Carlton House Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection of Carlton House Rest Home took place unannounced on 9 January 2015. Carlton House is a care home for up to 40 older people, including those who may be living with dementia, a mental health disorder or a physical disability. There were 34 people living at the home when we inspected.

Carlton House Rest Home is located in New Milton, Hampshire, in a residential area close to the town centre. The accommodation is over three floors and most bedrooms are ensuite. The home has two lounges on the ground floor and a small, family lounge on the second floor. The dining room is on the ground floor and there is a passenger lift. At the front of the house, there is an enclosed garden with a patio area.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Medicines were not always managed safely and there was a risk people might not receive the right medicines at the right time.

There were also some safety precautions, relating to emergency planning that were not in place, which could put people and staff at risk.

People living at the home and their visitors and relatives were complimentary about the quality of care provided. They liked the friendliness of staff, and the homely atmosphere. We were told staff encouraged people to treat Carlton House as their home.

Staff suitability for working at the home was checked during recruitment. Risks associated with people's wellbeing were identified and managed, with steps taken to keep people safe from harm. The home was staffed with enough care staff to meet people's individual needs and staff received training relevant to their roles.

People were cared for by staff who knew and respected people's specific preferences and needs. Staff demonstrated a caring and friendly manner with people and recognised when people needed additional support. Care was personalised so people chose what they wanted to do or eat and staff respected people's choices.

The home was well led. The registered manager made herself available to staff, visitors and people using the service and provided visible leadership. Management and staff at the home worked effectively with health and social care professionals and followed their advice when delivering people's care.

People's care plans provided guidance on how they wished to be supported and people were involved in making decisions about their care. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS), which is part of the Mental Capacity Act 2005, and relates to promoting people's rights to freedom of movement. The registered manager followed the requirements of the act and was progressing DoLS procedures where appropriate.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, in relation to medicine management. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently providing safe care.

Medicines were not managed safely as recording errors had been made and stock balances were not monitored.

There were omissions in the preparations for emergency procedures, which could put people at risk.

There were sufficient staff and they were recruited safely. The home operated safe systems to protect people from avoidable harm and abuse, and staff were trained to recognise and report signs of potential abuse.

Risks associated with people's care were identified and managed to help keep them safe.

Is the service effective?

Good

The service was effective.

Staff were trained and supported in their roles and knew how to care for people in the way they liked. They applied guidance provided by health care professionals to support people's health care and wellbeing.

People made choices in relation to their meals, how they spent their time and how they liked their care to be provided. They were helped to maintain their health and wellbeing.

People were presumed to have capacity and the service met the requirements of Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Staff related well with people and were kind, friendly and supportive. They recognised people's right to privacy and dignity.

People liked living at the home and relatives and visitors were complementary about the caring attitude of staff. Everyone commented on the homely nature of the service, where people were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's individual needs and preferences were assessed and care was provided accordingly. Plans were updated and amended when people's needs changed.

Summary of findings

Staff understood people's preferences and responded appropriately to people's requests or worries. People and their relatives felt able to talk with the registered manager and staff and any questions or concerns were addressed promptly.

Complaints were managed effectively.

Is the service well-led?

Good

The service was well led.

There was visible leadership within the home, and the registered manager was fully involved in the delivery of care and the development of the service.

The aim of the service was to provide personalised care and to create a homely environment, and staff understood their role in achieving this. Staff were encouraged to gain additional skills and qualifications.

Systems were in place to monitor the quality of the service and implement improvements.

Carlton House Rest Home Limited

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 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 inspection took place on 9 January 2015 and was unannounced.

The inspection team was made up of an inspector, a specialist advisor for adult social care 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also considered other information, such as previous inspection reports and notifications. A notification is information about important events which the provider is required to tell us by law. We also looked at the details on the provider's website. We used this information to plan the inspection.

We spoke with 13 people using the service and seven relatives or visitors. We interviewed the registered manager and seven members of staff including care, domestic and catering staff. We observed care and reviewed five people's care records and seven people's medicine records. In addition, we reviewed documents relating to the management of the home, such as maintenance and service records. To check recruitment practices we reviewed five staff records.

