

Carlton Nursing Homes Ltd

# Carlton Manor Care Home

## 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 ●

# Summary of findings

## Overall summary

Our inspection of Carlton Nursing Home took place on 7 March 2017 and was unannounced.

At the last inspection in March 2016 the service had been in breach of the Health and Social care Act 2008 (Regulated Activities) regulations 2014 regarding the management of medicines. At this inspection we saw improvements had been made and the service was meeting the relevant requirements.

Carlton Manor provides care and support for up to 32 older people who may be living with dementia or mental illness and younger adults with a physical or learning disability. At the time of our inspection there were 25 people living at the service.

The service had a registered manager who had been in post since March 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us they felt well supported by the registered manager and they were approachable. This was confirmed by comments from people and their relatives.

Effective safeguarding procedures were in place. Staff were trained in safeguarding and understood how to keep people safe. Assessments were in place to mitigate risks to people and these were updated appropriately.

Accidents were documented with actions taken and outcomes including reviews and amendments of care plans and risk assessments.

Systems for managing medicines safely were in place. People received medicines appropriately from regular staff although some medicines administered by agency staff were not always given at the required time.

The service was meeting the legal requirements relating to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The service was clean and well maintained and a range of checks was in place to ensure this. People's bedrooms were homely and personalised.

Staffing levels were sufficient to keep people safe and staff training was up to date or booked. The recruitment process ensured staff employed were suitable to work with vulnerable people and regular supervision and appraisal was in place.

A range of activities was on offer and we saw planned activities took place.

People were supported to consume a varied and nutritious diet and people's choices were respected. People told us they enjoyed the food.

Complaints were taken seriously and addressed. People and their relatives told us they knew how to complain if necessary.

Staff knew people's care and support needs and people told us staff were kind and caring. We saw people were treated with dignity and respect. There was a relaxed and welcoming atmosphere at the service.

People had access to a range of healthcare professionals.

Care records were mainly person centred and appropriate to people's needs although further work was being undertaken to improve these including further documented evidence of people's involvement in care reviews. Some people's plans of care were not always fully understood and accurately followed by staff.

Systems were in place to monitor and improve the quality of the service and people and staff were encouraged to voice their opinions through surveys, meetings and questionnaires.

## 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 safe.

Safeguarding policies and procedures were in place. Staff had received safeguarding training and were aware what to do if they had concerns about people living at the home.

Assessments were in place to mitigate risks to people.

Medicines were safely managed and administered most of the time.

Staffing levels were sufficient to keep people safe.

### Is the service effective?

Good 

The service was effective.

The service was acting within the legal requirements of the Mental Capacity Act 2005. People's consent was sought.

People were supported to consume a varied and healthy diet and given choices about what they ate and drank.

Staff were trained to provide effective care and support.

### Is the service caring?

Good 

The service was caring.

Staff had a good knowledge of people and we saw some kind and caring interactions between staff and people living at the home.

People were treated with dignity and respect.

The service had a relaxed and homely atmosphere and visitors were welcomed at all times.

### Is the service responsive?

Good 

The service was responsive.

Some plans of care were highly person centred although others were bulky and needed further work to enhance personalisation. The registered manager had identified and was working to improve this.

Reviews of care were in place.

Complaints were taken seriously and investigated appropriately.

### **Is the service well-led?**

The service was well led.

The registered manager was well respected by staff, relatives and people living at the service and we saw they led by example.

A range of quality assurance checks and audits were in place to monitor and drive improvements within the service.

Feedback from people and their relatives was welcomed and actions taken as a result.

**Good** ●

# Carlton Manor Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Our inspection of Carlton Manor Care Home took place on 7 March 2017 and was unannounced.

The inspection team consisted of two Adult Social Care inspectors 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 used on this occasion had experience with older people and dementia care.

Before the inspection we gathered and reviewed information we had received from the service such as statutory notifications and intelligence gathered from the local authority contracts and safeguarding teams. We usually ask the provider to send us a Provider Information Return (PIR). This is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had not asked the provider to complete a PIR prior to this inspection.

During the inspection we used a number of different methods to help us understand the experiences of people who used the service. We spent time observing care and support, and spoke with four people and two relatives of people living at the home. We spoke with four care staff, two ancillary staff, the chef, the activities co-ordinator, the registered manager, the group governance lead and a visiting health and social care professional.

We also looked at elements of four people's care records, Medicines Administration Records (MARs) and other records which related to the management of the service such as training records, three staff recruitment records, quality assurance documentation and policies and procedures.

