

Mrs Barbara Davidson

Carleton House

Inspection report

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19 July 2018
27 July 2018
08 August 2018

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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?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection took place on 19, 27 July and 08 August 2018.

Carleton House is registered with the Care Quality Commission to provide accommodation and personal care for up to three people. The home is situated in Morecambe and is two semi-detached properties which are joined together to give access between them both. At the time of the inspection visit four people were living at the home.

Carleton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The registered provider was the main carer to people who lived at the home. Care and support was also provided at times by the registered provider's daughter who was the deputy manager. No other staff were employed to work at the home.

We last carried out a comprehensive inspection at Carleton House in February 2016 and the home was rated Good.

At this inspection visit carried out in July 2018, we found the registered provider had not met the fundamental standards. We identified concerns in relation to safe care and treatment, staff training, and the ways in which the service was managed. .

We found medicines were not always safely managed in line with good practice guidance. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment.

We carried out a visual inspection of the home and found the premises were not safe. Not all safety checks had been carried out in a timely manner. Additionally during the inspection visit we were made aware from the Fire Service the premises did not meet the current fire safety standards. This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014- Safe Care and Treatment.

Staff who provided care and support to people who lived at the home did not always have the required training skills and qualifications required. For example, the registered provider's policy for the safe handling of medicines stated all staff would have appropriate training but this policy had not been followed and staff administering medicines did not have any up to date training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Staffing.

Leadership at the home was sometimes inconsistent. The registered provider failed to understand the

importance of continuous improvement and the need to consult with good practice. Paperwork was not always suitably completed in order to ensure safe and effective care was delivered. The registered provider had not maintained up to date, contemporaneous records for all care provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

People who lived at the home told us they considered the home their own and felt safe living there. Although people felt safe, people were not aware of how to report any concerns in relation to the care provided. We have made a recommendation about this.

We saw evidence that people's wishes at the end of their life had been discussed and explored with people.

We spoke with the registered provider about the Human Rights Act. The registered provider said they were unaware of this Act. We have made a recommendation about this.

Risk was managed informally. The registered provider said they had a good knowledge of each person who lived at the home and were aware of their individual needs and risks. We saw people were sometimes encouraged to take risks if they were calculated as safe to do so and of benefit to the person.

People described the service as, "Homely." And, "Friendly." People said they were treated with kindness and were encouraged to develop skills. During the inspection visit we observed people carrying out activities of their own choosing.

People told us they were encouraged to develop and maintain relationships to prevent isolation. During the inspection visit we observed people going out to visit their friends and attending social groups.

We saw evidence of multi-agency working to promote effective care. A health professional told us the registered provider considered people's health needs at all times. Relatives told us the service was good at meeting the needs of people.

People told us their nutritional needs were met by the registered provider. Meals were provided by the registered provider but people had access to their own kitchen to make snacks and drinks whenever required.

People and their relatives told us they had no complaints and considered the service to be well led. Feedback from relatives about the home and how it was managed was positive. Although people considered the home to be well-led we found the registered provider did not always understand their roles and responsibilities in relation to providing regulated activity.

Because of the size of the home infection prevention and control processes were managed informally. However, the registered provider had an infection prevention and control policy which could be initiated in the event of outbreaks or risk of cross infection.

People were 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. Consent to care and treatment was routinely sought informally.

This is the first time the service has been rated Requires Improvement.

Full information about CQC's regulatory response to any concerns found during inspections is added to

reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was sometimes safe.

Medicines were not always appropriately managed in line with good practice guidance.

Safety checks had not always been completed in a timely manner.

People who lived at the home told us they felt safe but were not aware of processes to report safeguarding concerns.

Risk was informally addressed and suitably managed.

Staff were deployed to meet the needs of people who lived at the home.

Is the service effective?

Requires Improvement ●

The service was sometimes effective.

Not all staff had the appropriate skills and qualifications to ensure safe and effective care was provided.

People's health needs were monitored and advice was sought from other health professionals in a timely manner.

Staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring.

People and their relatives told us the registered provider was kind and caring.

We saw people were treated with patience, dignity and respect.

Is the service responsive?

Requires Improvement ●

The service was sometimes responsive.

Care documentation maintained did not reflect good practice guidelines. Documentation had not been updated to reflect changes in people's care needs and preferences.

End of life care had been discussed with people so preferences could be considered.