After the inspection we spoke with three visiting health and social care professionals to gather information about their experiences of working with the service.

The last inspection of this service was in July 2013 and no concerns were found in the areas inspected.

Requires Improvement

Is the service safe?

Our findings

Medicines were not managed safely. The administration of medicines was not recorded accurately. The medicine administration records (MARs) for two people indicated they had not received their medicines at 08.00 on the morning of our inspection. However when we checked their medicine dispensing packs these showed the medicines had been administered, but the record had not been signed to show this. A third person's MAR had been signed to indicate a medicine had been given on the day after our visit, which could not have been done, and this was another recording error. Where people's medicines were stored in boxes, as opposed to dispensing packs, the MARs did not show the quantity of medicines in stock at the start of the medication cycle. This meant we were not able to track that the right quantity of medicines had been given over a period of time. Staff had not consistently marked the opening dates of boxed medicines on the packs, to enable them to audit stock levels against records of administered medicines. This meant there was a risk people might not receive the right medicines at the right time.

Everyone we spoke with said the home was a very safe place, with one person commenting, "I'd rather be here than anywhere else". All said they were able to make choices about how they spent their time and confirmed they did not feel their movement was restricted. People showed us their rooms and said they had call bells as well as private telephones to call people if they wanted assistance. They said staff attended promptly if called. People also told us there were enough staff, with the right skills and attitude.

Care plans did not include details of people's specific medication, what the medicine was prescribed to treat or how it should be administered. This meant that care staff would not be able to assist people in understanding their medication requirements, and would be at risk of not identifying errors made by the pharmacy. There was also no information in care plans to assist care staff in administering medicines needed only 'as required' such as pain killers and laxatives. The registered manager had prepared these but they were not present in people's files for reference. This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Medicines in the fridge were stored at safe temperatures and this was monitored. Some people required drugs that are controlled under the Misuse of Drugs Act 1971, known as 'controlled drugs'. These need to be managed securely in line with legislation, and there were safe systems were in place for this at Carlton House.

The provider had taken steps to prepare for emergencies, associated with the running of the home. This included preparing a 'grab pack', ready for an emergency evacuation, and positioning it near the main entrance. However the 'grab pack omitted some key information such as the up to date resident room list showing people's contact details and mobility needs. The fire risk assessment had been reviewed in 2014 and there were no outstanding actions to complete. There had been fire drill practices in 2014 and fire equipment was maintained and serviced regularly under contract. The passenger lift was a fire-safe lift and at the time of our inspection, the provider was installing a new sprinkler system within the home. There was also a business continuity and emergency response plan.

The staff took action to minimise the risks of avoidable harm from abuse. Staff understood the importance of keeping people safe, including from abuse and harassment, and they could describe what was meant by abuse. Most staff had completed training in recognising and reporting abuse and there were local policies and protocols on reporting abuse. The registered manager was aware of her responsibility to report allegations or suspicions of abuse to the local authority and to the Care Quality Commission (CQC). There had been no notifications relating to abuse in the past year, but previously, the registered manager had raised concerns and these had been dealt with appropriately and were closed.

People's needs were assessed before they moved into the home. These included risk assessments in relation to, for example, infection control, mobility, nutrition and social activities. Accidents and incidents were reported, with copies in people's care files. A 'falls diary' was initiated if people began to experience regular falls, to assist staff in identifying how best to keep them safe.

The home and equipment was maintained to a safe standard for people and for staff. There was daily access to maintenance support and staff said day-to-day repairs were attended to promptly. The home was maintained to a high standard and equipment such as specialist beds, baths and chairs were available to enable staff to provide

Requires Improvement

Is the service safe?

care safely. Staff were able to describe accurately how to use the hoist and people who needed to be moved regularly by hoist had their own slings, assessed as appropriate for their needs. Equipment such as the lift, hoist and small electrical items were checked and serviced regularly. There were contracts for the servicing of utilities, such as gas and electricity. The environmental health officer had given the home a food hygiene rating of 5, the highest rating, based on hygienic practices and management of the food preparation areas.

