

M D Homes

Carrick House 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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Carrick House Nursing Home is a care home that provides personal and nursing care for up to 24 people, some of whom live with dementia. At the time of the inspection there were 23 people using the service. Accommodation was provided across two floors, with communal areas located on the ground floor.

People's experience of using this service:

Since the previous inspection on 5 and 6 April 2018 the service had made improvements to the management and administration of medicines. This helped ensure that people received their prescribed medicines safely. However, there were occasions when there had been a delay in people receiving prescribed medicines. We also noted that there was a lack of detail and guidance in care plans about some aspects of people's healthcare needs.

Improvements had also been made in the provision of activities so that people's risk of social isolation was lessened.

Since the last inspection improvements to the décor of some communal areas and bedrooms had been made and an extension to the building was in the process of being completed. The registered manager and managing director told us they had plans to make further improvements to the premises once that extension had been finished.

Staff knew people well. People's differences including cultural and religious needs were understood and respected by staff.

People told us they felt safe living in the home. Staff knew what their responsibilities were in relation to keeping people safe. Staff knew how to recognise and report any concerns they had about people's welfare.

Systems were in place to assess and monitor the safety of the environment. Risks to the health and wellbeing of people were regularly assessed. Guidance to minimise these risks and keep people safe was in place. Regular health and safety audits including fire safety checks were carried out.

The home was clean and safely maintained.

Engagement between staff and people using the service was caring and respectful. People's relatives spoke positively about the care provided by staff.

People were supported to have the relationships that they wanted with family and friends.

People's nutritional needs were assessed and monitored. The service provided people with a variety of meals that met their dietary needs and preferences.

People received the care and treatment that they needed and were supported to access healthcare services.

The provider recruited staff carefully to ensure that staff were suitable for their role. Staffing numbers and skill mix were flexible to ensure that people's needs were met by the service.

Staff received the training and support they needed to carry out their roles and responsibilities in meeting people's care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff knew that when people were unable to make decisions about their care and support, the principles of the Mental Capacity Act (2005) needed to be followed.

Systems were in place to assess and monitor the quality and delivery of care to people and drive improvement.

During the past year the registered manager had worked hard to make improvements to the service. Staff had an awareness of how the changes had benefited the service for people.

More information is in the full report.

We identified one breach of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: Requires Improvement. The report was published in May 2018. Following this inspection, the rating remains as Requires Improvement.

Why we inspected: This was a scheduled planned comprehensive inspection based on the rating of the service at the last inspection.

Follow up: We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Carrick House 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspector, a specialist nurse 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. The expert by experience's area of expertise was older people and dementia care.

Service and service type: Carrick House Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This was a comprehensive inspection, which was undertaken during one day on the 9 April 2019. The inspection was unannounced.

What we did:

Before the inspection we looked at information we held about the service. This information included the last

inspection report and statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The registered manager had completed a Provider Information Return [PIR]. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this and all other information we had about the service to plan our inspection.

Before the inspection we spoke with a social care professional. During the inspection, we spoke with the registered manager, managing director, finance director, two nurses, the cook, three care workers, nine people using the service, six people's relatives, and two healthcare professionals.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of six people using the service, four staff employment records, staff training records and a range of quality monitoring records.

Is the service safe?

Our findings

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

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.

At our last inspection we rated this question as requires improvement. This was because we identified concerns in relation to the management of people's medicines. At this inspection we found those shortfalls had been addressed. However, during this inspection an additional issue relating to the safe management of people's medicines was identified and this domain continues to be rated as requires improvement.

Using medicines safely

- The arrangement between the doctors' surgery, pharmacist and the service for ensuring people obtained their prescribed medicines was not always robust and effective, meaning that people did not always receive their medicines in a timely way. One person had not received one medicine until two days after being prescribed it. We also received information that showed there was another occasion when a person had not received a medicine until three days after it was prescribed. This issue had been escalated to the local authority. The registered manager told us that there had been issues which had led to delays in the pharmacist receiving prescriptions, which had led to occasions when there had been a delay in the service receiving some people's medicines. People could be at risk of harm if they do not receive their medicines as prescribed.

The managing director told us that they had arranged to meet with a GP where the issue of there having been a delay in people receiving prescribed medicines would be discussed. However, an action plan to lessen the risk of similar events happening again was not completed until after the inspection and following our discussion with management about the concern.

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- People told us that they received the support that they needed with their medicines. One person told us, "They give me medicines on time."
- In 2018 a pharmacist had checked the way people's medicines were managed and had found no concerns.