The service had a complaints system that ensured all complaints were addressed and investigated in a timely manner.

Is the service well-led?

The service was sometimes well led.

People and relatives told us the service was well managed. We received positive feedback about the registered provider.

Although we received positive feedback, we found paperwork was sometimes incomplete as records were not maintained to demonstrate care and support provided.

The registered provider did not have systems to learn, innovate and improve.

Processes to ensure the home was adequately maintained and managed were sometimes inconsistently applied.

The registered provider failed to understand the Regulations and their responsibilities.

Requires Improvement 

Carleton 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.

This comprehensive inspection took place on 19, 27 July and 08 August 2018. We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that a staff member would be in. The first two days visits were announced.

Carleton House is a small care home registered to provide care and accommodation for up to three people. The home is two semi-detached properties which are joined to give open access between the two. Although there is joint access, the people who live at the home have their own kitchen and private lounge. There is also access to a garden area, which has a patio and a summer house.

Before the inspection took place, we spoke with the Local Authority contracts teams, and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We received no information of concern.

As part of the inspection process we reviewed information held upon our database in regards to the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

The first two days of the inspection process was carried out by one adult social care inspector. Two adult social care inspectors attended the home on the third day to follow up on information of concern provided

to us before the inspection process was complete.

Throughout the inspection visits we gathered information from a number of sources. We spoke with all of the people who lived at the home, one relative and one partner of a person who lived at the home to seek their views on how the service was managed.

We also spoke with the registered provider and the deputy manager who were responsible for providing all care and support to people who lived at the home. In addition, we spoke with one health care professional to find out their views on the way in which the home was managed.

To gather information, we looked at a variety of records. This included care plan records and medicines administration records relating to all people who lived at the home. We also looked at other information related to the management of the service. This included health and safety certification, policies and procedures, accidents and incidents records and maintenance schedules.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure required improvements had been made; and to ensure it was clean, hygienic and a safe place for people to live.

Following the inspection visit we spoke with the Fire and Rescue service to update them of our findings. As a result of our discussions the Fire and Rescue service visited the premises and carried out their own inspection. Following the Fire and Rescue visit, we received confirmation they would be taking action against the registered provider.

Is the service safe?

Our findings

People who lived at Carleton House told us they felt safe and secure living at the home. One person said, "I definitely feel safe here."

Although people told us they felt safe we found people were not always safe. As part of the inspection process we looked at how medicines were stored, administered and managed. Medicines were pre-dispensed into blister packs by the pharmacy when appropriate. Blister packs were stored securely in a locked cabinet during the day. Whilst reviewing the storage of medicines we saw medicines which were due later that day were missing from the blister pack. The registered provider advised the medicines had been taken from the blister pack and placed in plastic pots for two of the people who lived at the home. The registered provider said these were to be given to people at meal times so they could retain some independence. When asked, the registered provider confirmed they gave the pots to people and did not observe people taking their medicines. We reviewed the medicines administration record (MAR). This had been signed by the registered provider to indicate medicines had been administered and taken. When asked, the registered provider could not provide us with reassurance the medicines had been taken as recorded.

During discussions regarding medicines, we were informed one person who lived at the home had gone out for the day. The registered provider had given the person their medicines to take whilst out. However, the registered provider had signed to say the person had taken the medicines and had not reflected upon the MAR the person had taken the medicines off the premises. This meant the MAR record did not accurately reflect how medicines had been administered. MAR records should be appropriately maintained to accurately reflect all actions carried out when handling and administering medicines.

We found good practice guidance had not been followed to ensure people who self-administered their own medicines had been consistently followed. For example, there were no accompanying risk assessments to show risk had been addressed when supporting people to self-administer.

Whilst carrying out a visual check of the home, we saw some medicines were stored on the side in the kitchen. The registered provider said the medicine was a homely remedy for people to use when required. A homely remedy medicine is a medicine which is available over the counter without a prescription. We reviewed the organisations medicines policy which stated all homely remedies would be approved by a person's doctor before administering. We spoke with the deputy manager about this medicine. They confirmed no consultation had taken place with a people's doctor to ensure the medicine was safe for people to use and did not affect any other medicines being taken. Whilst reviewing the medicine, we noted the bottle had a pharmacy label upon it. The medicine had not been purchased over the counter but had been prescribed to a different person who did not live at the home. The registered provider said a visitor must have brought it to the home. They agreed to remove it immediately.