# Is the service safe?

## Our findings

On the day of our inspection we saw enough staff were deployed to keep people safe. Although we saw staff were busy, particularly in the morning, we heard call bells were answered promptly and saw people's needs were being met. One person commented that weekends were sometimes short staffed which meant they had to wait longer for support. However, a relative we spoke with told us there were always enough staff on duty.

We reviewed the staffing rota and saw there was a registered nurse on duty at all times and five care staff working during the morning and four in the afternoon. The nurse on duty during our inspection was from an agency although the registered manager told us this happened rarely and was due to the regular nurse being off that day. The registered manager told us if they needed to use agency staff they used the same agency and requested regular staff but they had cut down on the need for this, utilising their own regular bank staff for continuity. Our review of the staff rotas confirmed this was the case. They told us they had no vacancies for care staff and were recruiting for one full time nurse for days and a part time nurse for night duty. People and relatives we spoke with told us care was provided by regular staff. A relative commented, "The staff here now have been here quite a while." We concluded the service was ensuring there were sufficient staff deployed to keep people safe and meet their needs.

The registered manager told us all new employees were appropriately checked through robust recruitment processes. We checked four staff files, which confirmed all the necessary checks had been completed before staff had started working in the home. These included obtaining references, confirming identification and checking people with the Disclosure and Barring Service (DBS). The DBS is a criminal convictions and cautions check on staff. We found people received a DBS check prior to working with people. However we saw DBS checks had not been re-done since initial employment. This meant some staff members had not had a criminal background check in several years of employment at the service. We raised our concerns about the lack of updated DBS checks with the governance lead and registered manager who told us they had identified this issue in mid-2016 and had asked staff to renew their DBS. They accepted this had not been followed up, however we saw they were taking immediate steps to remedy this and to ensure updated checks were placed in the staff files.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. During our inspection we observed a nurse administer medication to people. This was done safely. We looked at the medication records for five people; these indicated four of the five people received their medication as prescribed. One person required one of their medicines 30 to 60 minutes before food. We observed when the nurse went to give them their medicine, they were already eating breakfast. Although the nurse did not administer the medicine at that time and waited for a while, the person would still have had food in their stomach when taking the medicine. This meant they were not receiving the medicine as prescribed. We mentioned this to the registered manager who explained the nurse was an agency nurse and regular staff were aware to give this person their medicines first in the medicine round.

We saw Medicines Administration Records (MARs) were completed in full. Entries were clear and reasons for medicines not being administered had been recorded. We saw protocols for 'as required' (PRN) medication were attached with the MAR so it was clear when these could be given. We discussed the management and recording of topical medicines (external creams and lotions) with the nurse who was able to explain how they knew where they should be administered.

Medicines were stored safely in line with their individual instructions and the temperature of medicines storage areas was monitored and within recommended parameters. We saw three boxes filled with medicines to be returned to the pharmacy. The registered manager agreed this was excessive and immediately organised to have these returned to the pharmacy.

We looked at the maintenance records. Regular environment and equipment safety checks were completed which included fire and water safety and environment audits. The service had a business continuity plan in the event of a significant incident which could include power failure, flood or fire.

As part of our inspection we walked around the service. We saw it was well maintained and comfortably furnished, although one bathroom was out of order due to redecoration. We saw communal areas and people's rooms were attractively furnished and well decorated. People's bedrooms contained personal items such as pieces of their own furniture, ornaments, photographs and pictures on the walls. This meant people's rooms looked welcoming and personalised.

The home was clean and staff had received training in infection prevention and control. The home had received a five star rating for food hygiene which is the highest rating achievable. Anti-bacterial hand cleanser was available in the entrance and throughout the home. Liquid soap and paper towels were also available at all wash hand basins. We observed staff using personal protective equipment (PPE) throughout the day. Staff changed PPE in-between supporting people. A recent infection control audit had scored the home at 96.4%. This showed effective prevention and control of infection mechanisms were in place.

The service had a safeguarding policy in place with safeguarding information on notice boards in the office. Staff told us and we saw on the training matrix they had received training on safeguarding. Staff explained how they would recognise and report any concerns they had about people's safety and wellbeing. One staff member told us if they had any concerns they would go to the registered manager and tell them. Another staff member described how they might recognise changes in a person's behaviour in a potential abusive situation. In this situation they told us they would report any concerns straight to the nurse in charge or registered manager. Procedures were in place that ensured concerns about people's safety were appropriately reported to the registered manager and to the local safeguarding team. This meant safeguarding risks were mitigated as much as possible.

