughter as they chatted.

The registered manager told us that they were committed to providing an inclusive and supportive environment. We saw information leaflets around the service were provided in an easy to read format and these included information on changes to legislation, safeguarding and complaints. Some people could express their views clearly, but there were others whose voices were not so easily heard. We saw that special efforts were made to ensure that these people's views were also heard and acted upon. For example, by the use of local advocacy support and interpreters.

We found that support was planned to ensure people received the care they needed which enhanced their wellbeing. For example, in response to feedback about hospital facilities, those people attending appointments were provided with a packed lunch from the kitchen, which avoided the need for them to queue. The registered manager told us of consultations with a local society for people with sight impairment, to improve the quality of life for people who used the service with sight loss. This included plans to use accessible readers to display the menu and newsletter in an accessible format. We were shown trays, which were placed in each person's room at night. These held a tumbler and a small covered water jug and were provided in a suitable colour for people with sight impairment to help themselves to a drink at night. This helped promote people's independence.

Staff had the opportunity to lead on specific events in the service. We heard of examples including a 'Stop the Clock Day' when the normal routine of the service was suspended. This allowed staff the time to provide a wide variety of activities to enhance people's everyday lives, stimulate interest and create memories. We saw photographs were displayed that celebrated a 'beach day' held in the service. This gave people the opportunity to dip their feet in water, build sandcastles and enjoy refreshing drinks, seaside foods and

snacks. People had their fish and chip meal served on placemats with pictures of seaside resorts they would have been familiar with. In their feedback about the beach day one person said, "It made [Name] think of when she used to paddle in the beck as a child."

Information about significant events, birthdays, and planned trips were included in the quarterly newsletter, together with details recent deaths which gave people the chance to remember friends and deceased loved ones.

Good

Is the service responsive?

Our findings

We found that staff were knowledgeable about the people who used the service. People's care plans detailed the care they required and included people's likes, dislikes and preferences about how their care should be provided. For example, for one person, we saw that when they were in bed they liked 'a top and bottom sheet, two pillows and six thin blankets to cover me up'. This level of detail meant that staff could provide the care that met the person's needs and preferences in a consistent way. Staff told us they knew what was important to individual people by speaking with them, reading their care plan and life histories and involving their families.

People's needs were assessed before they moved into the home to ensure staff knew what support people required. Care plans showed the support each person needed, for example with mobility and specific health needs. Care plans were reviewed monthly or more frequently if people's needs were changing, to ensure they remained up to date. We saw evidence which informed us regular reviews of people's care took place. Occupational therapists and physiotherapists carried out the assessments for people admitted for short stay rehabilitation and they demonstrated to staff the exercises required, to enhance people's mobility and improve their confidence and strength. A healthcare professional commented, "They [the staff] follow care plans and are quick to report back to us if people's needs change."

We found that staff were flexible and responsive to meet people's needs. There was a key worker system in place whereby a member of staff was allocated to be the main point of contact for each person. Staff said this system was important to ensure people's care plans were reviewed and implemented in a consistent way to meet their goals. For example, for one person, the keyworker supported the person to go into town to buy their toiletries to maintain their skills for when they moved back home.

People told us there was a good range of activities and entertainment that met their needs. Some people told us they preferred to follow their own interests and pursuits while others enjoyed the games and quizzes offered daily. People could also attend activities in the separate day centre that operated from the service, if they wished. The provider alerted staff via email to festivals, celebrations and holidays and we saw that themed events and meals were planned around these dates.

Links were maintained with local schools and people were regularly accompanied into town, to Selby Abbey or to their local church. They told us there were numerous events such as singing, arm chair exercises and nail care. There were also trips out. One example was a recent trip to a shopping centre for people to enjoy the festive decorations and purchase gifts for family and friends. People could purchase small items and toiletries from the service as well as clothes in special shopping events where the collections were brought into the service.

Information about how to make a complaint was displayed in the reception area. People told us they had not needed to complain, but they said they knew who to speak with if they had any worries or were upset. One person said, "No I haven't needed to complain. It is beautiful here; everyone is so kind." A relative had commented in their written feedback to the service, "I can't fault it, very welcoming."

Any complaints were recorded and submitted to the provider on individual complaint card for their oversight. There had been one complaint and we saw there were clear records about the nature of the issues and the feedback given to the complainant.

Good

Is the service well-led?

Our findings

People told us the service was well run and that all the members of the management team were approachable. A social care professional told us, "There is always a manager to speak with and they are very client focused." Another healthcare professional told us, "It is well-managed, they always act upon what we say," and, "There is open, good communication. [The staff] are always amenable to our advice and encourage people to be independent."

There was a registered manager. 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.

People had opportunities to share their views about the service and were encouraged to make suggestions through formal surveys and informally by chatting with staff. We found that the registered manager was responsive to people's views and acted upon these. For example, at our last inspection they told us the staff team photograph board would be moved within the reception area of the home to help inform people about the management structure in place. When we visited at this inspection, we saw this had been done.

Information was widely available about the service and community facilities. For example, the noticeboard displayed information about upcoming events, the library service, mealtimes, hairdresser and chiropody visits, surveys and access to the website. We saw people's views from the last survey were positive and the registered manager confirmed these would be also be displayed on the noticeboard for everyone to share.

We found an engaged, friendly and experienced staff team in place. Staff said they felt the registered manager was supportive and there was an open, inclusive culture in the home. All staff were encouraged to share ideas and reflect on their performance through team meetings and supervisions, which were used to inform the annual appraisals. Attendance at team meetings was seen as a priority and there was an expectation that staff attended a minimum of six meetings per year. This meant staff had opportunities to discuss the running of the home at staff meetings and to receive updates about the organisation.

A number of staff had received long service awards and, in telling us about their work, one member of staff said, "I absolutely love it." It was evident from our discussions and observations that the registered manager valued each member of the team and staff in turn valued each other's contribution. We found this helped to create the high level of satisfaction people reported about the service and the quality of care they received.

The registered manager carried out monthly checks on the service. A senior manager made additional monthly checks during the registered manager's supervision session. In discussion with the nominated individual, they told us they collated information and analysed incidents included falls, accidents and incidents. This meant they could monitor for any trends in the safety and well-being of the people who lived there and identify any action for improvement. In this way the provider aimed to continuously monitor the quality and safety of the service.

Notifications about accidents and incidents that occurred at the home were submitted to CQC as required. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. The Statement of Purpose states that Carentan House caters for people over the age of 65 who have any disability or health need. Because of an admission to the service outside this age group, we discussed with the nominated individual that any changes to this must be reflected in the service's Statement of Purpose and a notification about the changes also submitted to CQC.