Systems and processes to safeguard people from the risk of abuse

- All the people using the service we spoke with told us that they had no concerns about their safety. Two people told us, "This place is very good and safe" and "It is absolutely a safe place."
- Systems to safeguard people from abuse were in place. Staff had received training about safeguarding

people. They knew they needed to report all allegations of abuse and any concerns to do with people's care.

- Personalised guidance was in place which helped staff understand any behaviour from people that was challenging to the service, and provided them with the information they needed to lessen the risk of anyone being harmed.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. Risk assessments included risks of people falling and of developing a pressure ulcer. Staff were aware of the measures that helped to keep people safe and minimise the risk of them being harmed.
- The service had an up to date fire risk assessment and emergency plan. People had personal emergency evacuation plans which detailed the support they would need to evacuate the building in the event of an emergency. Fire drills were carried out regularly.
- Service checks of the gas, electrical and fire safety systems were carried out. The safety of the environment was monitored, and improvements made when needed. Staff knew they needed to report any concerns to do with people's safety to the registered manager.

Staffing and recruitment

- Records showed that appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people.
- We discussed staffing levels with the registered manager and staff. The registered manager told us that staffing numbers and skill mix was flexible to ensure people had the support they needed to attend appointments and receive personalised care. Staff told us that they felt that there were enough numbers of staff to safely meet people's needs. They informed us they would tell the registered manager if they felt that more staff were needed and were confident they would be listened to and responsive action taken. Observation during the inspection indicated that there were sufficient staff on duty to provide people with the care and support they required.
- People told us that staff were available to help them when needed and that call bells were usually answered in a timely manner. Call bells were answered promptly during the inspection.

Preventing and controlling infection

- Systems were in place to minimise the risk of infection. The home was clean. Regular checks of the cleanliness of the environment were carried out.
- Staff had received training in infection prevention and control. Protective clothing, including disposable gloves, were available to staff. Staff used these when carrying out tasks such as when they supported people with personal care.
- During the inspection we noticed an unpleasant odour in some areas of the home. We reported this to the registered manager and managing director, who located the source as being an air vent that had been recently installed. The managing director took interim measures to address the issue and told us that he would contact service provider to repair the fault.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Records of incidents and accidents showed that actions had been taken to reduce the risk of similar events occurring.
- The registered manager provided us with several examples where lessons had been learnt when things go

wrong. One person had been injured following a fall. The registered manager had spoken with staff about ways to support the person to walk safely and the person had not fallen again. Another person had experienced skin damage due to them having scratched themselves. Since staff had improved the monitoring of the condition of the person's nails the person's skin had been unharmed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed before they were admitted to the home. These assessments included obtaining details of people's religious, cultural, dietary, health and social needs and preferences. This helped the service identify if it was suitable for the person and could meet their needs. Records showed that people and when applicable their family members had been involved in these initial assessments.
- People's care plans were developed from the initial assessments. They included personalised information and guidance for staff to follow so that they could deliver effective care and support. There were some care plans that identified and met people's specific care and treatment needs. For example, one person who lived with a condition that causes seizures had a care plan that detailed the person's needs and care they required. This care plan had been reviewed regularly.

However, we noted that there was a lack of detail in people's care plans about some aspects of people's healthcare needs including Parkinson's (medical condition). The registered manager took prompt action to develop and improve people's care plans, so staff had more detailed personalised information and guidance to support them in meeting people's particular healthcare needs.

Staff support: induction, training, skills and experience

- All new staff completed an induction, which included learning about the service and their roles, so they were prepared to carry out their duties effectively and safely. The registered manager told us that some staff were in the process of completing the Care Certificate induction. The Care Certificate is a nationally-recognised set of standards that staff should follow when providing care to people.
- Staff received a range of training so that they were competent to carry out their responsibilities. Training included the provider's mandatory training and learning in other subjects that included dementia, diabetes, behaviour that challenged the service and pressure ulcer prevention. Some people had the medical condition Parkinson's. Following the inspection, the registered manager told us that training for staff about this condition would be provided and be included in the mandatory training programme for staff. Nurses spoke about the learning and training that they received such as medicines training, which ensured they had the knowledge and skills to meet people's nursing needs and maintain their nurse registration.
- Care staff had a good knowledge and understanding of people's needs. One care worker provided us with a detailed description of the background, needs and preferences of two people using the service. One person using the service told us, "They [staff] are extremely good."