Accidents and incidents were appropriately documented, investigated and analysed for trends. We saw where people's risk assessments and plans of care had been updated appropriately following accidents and incidents. This demonstrated a robust action plan was in place following incidents.

We saw staff were not always following plans of care to ensure people's safety. For example, we saw the tissue viability nurse (TVN) had devised a care plan to support a person's leg ulcer dressing. There appeared to be confusion about when the dressing should be redone; three times a week or three weekly which we highlighted to the registered manager. Further investigation showed staff had redressed the person's leg three times a week for three weeks and weekly thereafter. However, when the registered manager spoke with the TVN following our discussions they confirmed this should have continued to take place three times a week. From reading the plan of care we recognised how the TVN instructions could have been



misinterpreted. However this elevated the risk to the person of not receiving care in line with the healthcare recommendations. The registered manager immediately put plans in place to ensure this was actioned, including speaking with nursing staff, adding the information to the person's MAR chart and putting a diary entry in place to remind staff this needed to be completed. This assured us this was an isolated incident and appropriate actions had been taken to remedy the discrepancy. However, we were concerned this would not have been picked up if we had not highlighted at inspection.

The home was secure and could only be accessed by ringing the front doorbell, which required a member of staff to attend to let visitors in. Staff checked visitors' identity and asked them to sign in. This showed us the service took people's safety and security seriously.

# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that DoLS referrals had been sent to the local authority because some people had not been free to leave the premises due to concerns with their personal safety. One person had a DoLS authorised although the service had not received the paperwork from the local authority. We checked whether the service was working within the principles of the MCA 2005. The registered manager assumed people's mental capacity to ensure that they were able to make appropriate decisions and where needed, supported them to do so. They understood the principles of the MCA and the importance of making decisions for people who lacked capacity in their best interests by liaising with people's representatives and other relevant professionals. We saw relevant mental capacity assessments and best interest documentation in people's care records. This meant the service was acting within MCA legislation.

Staff told us they had received training in the MCA and DoLS and were able to tell us how they ensured people's rights were protected. This involved supporting people to make decisions for themselves, such as what they would like to wear or what they wanted to eat. They told us they would support people to make their own choices wherever possible if the person was lacking capacity.

We also saw the service had plans in place to support people who sometimes exhibited behaviour that challenges. For example, one person's care records contained a risk assessment which documented how they could become physically aggressive to staff and the care plan gave specific guidance on how to manage this. This included triggers and signs of behaviour escalation. The plan also discussed the use of breakaway techniques, the use of different staff and giving clear explanations prior to providing care and support. This meant staff had clear guidance on the most effective techniques to support the person.

We saw consent forms were placed in people's care records and covered topics such as medicines administration consent, sharing of information, use of photographs and access to room keys. However, we saw consent forms were not always signed by the person or their legal representative. We saw this had been highlighted during a recent provider audit and actions had been put in place to address this.

The chef told us some people had specific dietary requirements and they were able to describe who required what. People considered to be nutritionally at risk were provided with fortified diets and food supplements to support them with adequate daily nutrition. We saw appropriate referrals had been made to

the dietician and food and fluid charts completed where required. Staff showed a good understanding of people's nutritional needs and we saw that a healthy and balanced diet was promoted. People were able to choose their meal on a daily basis and change their minds if they wished.

We observed the breakfast and lunchtime mealtime experience and found this relaxed and inclusive. People were allowed to eat at their own pace and staff interacted gently and sympathetically, offering people encouragement and support. We saw one person was asked if they would like fish or beef stew and they declined both. A staff member sat down with this person and offered four other options they could have, one of which they accepted. We observed another person during breakfast was shown a bowl of Weetabix and a bowl of cornflakes so they could visually choose for themselves. We sampled a portion of the food being served and found it fresh, tasty, hot and tender. This meant people were effectively supported to have sufficient to eat and drink.

We saw the service had a staff training matrix in place which showed when training or updates were due and highlighted if any subjects were overdue. We saw training had largely been booked or completed and included subjects such as moving and handling, infection control, food safety, dementia, fire safety, MCA/DoLS, first aid and safeguarding. In addition to the service mandatory training, we saw extra continence training had been booked following a visit from the continence nurse and nursing staff had recently attended sepsis training. The registered manager told us most care staff were completing NVQ2 training which included the Care Certificate.