These above matters demonstrate there was a breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) 2014 as suitable processes for the safe management of medicines were not in

place.

As part of the inspection process we looked to check the premises and equipment were appropriately maintained. At the inspection visit carried out in February 2016, we highlighted the importance of ensuring large windows at height were restricted to prevent falls from height. We identified two windows and asked the registered provider to refer to good practice guidance and consider installing window restrictors. Following the inspection visit we received information from the registered provider to confirm action had been taken. At this inspection we found the registered provider had only fitted one restrictor. The registered provider said they were unaware the second window required a restrictor in place. This conflicted with information sent out in the inspection report from February 2016.

At the inspection visit carried out in February 2016 we found that portable electrical checks had not taken place. The registered provider responded to concerns by ensuring all electrical appliances were checked and following the inspection visit provided us with evidence to show this had been carried out. We looked at electrical appliance certification maintained by the registered provider. There was no evidence to demonstrate that further electrical appliance checks had taken place since February 2016 despite the electrical safety certificate stating that checks should be carried out annually. We asked the registered provider to confirm no electrical appliance testing had taken place. They confirmed the certificate in the file was the most recent appliance check and no checks had since taken place.

We saw the gas safety check to ensure all gas appliances at the home were in safe working order had expired in April 2018. We highlighted concerns to the registered provider. They said they were aware of this but said the risk was managed as they did not use the gas fire or gas cooker in the areas where the people who lived at the home resided. We saw however, the gas cooker was still installed and could be switched on.

We spoke with the deputy manager about the importance of ensuring safety checks were up to date. They told us they had delayed having these checks completed as they were in the process of having building works completed in the part of the home which was used by the registered provider. They said they planned on having these checks carried out when all works had been completed. The deputy manager agreed to book the maintenance checks in advance. Following the inspection visit we received verbal confirmation the gas and electrical safety checks had been booked to take place within the month.

As part of the inspection process we shared our concerns with the Fire and Rescue Service. Following discussions, the Fire and Rescue Service carried out an announced inspection of the premises and identified a number of concerns within the premises. They confirmed the premises were not currently meeting the set safety standards and commenced action against the registered provider.

This was a breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) 2014 as the registered provider had failed to ensure the premises used by the service provider were safe to use for their intended purpose.

We looked at how personal risk was managed and addressed to ensure people were safe. Not all risks were documented for each person but risk was informally managed by the registered provider. For example, one person required some assistance whilst out in the community. Systems had been implemented to manage the risk. The registered provider said they knew each person well and was confident all risks were appropriately managed using this informal approach. They said they could consult with health professionals for advice and guidance in managing risk.

We looked at how safeguarding procedures were managed. We did this to ensure people were protected

from abuse and harassment. Everyone who lived at the home told us they were not exposed to any harm or harassment. One person said, "I feel safe here. It's not bad or nasty." However, when asked, people were not aware of their rights and how to raise a safeguarding alert if they were being abused. We noted a list of contact numbers for people which had been on display at the last inspection visit had been removed from display. We spoke with the registered provider about this. They were not sure where the information had gone to. They agreed to look at putting up another poster to signpost people to the appropriate body if they felt they were being abused. We received confirmation this had been completed prior to the inspection process being complete.

We spoke with the registered provider about good practice guidelines developed by the local authority in relation to reporting of abuse. The registered provider was not aware of recent policy and the changes to documenting and reporting of safeguarding incidents. We reviewed the organisation's safeguarding policy and noted this was out of date and did not reflect current local safeguarding guidance. We fed this back to the deputy manager. They agreed to take immediate action to ensure policy was up to date and people who lived at the home had access to the required contact telephone numbers in an emergency.

We recommend the registered provider consults with and implements good practice guidelines in relation to safeguarding of vulnerable adults.

We looked at how the registered provider managed behaviours which sometimes challenged the service. Through discussions with the registered provider, we noted one person was identified as sometimes displaying behaviours which at times could test the service. This had on one occasion exposed the registered provider to risk. Whilst this information was not documented the registered provider told us they had reflected upon this incident and looked for lessons learned as part of the learning process. They said as a result they had amended the way they communicated with the person. This showed us the registered provider reflected and learned from incidents to improve the quality of the service.

