

Sweet Homes Limited (A Joshi)

# Sweet Homes Limited t/a Carshalton Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Sweet Homes Limited t/a Carshalton Nursing Home is a residential care home providing personal and nursing care to people over 65. The care home is registered to accommodate up to 33 people in one adapted building on a residential road. At the time of our inspection 16 people were living there.

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

The provider had not made the adaptations required to the environment to effectively meet people's needs. People were unable to use the baths, the décor was in poor condition, the colour scheme was not dementia friendly and people had access to only one communal area.

There was a lack of stimulating activity provided to people by staff. People did not know how to complain. This information had not been made readily available to people. Most people's bedrooms were not personalised.

People received their medicines as prescribed, but medicines were not stored securely in line with good practice. Staff were recruited using robust practices to ensure they were safe and suitable to deliver care. The manager ensured that staff received training and supervision.

Staff entered people's bedrooms uninvited to hold telephone conversations whilst people were present in them.

The provider did not always act on feedback or on the shortfalls identified during quality audits. The service did not have a registered manager in post at the time of the inspection and has had four managers since the last inspection in 2018. The manager at the time of the inspection had been in the role for four months and told us they intended to register with CQC.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 7 June 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about the suitability and maintenance of the care home environment. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Full details about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Sweet Homes Limited t/a Carshalton Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector, a special nursing advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Sweet Homes Limited t/a Carshalton Nursing Home 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.

A condition of the providers registration of this location with the Care Quality Commission is that there is a registered manager in post. The service did not have a registered manager post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 11 September 2019 and ended on 13th September 2019.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. We sought feedback from the

local authority and healthcare professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with five people, three relatives, three care staff, one chef, one nurse and the manager. We reviewed six people's care records and medicines administration records. We looked at five staff files which included staff supervision and recruitment files. We also checked a range of records relating to the management of the service, including policies and procedures and quality assurance audits.

#### After the inspection

We contacted seven health and social care professionals who have regular involvement with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always stored safely.
- People's medicines were stored in two medicines trollies near the nurses' station which was situated in the lounge. Whilst both medicine trollies were locked, neither was secured to a wall in line with good practice. This meant people's medicines were not stored securely as there was a risk they could be wheeled away.
- The wheels on the unsecured medicines trollies were not fixed in a locked position. This meant if a person were to lean against a medicine trolley the wheels would turn and the medicine trolley would move, placing the person at risk of falling.
- Eye drops were inappropriately stored in a medicine trolley. In line with requirements, the eye drops should have been stored in a fridge to keep them cool.

The failure to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

- People's Medicines Administration Records [MARs] were kept in a locked and secure medicines room. MAR charts were completed appropriately and confirmed people had been receiving the right medicine at the right time.
- Where people received 'when required' medicines the circumstances in which they should be administered, along with the maximum frequency of doses that could be administered was clearly stated.
- The manager and lead nurse carried out monthly audits of MAR charts and medicines stocks

### Assessing risk, safety monitoring and management

- Most risks were well managed. For example, where people presented with choking risks they were referred for assessment by a healthcare professional. Staff followed their recommendations by ensuring food and drinks were served at the correct consistency such as thickened drinks and fork mashable food. However, where people used catheters staff did not record fluid balances. In another example, one person's care records had not been updated to reflect their hospitalisation in relation to a medical device.
- Where people were identified to be at risk of falls, referrals were made to healthcare professionals. Staff followed the guidance of healthcare professionals and support people to be safer by using mobility aids such as Zimmer frames and wheelchairs.
- People were protected from the risk of malnutrition. Where people had poor appetites, staff assessed their risk of malnutrition. This included weighing people, monitoring their food intake and reviewing any related

factors such as their health and mobility. If people were identified as having lost weight rapidly referrals were made to the GP and dietetic services.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- The provider had a safeguarding process in place. Staff received safeguarding training and were able to explain to us types and signs of abuse as well as the actions they would take if they suspected abuse. One member of staff told us, "I would tell the manager straight away if I was concerned about abuse and I would tell you guys in CQC if [the manager] didn't act fast."
- Where safeguarding concerns had arisen, the service attended and participated in the appropriate meetings.