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

- People's nutritional needs were assessed and monitored. People at risk of malnutrition were identified and provided with the support they needed with their dietary needs. This included being given nutritional supplements when required. The cook was knowledgeable about each person's nutritional needs. They told us about people who were being provided with high calorie foods because of their dietary needs.
- The menu included a variety of meals that included vegetarian options and meals that met people's cultural and religious dietary needs and preferences. The service does not provide pork meat products and alcohol. However, people could obtain these items themselves if they wished to do so.
- The cook told us that they asked people each day what they wanted to eat. There were some pictures of foods that could be used by staff to assist people make meal choices. The registered manager told us that they would ensure that a picture menu would be developed so that the information was more accessible to people who had difficulty reading.
- We received mostly positive feedback from people about the food. One person told us, "Food is good, they feed us well." During the inspection people told us that they enjoyed the meals. One person told us "I enjoyed lunch." A person's relative told us, that the person appeared to enjoy the meals. One person was not so satisfied with the choice of meals. The cook told us that they asked for feedback from people following each meal and was responsive to comments. However, no records of this were available so it was not clear if action had been taken in response to any negative criticism about the meals. The registered manager told us that they would ensure that this feedback was recorded.

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

- The service had regular and responsive contact with community healthcare and social care professionals about people's needs. Staff worked with them to ensure people were provided with the care and treatment they needed.
- Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed.
- Records showed that the service had acted to address shortfalls found during a recent check by a local authority. One social care professional told us that the provider and registered manager had worked closely with local authority representatives to improve and develop the service for people.

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

- Since the last inspection, several communal areas had been redecorated and items purchased to make the environment more pleasing for people. An extension to the home was in the process of being built and improvements to the lounge and dining area were planned.
- The service has a passenger lift so that people with mobility needs could access their bedroom if on the first floor.
- People were provided with the equipment they needed to walk or move about within and outside of the home. We saw people use wheelchairs and walking frames. The service had taken appropriate action to ensure that a person had a bed that was suitable for their specific health needs.

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

- People's medical needs were regularly reviewed, and any changes were recorded in their care records and reported to those involved in their care and treatment. People received the health checks they required to monitor and manage medical conditions.
- People were referred to healthcare professionals such as speech and language therapists, diabetes nurses, tissue viability nurses and dietitians when needed. A GP visited the service weekly. During the

inspection, we noted that nurses had ensured that a GP had been provided with the information they needed about each of the people the GP planned to see during a visit to the service.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Care support plans included information about people's capacity, their mental state and communication needs. People told us that staff asked for their agreement before helping them.
- Authorisations for DoLS had been applied for and completed when needed. We noted that the front door was locked due to risk to one person's safety of leaving the home unaccompanied. The registered manager had applied for a DoLS authorisation for the person. They told us they would complete an appropriate risk assessment regarding risk to the person going out alone whilst waiting for the DoLS to be authorised. The registered manager and the managing director informed us they would look at implementing systems that would ensure people who did not have a DoLS were not restricted if they wished to go out.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us that staff were kind to them. Two people told us, "Absolutely wonderful staff" and "Staff [are] very nice, very kind." We saw positive engagement between staff and people using the service. Staff spoke with people in a friendly and caring way. One person told us, "It's a good place, so friendly."
- Records showed that the registered manager had been responsive when one person complained about one member of staff's conduct. The registered manager had taken appropriate action to address the issue and minimise the likelihood of a similar matter occurring again.
- Staff knew people very well. They knew about people's family and other social relationships, religious, cultural and other needs, which helped them to provide people with the care and emotional support that they required. Representatives of religious faiths regularly visited the service.

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

- People told us that they made choices about their day to day lives and these were respected by staff. These choices included making decisions about what they wanted to do and wear.
- People had the opportunity to complete feedback surveys about their views of the service. Residents and relatives' meetings provided people with occasions when they could hear about changes to the service and express their views if they wished to do so.
- Several compliments including one from a healthcare professional had recently been received by the service.

Respecting and promoting people's privacy, dignity and independence

- People had the choice of spending time on their own in their bedroom or with other people in the lounge.
- People told us that staff were considerate and respectful of their privacy. During the inspection, staff supported people in a manner that maintained their dignity.
- People's independence was supported. For example, one person regularly went out into the local community alone.
- People's care records were stored securely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

At our last inspection we rated this question as requires improvement. This was because we identified concerns in relation to the provision of activities. People were not always offered activities and were at risk of social isolation. At this inspection we found that action had been taken to address all the shortfalls that we had found.