We looked at staffing levels to see if staffing levels met the needs of people who lived at the home. The registered provider was the main carer within the home and was supported when necessary by the deputy manager. No other staff were employed to work at the home. People said they were happy with the staffing arrangements in place. One person said, "[Registered provider] is always about. If we need them they are only next door." The registered provider said there were times when people did not have any support within the home but said they were always contactable in an emergency. They said, "I always have my mobile with me."

We found suitable checks were in place to ensure staff employed were of suitable character to work with people who lived at the home. The registered provider had requested a Disclosure and Barring Service (DBS) certificate for the deputy manager. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people.

We looked around the home and found it was clean, tidy and maintained. People who lived at the home told us they were happy with the standard of cleanliness. One person told us, "[Registered provider] sometimes cleans my room for me." We saw the registered provider had an infection prevention control policy which referenced ways to ensure infection prevention control measures were implemented at the home.

We looked at how accidents and incidents were managed. The registered provider had a policy for managing these. There had been no accidents and incidents reported since the last inspection.

Is the service effective?

Our findings

People who lived at the home and relatives told us people who lived at Carleton House received effective care. Feedback included, "This is one of the best places I have lived." And, "[Registered provider] has taught me loads of things." And, "[Registered provider] has done a good job. She has turned me into a grown woman."

As part of the inspection process we looked at staff training. We did this to ensure people who lived at the home were supported by staff with appropriate up to date skills and knowledge. We asked the registered provider what training they had undertaken since the last inspection visit. They confirmed they had not undertaken any training and said they had no desire to further their skills and knowledge. They said, "I have enough training. I am not doing any more."

We spoke with the registered provider to clarify what qualifications they presently held. They confirmed they did not have any up to date qualification for managing first aid situations, assessing health and safety or a qualification to support them to safely handle foods.

We reviewed the Organisations policies. We found the registered manager was not following their own policies by ensuring training was up to date. For example, the homes policy for handling of medicines stated, 'Any staff employed by the home should be trained in safe handling of medicines and should receive regular updates.' This had not been followed on this occasion. Additionally the health and safety policy stated, 'All staff will be trained to an appropriate level.'

We discussed with the deputy manager the importance of ensuring staff skills were up to date and regularly refreshed in order to ensure good practice was consistently followed. The deputy manager agreed to take action and identify training for both themselves and the registered provider. They said they would work with the registered provider to ensure training was updated. On the second day of our inspection visit we saw the deputy manager had taken action and had completed some e-learning courses. Prior to the inspection process concluding, the registered provider told us they had completed two courses. However, we received no further information to evidence the registered provider had started to update their own skills and qualifications.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to ensure all staff had completed training necessary to enable them to carry out the duties they were employed to perform.

We looked at how peoples' healthcare needs were met by the registered provider. All people we spoke with told us they had access to their doctor, (GP) when they needed it. One person said, "[Registered provider] will ring the doctor for me."

We received positive feedback from a relative about the way their family member's health care needs were met. They told us they had seen a marked improvement in their family members' mental health since their

family member had been supported by the registered provider. They said, "They are like a different person."

The registered provider said they were able to deliver effective care as they had a good knowledge of each person who lived at the home. They said, "I know them more than they know themselves." The registered provider said they consulted with health professionals for advice and guidance when they had any doubt a person was not well. We saw evidence of one person being referred to health services when their physical health had deteriorated. Additionally we saw the registered provider was working proactively in maintaining the person's health prior to a hospital admission.

We spoke with a health professionals they told us they had no concerns about the support provided to maintain people's health. They praised the registered provider for their skills and abilities in meeting people's needs.

We looked to ensure the registered provider was meeting people's dietary needs. People and relatives told us food was always available and was of good quality. Feedback included, "The food is brilliant. We get to choose. We have our own fridge and toaster and can make a brew when we want." Also, "They (people who live at the home) are well fed." The registered provider said they tried to promote healthy nutritional food wherever possible. They said this contributed to people's positive well-being.

On the first day of the inspection visit we observed a person going into the kitchen and making themselves a drink. We looked in the fridge and noted light snacks were available. The registered provider said all cooking was prepared by themselves in their kitchen and carried through to the other side of the home for people. People said they were happy with these arrangements.

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.