New staff completed an induction programme which included service specific information, health and safety and other induction training, policies and procedures, familiarising themselves with people's care plans and shadowing an established staff member. The registered manager told us induction lasted around three or four days, dependant on the new staff member's needs and experience. Staff confirmed this and told us they received sufficient training to equip them to carry out their roles effectively. This gave us assurances people were receiving effective care from staff who had the necessary knowledge and skills.

From speaking with people and their relatives and reviewing care records, we concluded people were supported with their health care needs. For example, we saw information in people's care records about visits from GPs, district nurses, continence nurses, dieticians, opticians and dentists as well as records of people's hospital out-patient visits.

## Is the service caring?

### Our findings

People told us staff were kind and respectful and comments included, "They (staff) are always polite", "The care is good; all of it. They (the staff) are in a good mood, they will come and have a joke," and, "It's absolutely brilliant. They are there for you all the time. I don't have to complain about anything."

Relatives told us they were generally satisfied with the standard of care provided although one person commented about their relative having to wait for staff to assist them to the toilet. Comments included, "I like the staff. They are good with [person's name]", "I wouldn't move her from here now" and, "They all call [person's name] by [person's name] first name. They do tell [person's name] when they are doing anything."

We observed some kind and caring interactions during our inspection, such as staff sitting and chatting with people and gently comforting someone who had become upset. We saw on a number of occasions staff being asked for hugs by one person and readily giving these. The atmosphere was calm and relaxed. This demonstrated positive, caring relationships had been developed with people using the service.

We spoke with staff about people's care and support needs and their answers gave us assurances they knew people well. Staff were able to give us specific examples about people, including their likes and dislikes and how they treated people with respect and dignity. For example we saw and staff told us how they knocked on people's doors before entering and asked permission before carrying out personal care. This meant people's privacy and dignity was respected and promoted.

We saw people were supported to remain as independent as possible. For example, people were encouraged to mobilise using walking aids which were kept in their reach. Care records clearly demonstrated the importance of maintaining people's independence with the setting of goals to aid this.

We saw some evidence of people and/or their relatives being involved in care planning although others told us they had not been involved. We saw the recent provider audit highlighted 'some sections of care plans not being signed by service users (some signed)'. The registered manager and governance lead told us this was being addressed and they were asking people or their legal representative to do this. From our discussions we had confidence this would be completed. This showed us the provider was working to make sure people were actively involved in making decisions about their care, treatment and support.

We saw there was an open visiting policy at the service. Relatives and friends were welcomed warmly when they arrived with staff ensuring they had somewhere to sit and offering quiet areas if people wanted to talk privately.

We saw people had end of life care plans in place. Some people had elected not to discuss their wishes and this had been documented accordingly. This showed people were supported with their end of life wishes.

## Is the service responsive?

### Our findings

Before people came to live at the service a pre-admission risk and needs assessment was completed. Following this, detailed plans of care were put into place. Some care records we reviewed were highly personalised and included good information on the person and their care needs. For example, we saw one person's care plan documented how they were unable to communicate verbally with staff. We saw the plan contained specific information to assist staff to communicate and understand the person's feelings and mood through their different facial expressions.

The care files we reviewed included an 'All about me' document which gave details about the person, their lifestyle, family, interests, preferred routines and preferences. However, some care records needed further work to enhance a more person centred approach and some care records were very bulky and contained historic information. We saw this had been highlighted as an area for improvement by the provider. The registered manager told us work was in progress to improve these and to archive old documentation.

We saw care records contained achievable goals for people to promote their independence; for example, supporting them to dress themselves, mobilise short distances or do as much of their personal care as possible. This showed the service was tailoring care to people's own needs and aspirations.

Care reviews were in place and regular although some people/relatives told us they had not been involved with these. We saw a recent provider audit had highlighted the need for documented evidence of people's involvement and the registered manager agreed this was an area for improvement.

A range of activities was provided and people could choose if they wanted to take part in these. One person told us, "[Activities co-ordinator] is here every day; we play cards, we bake, we're baking today." We spoke with the activities co-ordinator who told us about the activities on offer. We saw the service had an activities room with table, chairs, board games, TV, art and craft equipment and books. The registered manager told us they occasionally had outside entertainers such as singers come to the home although some people told us they would like to see more of these. There was an activities board on the wall which indicated what activities people could do that day. However this board was in the activities room which few people used and the activities co-ordinator agreed placing it in a more visible area would mean more people could see what activities were on offer. Staff told us people were supported to go out to the shops if they wished. On the day of inspection we saw chair exercises, baking and hair and nails sessions took place.