People were assisted promptly with their care and there were enough staff on duty to meet people's needs. The staffing levels were maintained and the home had a pool of part time care staff which meant it did not need to use agency staff. Staff told us that staffing levels were sufficient and cover was arranged quickly if staff called in sick. The registered manager employed a mix of care staff and senior care staff, as well as kitchen assistants, domestic staff and a staff member to serve drinks. There was no activities coordinator employed, but entertainers visited to provide group activities.

Recruitment procedures were safe, and included checks on staff suitability, skills and experience. In addition, checks on whether people had criminal records or were barred from working with children or vulnerable adults were completed, and the registered manager sought references from previous employers. This meant people were cared for by staff who had demonstrated their suitability for the role.

People were protected against risks of infections. The premises were maintained to a clean standard and checked regularly. Most staff had completed training in infection prevention and control techniques and we observed staff using aprons and gloves when necessary. Some toilets and bathrooms did not have any facilities for people to dry their hands however, such as hand –dryers or paper towels. The registered manager explained they were looking for an alternative system as they had recently experienced plumbing problems from the disposal of paper towels in toilets. There were regular checks of the bathrooms, toilets and laundry and there were appropriate policies and procedures in place. The laundry room had been renovated and was well organised and designed for easy cleaning. The premises appeared clean and there were antibacterial hand gels available for people to use.

Good

Is the service effective?

Our findings

Everyone we spoke with was positive about the skills of the staff, saying they were polite, courteous and good at their jobs. Relatives and friends said they visited at various times, and had a good 'feel' about the home. They said they had no concerns about the way people were cared for. They said people saw the chiropodist regularly and the doctor was called promptly when necessary. People gave good reviews of the food, and one visitor commented that their relative was eating much better now that he was given smaller portions. One person said "The food is beautiful, especially the cheesecake!" A relative said "The aroma from the kitchen is always very inviting!" People reported that their views were sought and they were able to refuse care if they wished. One person said, "The staff are here if we want them, but do not interfere".

Visiting health and social care professionals told us the registered manager and senior staff had a good knowledge of people's health needs, and called them for advice, or to request a visit, appropriately. One said "I have never had any concerns about care [at this home]." Another commented on the high quality of palliative care practiced by staff. We were told that if tasks were delegated to staff by visiting community nurses, they always followed the guidance given. This included looking after the holistic care of people with pressure ulcers, to ensure their skin was protected and their nutritional welfare maintained. A visiting health professional commented that staff were attentive to foot hygiene and they were impressed by the quality of care provided.

People were cared for by staff who were trained to provide safe and appropriate care. Staff completed essential training for their roles, including training in how to keep people safe from abuse, fire safety, infection control, medicines management and how to move people safely. Staff were able to explain how they used the hoist and a visiting health professional said staff had actively sought advice in safe techniques. New staff completed an induction period which included training required for safe care and familiarisation with people's specific needs. New staff also worked in a supernumerary capacity initially, shadowing more experienced staff, to give them time to get to know the home, the people and their needs. Their induction was monitored to ensure new staff completed the training effectively. Staff said that if they had any particular training needs, they only needed to ask and training was readily provided. Some staff had completed additional training in, for example, end of life care and caring for people with diabetes. About 75% of staff had recognised qualifications in health and social care and staff said they were encouraged to develop their learning. This meant staff training was tailored to support the needs of people living at the home.

Staff said they felt supported in their roles and had regular supervisions and appraisals. They said they were invited to attend these meetings, and given time to prepare. The supervisions were used to discuss staff performance, including areas for development. Staff were able to make suggestions at these meetings. Staff said they worked well together but commented that home did not offer regular group staff meetings to share experiences and suggestions for improving procedures.

Before people received any care or support they were asked for their consent and the staff acted in accordance with their wishes. Staff told us they wanted people to treat Carlton House as their home, and encouraged them to make choices about their daily living. For example, people discussed the menus with staff when making their choices, and if they wanted something different their request was followed wherever possible. Also, if people changed their minds their preferences were respected without question. People's known likes and dislikes, in relation to food and drink, were recorded in the kitchen, and staff understood each person's particular preferences. People had also discussed whether they wanted cardio pulmonary resuscitation with their GP, and if they had decided against this intervention, their decisions were recorded in 'do not attempt cardio pulmonary resuscitation' (DNACPR) forms. Many people had appointed a Power of Attorney for their financial affairs, and this was recorded.