We spoke with the registered provider about the Mental Capacity Act and how it had bearing upon people who lived at Carleton House. The registered provider said all people who lived at the home had capacity and could make their own decisions. The registered provider was aware of people's rights to make unwise decisions but said they would try to encourage people to change their mind if they thought a decision was unwise. They said, "They are grown-ups. They can make their own decisions. I can't take their independence away from them."

We looked at how consent was achieved. We saw that people were asked informally to consent to care and treatment.

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 MCA. The procedures for this in care homes and hospitals are 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 were being met. Observations made during the inspection process confirmed people were not restricted of their liberty and had the freedom to come and go as they wished. People told us this was the case.

During the inspection visit we saw a number of restrictions were in place at the home. For example, the

registered provider said people could not use the gas cooker in the home and could not smoke on the premises. We discussed these with the registered provider; they told us these restrictions had been agreed in discussion with people as a means to keep people safe. However there was no evidence available to show these discussions had taken place and people had consented to this. We discussed with the registered provider at feedback the importance of documenting any conversations that have taken place when people have been consulted with.

As part of the inspection process we reviewed the living environment. Whilst there was a focus on ensuring the home was kept as homely as possible we saw aids and adaptations had been considered in order to promote people's independence. For example, one person had recently had an operation and needed mobility aids to assist them. These were available throughout the home where required.

Is the service caring?

Our findings

People who lived at Carleton House and relatives told us the care was good. Feedback included, "[Registered provider] looks after me. They have looked after me ever since I moved here." And, "[Registered provider] is really caring. If I ever need anything she is there." Also, "She has been a friend to me." And, "[Registered provider] is like a mum to me. I love her so much."

We spoke with a relative and a partner of someone who lived at the home. They told us they were happy with the care provided. They praised the registered providers commitment and standard of care provided. Feedback included, "They [registered provider] looks after everyone, including me!" And, "They put themselves out wherever they can to help others."

We looked to see if people's human rights were promoted and upheld. When asked, the registered provider said they were unaware of what the Human Rights Act was about. However, when prompted they were able to describe the importance of respecting each person as an individual whilst promoting equality, dignity and respect.

We recommend the registered provider consults with appropriate legislation to ensure people's human rights are considered and the knowledge is embedded throughout the service.

We observed care and support being provided to people. People were offered the freedom of choice to get up when they wanted. Additionally we saw the registered provider was aware of people's preferences and choices. The registered provider said the size of the home allowed people to receive flexible person centred care. It was evident both the registered provider and deputy manager knew people's individual needs.

People and relatives told us the registered provider promoted independence. A relative said, "Since being at Carleton House they are completely different. They have learned to do their own shopping and can go out on their own."

During the inspection visit we observed positive interactions between people who lived at the home and the registered provider. We observed people laughing and joking. The registered provider said, "We are like one big family here."

The registered provider said people were informally encouraged to express their views on the way the home was managed. They said they regularly asked people who lived at the home if they were okay and happy with the service.

We looked at how information was shared with people who lived at the home. The registered provider said when people had difficulty understanding information they took the time out to go through information and explain it to people. They said one person who lived at the home could not read. They said they made sure they sat with the person to read their correspondence.

During the inspection process we were made aware one person who lived at the home had recently made a significant decision within their life. The registered provider spoke of their frustrations as the person was not being supported in a timely manner to have their decision fulfilled. We asked the deputy manager if advocacy services had been considered in these circumstances. Advocates are independent people who provide support for those who may require some assistance to express their views. The deputy manager confirmed they had not but agreed to look into this so the person could be appropriately supported by an independent body.

Is the service responsive?

Our findings

People who lived at Carleton House told us they received person centred care which was responsive to their needs. "We are allowed to do what we want. When we want." And, "[Registered provider] is there when we need them."

We looked at care records related to people who lived at the home. Care plans were brief and sometimes detailed people's own abilities as a means to promote independence. Care plans detailed people's individual strengths and weaknesses and included a personal goal. Whilst reviewing the records we found information was sometimes missing or conflicted with other information provided during the inspection process. For example, we were informed by the registered provider one person who lived at the home had experienced deterioration in their mental health since the last inspection visit. We reviewed the person's care record and this was not reflected within the care record.

We fed back to the deputy manager concerns about the quality of the paperwork. They agreed to look into improving the standard of documentation in relation to care records. Following the inspection visit we sent the registered provider a copy of guidance developed by the local authority to support providers improve care records. In addition, we provided the deputy manager with details of the local authority quality improvement lead so they could ensure any improvements made within the service met good practice guidance. Following the inspection visit we received confirmation the registered provider had contacted the local authority as agreed.