#### Staffing and recruitment

- People received their care and support from staff who were assessed to be safe and suitable to do so.
- Staff submitted applications and passed interviews before being offered posts. These were conditional upon satisfactory references, criminal records checks and proof of identity.
- The provider ensured staff continued to be eligible to work in the UK. Where staff work permits expired they were suspended until their status was resolved and the service retained all correspondence as evidence.
- People and relatives told us there were enough staff available to deliver care safely. One person who chose to spend the majority of time in their room told us, "Staff come when I call them."

#### Preventing and controlling infection

- The service had a food hygiene rating score of five out of five, which equated to very good, when recently inspected by the food standards agency.
- There were no unpleasant smells in the service at the time of our inspection.
- Staff wore Personal Protective Equipment (PPE) when supporting people with personal care and handling soiled laundry. PPE included aprons and gloves which were disposed of after each use.
- There was soap and hand towels in each bathroom and toilet and hand sanitizing dispensers were located throughout the service.
- Chemical products used for cleaning were kept in a locked cupboard to which people did not have access. This meant people were protected from the risks posed by hazardous materials.

#### Learning lessons when things go wrong

- The manager maintained a record of accidents and incidents. These were regularly reviewed to identify trends and patterns to avoid recurrence.
- Learning from incidents was shared by the manager with the team.



## Is the service effective?

### Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The care home had not been adequately adapted to effectively respond to people's changing needs. The baths were not fit for purpose. One healthcare professional told us, "The bathrooms on the first and second floor are not suitable for use for individuals with restricted mobility." Each bath was next to a wall which meant a hoist could not be safely used and two staff could not support people from both sides of it. One member of staff told us, "Nobody can have a bath. It's too difficult. They can use the sink in their room or have a shower" in one of two wet rooms.
- The décor of the care home was tired and worn. One person told us, "I think it needs a general spruce, a new coat of paint." One healthcare professional told us, "The general appearance of the home is poor." Walls and doors throughout the building were scuff-marked and chipped. In communal areas and people's rooms wallpaper and paintwork had pulled away from the walls where items such as pictures, posters and signs had once been.
- The poor condition of the environment risked negatively impacting people's mental health. One member of staff told us, "This place is just run down. And you know what? It can get you down."
- The linoleum flooring in one person's bedroom had been poorly fitted resulting in a gap running through the middle of their bedroom floor. The person told us, "I'm ever so worried I might trip over and fall. I might bash my head."
- The environment of the home was not dementia friendly. The walls were painted magnolia and the doors and door frames were white. This meant people living with dementia and failing vision had no colour contrasts to support their depth perception or orientation.
- The service did not have a quiet room, dining room or activities room. Besides their bedrooms, people only had access to a large lounge which they sat around the edge of, in aged furniture which needed to be replaced. People sat with their backs to the windows which offered a view of the garden. This meant people had little choice over where they spent their time.

The failure to ensure the premises remained suitable and properly maintained is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment

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

- People's needs were assessed prior to moving into the service. Assessments were undertaken by health and social care professionals as well as by the manager or lead nurse.
- People's assessed needs included their health and social needs.

Staff support: induction, training, skills and experience

- New staff completed an induction when they started working in the care home. A member of staff told us, "I went through the policies and shadowed senior staff for three days. I was confident then." Staff undertook

training in areas considered by the provider to be mandatory during their induction.

- Staff received supervision from the manager. We reviewed supervision records which showed discussions about people's needs, developments at the service and staff personal development. The manager told us that appraisals had not taken place because she had not known staff for a sufficiently long period. Longer serving staff had, in the past, received appraisals from the previous registered manager.
- Staff received on-going training. This included training in areas such as first aid, safeguarding and moving and handling.