Staff had received training in the Mental Capacity Act 2005 (MCA) at induction and were booked to attend specialist training on this topic in April 2015. The registered manager was also booked to attend a course for managers on this topic in March 2015, provided by the local authority. The Mental Capacity Act is designed to support people to make their own decisions, and protect those who lack capacity to make particular decisions. People were presumed to have capacity to make decisions about their daily lives, and no-one had been assessed for their mental capacity. Part of the MCA relates to the safeguards that protect people's

Good

Is the service effective?

freedom of movement, known as the Deprivation of Liberty Safeguards (DoLS). If there are any restrictions on people's freedom or liberty, these restrictions need to be authorised by the local authority. The Care Quality Commission has a duty to monitor the operation of the DoLS, which applies to care homes. At Carlton House Rest Home, people were supported to maintain their freedom of movement and people's choices to access facilities in the community were respected. The registered manager had made arrangements to discuss whether one person required a DoLS with the relevant authorities within Hampshire County Council, shortly after our visit.

Good

Is the service caring?

Our findings

People using the service, their relatives and visitors, were positive about the caring attitude of staff. They said staff were friendly, kept them informed and encouraged them to treat Carlton House as their home. People said they were treated with dignity and had privacy in their own bedrooms. They said staff knocked before entering people's rooms and addressed people by their preferred name. People confirmed their rooms were furnished in the way they wished and many were personalised with photographs and pictures. One person told us they had requested a mug instead of a cup, and this particular request was actioned immediately, and staff remembered this which was appreciated. People also said they were pleased they could choose to keep their family doctor, rather than move to the GP practices near the home, if that was their preference.

Staff showed a high degree of respect for people living at Carlton House. They told us, for example, "It is the residents' home and I see myself as a guest coming into it", and "I like to think I treat all the residents as if they were my relatives". Visiting health and social care professionals were positive about the caring attitude of staff. We heard comments such as, "Staff have a good relationship with the residents, and have a laugh and a joke", "There is a good atmosphere; its friendly" and "I would recommend this home. [The staff] note down people's likes and dislikes and social history, which is good". During our visit we observed people enjoying the company of staff. Staff offered compassionate yet practical support when one person became anxious, and this was effective in lifting their spirits, and was well received.

We observed that staff communicated clearly and effectively with people, and recognised when people needed assistance. For example, if staff saw people needed some assistance during lunch, this was offered appropriately and with kindness.

During our visit we observed that relatives and visitors were welcomed and there was a 'homely' atmosphere. People were dressed well, in clean clothes and their hair, make-up and nails showed that care had been taken to support them with their appearance. Although staff were busy, they did not appear rushed and provided care in a calm, relaxed way.

Care records showed that people and their relatives were involved in planning care. There was information about people's life history, interests and preferences. For example, one person's care plan included details about their preferred bedtime routine, which detailed how they liked their pillows arranged. The provider said they had offered people advocacy support in past when someone needed it. People and their relatives said they did not have regular, formal reviews of care with the registered manager, but this was not an issue for them. They all said they could discuss care arrangements at any time, and could raise queries and felt fully involved in care arrangements.

The accommodation enabled people to have private time with friends and family if they wished. People could use the small lounge for parties and private meetings and people said that staff helped to make celebrations special.

Good

Is the service responsive?

Our findings

People were happy living at Carlton House and said it felt like home. Their relatives were also positive about the quality of care. People said they were asked about their likes and dislikes when they moved in and their views and opinions were listened to. One person explained how she was offered choices at meal times, showing us her annotated menu with her amended choices. Other comments included, "It's a nice crowd here, we all talk and have fun. If the weather's nice we go into the garden. I like it here." Another person said, "They take me out if I want to go, they are very responsive [if we ask for something]." One relative said their requests were responded to promptly, which gave them confidence.

People told us their independence was supported. They liked having their own telephones in their bedrooms, with large, easy to read numbers. One person described how staff supported her to maintain her mobility by helping her walk with a frame, rather than relying on their wheelchair. They said they appreciated it took longer, but they were grateful the staff had listened to their request.