We noted from records maintained that no annual reviews of care provision had taken place since our last inspection visit. We asked the registered provider about this. They confirmed annual reviews had not taken place. They said, "If there is anything wrong they tell me."

We recommend the registered provider refers to and implements good practice guidance in relation to care planning and documentation

People who lived at Carleton House told us they had no concerns about the service provided. Feedback included, "I've never had to complain. She [registered provider] does a brilliant job." And, "No complaints." In addition, we spoke with a relative. They told us they had no complaints about the service provided.

The registered provider had a policy for managing complaints and documented on a monthly basis they had reviewed the process. We noted there had been no documented complaints since the last inspection visit.

We asked the registered provider how complaints were managed. They said they spoke with the people who lived at the home on a daily basis to ensure people were happy. Any concerns were therefore acted upon immediately before they became a complaint. This showed us concerns were acted upon in a timely manner and appropriately addressed.

We spoke with people who lived at the home about activities. They told us they were appropriately

encouraged to participate in activities of their choosing. During our inspection visit we saw people had active lives and were valued members of their community. One person told us they had started new activities since we last visited. They said the new activities met their changing needs and preferences.

We reviewed systems for end of life care for people who lived at the home. The registered provider had a policy in place to ensure people's end of life wishes were discussed and explored. We saw that some discussions had taken place with people about their preferred wishes at the end of their life.

We asked the registered provider about the use of technology at the home. People who lived at the home had access to mobile phones so contact could be maintained with the registered provider at all times in emergency situations.

Is the service well-led?

Our findings

People who lived at the home and relatives told us they considered the home to be well-led. One person said, "There is nothing they could do better."

Although people and relatives considered the home well-led, we found some shortfalls in the way the home was managed. We found paperwork was sometimes unclear and incomplete. Whilst the home was small and care was managed informally we found the registered provider did not keep any records for care provided. It is important that records of care provision are maintained so people's experiences can be documented. Additionally, records of care can also promote consistency in care provision.

Additionally we found risk was not consistently managed. For example, safety checks upon equipment and premises had not been managed in a timely manner to mitigate any risk associated with faulty or unsafe appliances.

We found the registered provider did not always understand the importance of continuous improvement. For example, the registered provider had not updated their own skills since the last inspection visit and was reluctant to do so. This meant good practice guidance had not been considered when developing and implementing care practice. For example, good practice had not been considered when administering medicines. Additionally the organisations safeguarding policy was not up to date and did not reflect up to date guidance and legislation.

The registered provider had policies to ensure the safe running of the service. However we found these were not always consistently applied. For example, the registered provider had a homely remedies policy but was not consistently following this to ensure over the counter medicines were safe to administer.

The above matters demonstrate there was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 as the registered provider had failed to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.

We found the registered provider did not always fully understand their roles and responsibilities in relation to the carrying out of regulated activity.

The registered provider said they did not carry out formal quality audits due to the size of the service. They told us people were consulted with informally on a daily basis. However, the registered provider did not keep any records to evidence any discussions had taken place.

We saw evidence of some partnership working. A health professional told us they were consulted with for advice and guidance when required. Additionally the deputy manager said they had attended some local authority provider meetings in the past. They said however they did not feel they were always appropriate as Carleton House was only a small service.

We saw aims and objectives of the service were clearly detailed and reviewed by the registered provider on a regular basis. The registered provider said they worked hard to ensure the environment and service was as homely as possible. They said, "This is an ordinary house. We are like family here."

We were informed there was a business continuity plan for emergencies. In the absence of the registered provider, the deputy manager could be called upon to provide care and support. One person said, "Occasionally we see [Deputy manager]. They sometimes help out. We see them now and again." The registered provider communicated regularly with the deputy manager to ensure they were aware of what was happening at the home. We saw evidence of tasks being delegated between the two so identified concerns could be acted upon.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment was on view as required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to ensure systems or processes were established and operated effectively to ensure compliance with the Regulations.</p> <p>The registered provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;</p> <p>The registered provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.</p> <p>17 (2) (1) (b) (c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider failed to ensure persons employed received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. 18 (2) (a)</p>