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

- People received the support they required to meet their assessed nutritional needs. We observed some people receiving assistance from staff to eat.
- People told us they chose what they ate and enjoyed it.
- Staff met people's dietary requirements. This included preparing textured foods and vegetarian dishes.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported effectively to move into and out of the service. Prior to admission staff obtained relevant care records such as assessments and discharge summaries.
- The service made available a prepared package of information to share with external agencies such as the ambulance service and hospital staff should it be necessary.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to engage with healthcare services and professionals when required. For example, where people had hearing aids they were supported to attend audiology appointments to test both their hearing and hearing aids.
- Healthcare professionals regularly visited people at the service. These included GPs, dentists, physiotherapists and occupational therapists.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Where required, people were supported with mental capacity assessments, these were decision specific in line with good practice and recorded.
- Where restrictions were in place to deprive people of the liberty in order to keep them safe, records were in place. This included the duration for which the restriction was valid.
- Where individuals such as relatives or solicitors had specific legal powers for matters such as people's property and finances, this was stated in care records.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Staff did not always respect people's privacy.
- One person told us, "Sometimes they go into my room to take phone calls, it did upset me once. They wander in and it needs to be made known that it's a private room. Or they don't knock before they come in and I have to be careful of keeping my things out."
- We observed staff entering a person's room without knocking to hold telephone conversations. When asked why they had done this, the staff told us that the reception on the care home's portable phone was poor.

The failure to ensure people's privacy is a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.

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

- People told us staff were caring and that positive relationships had been formed between them. One person said, "They're caring, yes."
- People were supported around their spiritual needs. The staff arranged a fortnightly Christian service for people with hymns and bible reading. One relative told us, "It was nice service."
- People who wanted to, were supported to attend a local church service by members of the local congregation.
  - Staff provided people with support around their culture. People ate foods and listened to music that one relative described as culturally appropriate. This included eating traditional English dishes and listening to preferred music types.

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

- Care staff and people knew each other well. We observed that staff knew people by name and used people's preferred names.
- People were supported to make decisions about their care. For example, people chose what clothes they wanted to wear and the times they went to bed and were supported to get up in the morning.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

- There was a lack of stimulating activity for people throughout the day. One person told us, "There are things laid on, but I'm not interested." One relative told us there were no activities taking place. Another relative said, "I came once, and they were doing colouring."
- In the morning of the first day of our inspection a short activity took place in the morning. This was gentle seated exercises including breathing techniques and gentle movement. In the afternoon the scheduled activity did not take place. Staff told us this was because it would be a person's birthday soon and people would be making cards. This activity did not happen either and people did not make any birthday cards.
- On the second day of our inspection the scheduled 'exercise to music' activity did not take place.
- People had the options of being in their bedrooms or the lounge. No other communal or recreational spaces were available in the care home. We observed people in the lounge sitting around the edge of the room doing very little. Two televisions and a radio were on at the same time which had the risk of creating an overly stimulated and confusing environment.
- The bedrooms of most people in the service were not personalised.
- All bedrooms were painted the same colour indicating people had not chosen the décor and colour schemes. In some places the paint on people's walls had come away and looked unsightly.
- Where people had framed pictures in their bedrooms these tended to be the same generic and faded pictures such as flowers in a vase, cats and woodland. This indicated that people had not always chosen the artwork in their rooms. Additionally, some people had pictures, photographs and drawings stuck to their bedroom walls using sellotape rather than hung in frames. This indicated a lack of involvement by people in selecting how their environment looked.

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

- The provider did not make information available in accessible formats for people. For example, the provider's service user guide which was dated 12 August 2011 had not been updated to include easy read text or to contain illustrative pictures. This meant people did not have easy access to information regarding the service they should expect to receive or guidance on what to do if they were dissatisfied. Similarly, menus and the provider's complaints policy were also not available in accessible formats.

The failure to design care with a view to achieving people's preferences and meeting their needs is a breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person

centred care.