People's care plans provided a detailed summary of their life history, medical history and particular interests. These were reviewed monthly and updated when people's needs changed, with practical information about how best to provide support. For example, the care plan for one person whose health had recently deteriorated included updated guidance on their health needs, medication, mobility, skin care and communication. These were personalised, with ideas from staff on what approaches or topics of conversation people liked to make them feel happier.

People's culture and ethnicity was respected and there was an understanding of how people liked their individual care to be delivered. People were offered choices of food that respected their culture, religion or ethnicity.

Activities were arranged to support people's social welfare. Group activities were provided by outside entertainers and included arts and crafts, singing and reminiscence discussions. The registered manager had sourced 'Speaking Books' for some people, and we observed that people received daily newspapers. Staff spent time with people when they could and we observed staff sitting with people, jointly completing puzzles and reviewing the paper. As the home was quite close to the town centre, staff accompanied people to the shops when they wanted, and when this was possible.

Complaints were managed effectively and used to improve the service. There had been two complaints in the past year, and these had been investigated and responded to. The registered manager explained the learning that had resulted from one of these complaints, which included ensuring prompt communication of events. Staff confirmed that they had to share comments and complaints to ensure they were resolved promptly. The registered manager had not undertaken formal surveys of people's opinions recently, however there was a suggestion box in the entrance hall and everyone told us the registered manager was approachable and available to listen to concerns. There had been no comments recently in the suggestion box.

Good

Is the service well-led?

Our findings

People, visitors and relatives commented that they could always meet with the registered manager if they had queries or concerns. They said the home was well managed because the registered manager listened and took notice.

The registered manager had been in place over three years and had qualifications in care management. Staff said the registered manager had an 'open door' policy and was approachable and they could always ask to meet with her if they wanted to. They commented on the staff team working effectively, with staff allocated by floor working in pairs when people required two staff for support.

The registered manager provided visible leadership, working with staff on some shifts and providing care. This helped her understand where improvements were needed and support staff with their learning and development. Visiting health professionals told us the registered manager was knowledgeable about people's conditions and medical history and "likes to get things sorted," by being proactive when faced with problems.

Staff commented that they endeavoured to create a homely environment, where people could live how they chose. This aim reflected the aims and objectives stated in the service's statement of purpose. Relatives confirmed they valued the friendly, open and homely aspects of the service.

Staff reported that there were opportunities for additional training and development. For example, the registered manager had sourced training in end of life care and had also liaised with the local hospice for practical advice. Most staff had qualifications related to their roles, and staff were supported to enrol on courses to improve their skills.

Observations showed that staff understood their roles and responsibilities. Senior care workers provided leadership on each floor. Some staff had worked at the home for many years and they supported new staff by giving direction and assistance appropriately. As well as care staff, there were staff employed for cleaning and laundry, office administration, maintenance, preparing meals and serving drinks. The registered manager had recently employed a senior care worker to assist with care plan reviews and audits. Records showed staff had contracts of employment and there was an effective operational structure within the service.

Feedback from visiting health and social care professionals was that staff worked well with them and built professional relationships. They also told that staff maintained good records and that visiting healthcare professionals found them informative.

The registered manager carried out audits and implemented improvements as a result of learning from incidents. Following a stomach bug, more robust cleaning schedules were introduced, with regular deep cleaning programmes. Advice was also sought from local commissioners. As well as auditing infection control measures, the registered manager and maintenance staff undertook audits of accidents, care plan records, the home environment and complaints. There was also reflection and learning from people's feedback. Recent improvements in the home included the installation of specialist baths into refurbished bathrooms and a new, fire-proof lift.

The owner and registered manager had plans for improving the service. For example, a kitchen upgrade was planned for 2015. The registered manager said they would bring forward their plans to replace the dining room chairs for ones with greater stability and support for people. At the time of our visit the service was part-way through installing a new sprinkler system for fire safety.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines How the regulation was not being met: The registered person must protect people who use the service against the risk of unsafe use and management of medicines, by means of making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines. Regulation 13