We saw the service had received two complaints in 2017. We saw details about the complaints had been recorded, investigated and resulting actions undertaken with feedback given to the complainant. Staff were able to tell us how they would direct someone if they wished to make a complaint. One relative we spoke with told us they had made a complaint. We found this was fully documented with actions taken as a result. This showed the service listened and learnt from people's experiences, concerns and complaints.

We saw people were asked their preferences about where they wanted to sit, what they wanted to do and

what they wanted to eat and drink. For example, we saw people were asked which lounge they wanted to sit in. We saw there was a choice of two lounges or an activities room for people's use.

Signage was placed around the premises to indicate where rooms, facilities and the lift were located. This made finding places easier for people to locate although some signage we saw needed to be made larger so people with poor eyesight could easily identify the symbols.

A call bell system was in operation which allowed people to call staff by the push of a button. We saw nurse call buttons present in all areas of the home and within easy reach for people to use. During the day of inspection we saw people who pressed the nurse call button received assistance within 60 seconds. This showed us people could rely on staff responding to their care and support needs when required.

## Is the service well-led?

### Our findings

Staff told us they were very aware of the management structure of the service, and said that the registered manager was supportive and helpful and they could go to them if they had any concerns. One member of staff commented, "I think the home is run well and is well led. The registered manager is in every day and is always available if you need them. She does get out onto the floor." Another staff member told us, "[Registered manager] is a good listener."

Relatives and people we spoke with were generally complementary about the registered manager. One relative told us, "[Registered manager] tries to solve problems; she's very good."

We saw the registered manager was a visible presence in the home on the day of inspection and was assisting in some care activities, for instance during lunchtime. Most people who used the service were aware of who the registered manager was. We saw they addressed people by their name and were aware of people's care and support needs. There were clear lines of responsibility with the registered manager being supported by nurses and care staff and staff clearly respected this. The registered manager told us they were effectively supported by the group governance lead who we saw came to support the service on the day of our inspection. This showed us the service benefitted from good management and leadership.

Satisfaction surveys were sent to people who used the service and their relatives on a six monthly basis. The comments were analysed and an action plan created to action any areas of improvement. For example one relative commented they were concerned their mother was not sitting in their usual chair, more cutlery was required, more wheelchairs for all and sometimes people were waiting for the hoist for a long time. We saw the service had acted on these concerns as on the day of inspection we saw plenty of cutlery and people were happy where they were seated. For example, when we observed in the lounge area we were asked politely by staff to move seats since the chair we were sitting on was favoured by one of the people living at the service. This meant the service listened to the views expressed by people and their relatives and acted upon these.

We saw a range of checks and audits were completed throughout the year to assess the quality and safety of care the home provided. For example, we saw audits and checks had been completed on hand hygiene, infection prevention, mattress and health and safety. Audits were clear in what was to be checked including additional specific detail on how to check for concerns. For example we saw the mattress audits gave clear directions on how to perform a water penetration test and hand compression assessment. This showed us the service was well maintained and we saw plans for continuous improvement to ensure the premises remained safe and comfortable for the people who used the service.

Quality assurance documentation was comprehensive and highlighted actions to be taken and due completion dates. Audits corresponded to the five domains of the Care Quality Commission inspections. We saw some of the information we raised during the inspection had been raised during the December audit and was included in the service action plan, such as signing of consent or disclaimer forms and evidencing

people and/or relatives' involvement in care planning and reviews. We also saw people's opinions of the service were sought during these and responses were overwhelmingly positive. This evidenced the delivery of high quality care.

The service was working towards evidencing their progress for The Commissioning for Quality and Innovation (CQUINs). The CQUINs payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. This meant the service was driving improvements to be able to evidence and deliver high quality care.

We saw regular staff meetings were in place and discussed issues such as health and safety, team issues, safeguarding, infection control and any other concerns. We reviewed recent team meetings and saw these were an opportunity to impart information as well as for staff to discuss any concerns they had. Staff we spoke with agreed they were able to speak out at these forums. We saw regular supervision and annual appraisal in place. Staff told us these were a valuable tool in identifying areas for development and discussing any concerns. This showed the service fostered a positive and empowering culture.