- Since the last inspection improvements had been made regarding the provision of activities. The service employed an activities coordinator who organised a range of activities. Activities included manicures, painting, puzzles, listening to music, ball/balloon games, shopping, reading/story telling sessions. People also had opportunities to participate or watch activity sessions prepared and carried out by outside entertainers. These included dance performances, exercises, and talks on a range of topics. Photographs showed people participating in a variety of activities. Some people told us that they would like more activities including the opportunity to go out for walks. This was discussed with the registered manager who told us that the range of activities continued to be developed and more opportunities for people to go out would be provided.
- People told us that they received the care that they needed. One person using the service told us, "I am getting good care here, everything is very good, sorted out nicely." Another person told us that they were aware of their care plan. The registered manager told us that they would ask people if they wanted a copy of their care plan.
- Regular reviews of people's needs took place so that staff knew how to meet people's current care needs and wishes, so they received personalised care. Staff were kept informed about people's up to date needs and preferences. During the inspection care and nursing staff took part in the morning handover meeting. Staff visited each person in their room and asked them how they were, and day staff were informed by the night staff of any issues to do with people's care. For example, day staff were advised by the night nurse to encourage one person to drink more.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure, which explained what people could do if they were unhappy about any aspect of the service. People and their relatives knew who to contact if they had a complaint. One person told us, "I am safe here no complaints."
- Records showed that complaints had been taken seriously and addressed appropriately.

End of life care and support

- The service had provided people with end of life care and support. At the time of the inspection there was no one receiving end of life care. The registered manager told us that healthcare professionals including GPs, palliative care nurses, the local hospice and tissue viability nurses provided the service with guidance and support when people needed end of life care.
- Some people had advanced care plans (care plans, which detail people's treatment and care wishes). Other people had little detail in their care records about their end of life wishes. The registered manager told us that the service aimed to develop and improve people's end of life plans with support from a local hospice, so the service had the information they needed to provide people with personalised end of life care.
- Some staff had received training about good end of life care. The registered manager told us that there were plans for more staff to complete training in end of life care.

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

Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we rated this question as requires improvement. This was because, although the service had quality monitoring systems in place, we found shortfalls in the management of medicines and the provision of activities. At this inspection we found improvements had been made in those areas. However, although the provider was aware of the shortfalls in relation to people having experienced delays in receiving some prescribed medicines, an action plan to lessen the risk of this happening again was not completed until after the inspection. Also, although the provider had systems in place to check the quality of the service, we found that they had not identified where improvements in the detail and personalisation of some people's care plans could be made.

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

- The registered manager, nurses, care staff and other staff were clear about their roles and responsibilities. The registered manager ensured that staffs' performance was monitored, and they were supported through regular supervision, appraisal and staff meetings.
- Staff told us that they enjoyed their jobs. They were committed to providing people with the care they needed in a caring and compassionate way.
- There were systems in place to monitor and improve the quality of the service. These included regular checks of a range of areas of the service, such as checks of the management of medicines, people's care records and the cleanliness of the service. The registered manager and managing director had also carried out observational assessments of areas of the service. These included observation of the provision of activities and of people's experience of mealtimes. Following these checks improvements had been made where shortfalls had been found. For example, during a meal observation people it was found that people had not been provided with condiments. A later similar check found that this issue had been addressed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was visible and approachable throughout the inspection. They knew the importance of taking responsibility when things go wrong and ensuring deficiencies were put right. They spoke of the open working relationship that they had with a local authority and knew when they needed to report notifiable incidents to us.
- The registered manager had an open-door policy and people came with their individual matters directly. Staff told us they felt well supported by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a relaxed atmosphere. Staff engaged with people in a sensitive manner. Staff understood the importance of respecting people's differences.
- The service had systems in place to ensure people, their relatives and staff had opportunities to engage with and be involved in the service. These included opportunities to attend meetings and complete survey forms where they could feedback their views.

Continuous learning and improving care

- Staff meetings provided staff with opportunities to discuss a range of matters including learning about ways to improve their practice. The provider had employed an external specialist to help develop and improve the service.
- The registered manager spoke of the ways they kept up to date about matters to do with best practise and relevant changes in legislation.
- The registered manager was responsive to the issues found during the inspection and took immediate steps to address them. For example, they promptly completed care plans to ensure people's specific needs were understood and met

Working in partnership with others

- The service worked with health and social care professionals to improve outcomes for people. They worked closely with a local authority to improve and develop the service.
- Two healthcare professionals told us that they had no concerns about the service. One healthcare professional told us that the care plans of one person had been promptly updated by the registered manager following a recent review of the person's needs.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Medicines were not always being managed safely and administered appropriately to make sure people are safe.