Improving care quality in response to complaints or concerns

- The provider did not make it easy for people to know how to complain.
- The provider's service user guide did not explain the complaints procedure that people or their relatives could to follow.
- Three people we asked told us they did not know how to make a complaint.
- The complaints policy was on display in the reception area. However, the policy was stuck to the wall at a height of approximately six and a half feet. This meant people seated in wheelchairs or stooped when using walking frames could not see the policy.
- The complaints policy was not available in accessible formats such as easy to read, pictorial or in audio form.

The failure to establish and operate effectively an accessible system for receiving complaints is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Complaints.

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

- Where people were at risk of social isolation, care records stated how their social needs should be met. For example, one person who preferred their own company and to be in the privacy of the own room was supported with one to one time with a member of staff. The care records of another person who had a preference for remaining in their bedroom said they, "Wish to be kept informed of any social events going on in the home to enable me to join in if I wish to do so,"
- People told us that visitors were made to feel welcome and care records stated people's preferences for how they received visitors. For example, one person's care records stated, "I would like to receive all my visitors in the upstairs lounge unless I specify otherwise."

End of life care and support

- The manager informed us that none of the people living at the service had been identified as requiring end of life care.
- A programme of work was underway in which key workers, the manager, people and relatives developed end of life care plans which focused on people's preferences and concerns.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider failed to make improvements to the care home despite quality audits stating this was necessary.
- Managers of the service as well as external health and social care professionals had repeatedly identified the need for redecoration and refurbishment throughout the service during quality checks. However, the provider had failed to carry out this programme of improvement. This meant people continued to receive care and support in an environment that was not personalised and did not meet their needs. For example, people could not have a bath if they wanted.
- The provider failed to act on feedback from people, relatives and staff to bring the environment of the care home up to an acceptable standard. One member of staff told us, "This is an old house. We've complained forever. The owner said they're going to redo everything and buy new furniture. They've said it for a long time. He has promised." Records of residents' meetings show that undertakings were repeatedly given by the provider to carry out this work.
- Quality assurance checks did not always identify shortfalls in care records. For example, staff did not maintain fluid balance charts for people who had used catheters. In another example, following the discharge of one person from hospital one person's care records were not updated to reflect risks associated with a medical device they used.

The failure to assess, monitor and improve the quality of the service; to maintain accurate and complete care records and upon and rectify shortfalls; and to act on feedback to improve the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.

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

- The service did not have a registered manager in post. This meant people's care was not managed by a person legally responsible for how the service was run and for the quality and safety of the care provided. The new manager had been in post for four months and told us they intended to register with CQC.
- Since our last inspection in April 2018 the service has had four managers. Staff told us that this level of leadership turnover had been challenging. One member of staff said, "The change has been tough for us staff, but the new manager is good."

- We observed that people appeared to know the manager. One person told us, "She is a very good manager."
- The manager hosted a meeting of people and relatives to gather views and share information. Minutes of the most recent meeting showed a discussion took place around issues such as infection control checks, refurbishment of the home, food and activities.
- Staff attended team meetings where the manager encouraged discussion around people's needs and changes at the service. For example, the minutes of the last team meeting showed that organisational structure, visits from the local authority, and safeguarding was discussed.

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

- The manager understood their duty of candour and the responsibility to notify CQC of all significant events affecting people at the service.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People benefited from the service working cooperatively with others. For example, staff made referrals to a wide variety of healthcare professionals who engaged with people.
- Staff attended training courses delivered by local health and social care teams.
- The manager attended the local authority's providers forum where good practice in social care was discussed.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The failure to design care with a view to achieving people's preferences and meeting their needs is a breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.  9 (1) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect
Treatment of disease, disorder or injury	The provider failed to ensure people's privacy is a breach of Regulation 10 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Dignity and respect.  10 (2) (a)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to ensure the proper and safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.  12 (2) (g)



Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Treatment of disease, disorder or injury	The provider failed to establish and operate effectively an accessible system for receiving complaints is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Complaints.  16 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The failure to assess, monitor and improve the quality of the service; to maintain accurate and complete care records and upon and rectify shortfalls; and to act on feedback to improve the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance.  17 (2) (a) (c) (e)