

Macleod Pinsent Care Homes Ltd

# Carlton House

## Inspection report

44 St Aubyns  
Hove  
East Sussex  
BN3 2TE

Tel: 01273738512  
Website: [www.mpch.co.uk](http://www.mpch.co.uk)

Date of inspection visit:  
11 October 2017

Date of publication:  
12 December 2017

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We inspected Carlton House on 11 October 2017. Carlton House is registered to accommodate up to 25 people. It specialises in providing care and support for predominantly older people, many of whom were also living with dementia. At the time of our inspection there were 21 people living in the service. The service was arranged over four floors, with a lift and stair lift connecting all floors. We previously carried out a comprehensive inspection at Carlton House on 8 & 12 September 2016. We found the provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines and record keeping. We also found areas of practice that required improvement. This was because we found issues in relation to staff training, the handling of complaints and systems of governance and quality monitoring. The service received an overall rating of 'requires improvement'. After this inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to these breaches.

We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan, and confirm that the service now met legal requirements. We found improvements had been made in the required areas. However, we did identify further areas of practice that need improvement. The overall rating for Carlton House has been changed to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

There was no registered manager in post. The previous manager had left the service in June 2016. At the time of our inspection, no formal arrangements had been made to recruit and register another manager. 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 and associated Regulations about how the service is run.

Medicines were managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Special dietary requirements were met, and people's weight was monitored. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, films, arts and crafts and themed events, such as reminiscence sessions and visits from external entertainers. People were also encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities in relation to protecting people from harm and abuse.

Potential risks were identified, appropriately assessed and planned for. Medicines were managed and administered safely.

The provider used safe recruitment practices and there were enough skilled and experienced staff to ensure people were safe and cared for.

### Is the service effective?

Good ●

The service was effective.

People spoke highly of members of staff and were supported by staff who received appropriate training and supervision.

People were supported to maintain their hydration and nutritional needs. Their health was monitored and staff responded when health needs changed.

Staff had a firm understanding of the Mental Capacity Act 2005 and the service was meeting the requirements of the Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

People were involved in the planning of their care and offered choices in relation to their care and treatment.

People's privacy and dignity were respected and their independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in place and were personalised to reflect peoples' needs, wishes and aspirations. Staff had information that enabled them to provide support in line with people's wishes.

People were supported to take part in meaningful activities.

Comments and compliments were monitored and complaints acted upon in a timely manner.

### Is the service well-led?

The service was not consistently well-led.

The service had not had a registered manager in post since June 2016. At the time of our inspection, no formal arrangements had been made to recruit and register another manager.

There were systems in place to assess quality and identify any potential improvements to the service being provided.

The provider promoted an inclusive and open culture and recognised the importance of effective communication. Forums were in place to gain feedback from staff and people. Feedback was used to drive improvement.

**Requires Improvement** 

# Carlton House

## Detailed findings

### Background to this inspection

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

This inspection took place on 11 October 2017 and was unannounced. The inspection team consisted of one inspector 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 for this inspection was an expert in care for older people.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining areas of the service. Many people could not fully communicate with us due to their condition, however, we spoke with seven people, one relative, four care staff, the cook, the deputy manager and the area manager. We spent time observing how people were cared for and their interactions with staff and visitors in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, accident/incident recording and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

# Is the service safe?

## Our findings

At the last inspection on 8 & 12 September 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns in relation to the management of medicines. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the management of medicines. Improvements had been made and the provider was now meeting the legal requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found concerns in the way the service managed medication, which had placed people at risk. Guidance in relation to PRN 'as required' medication had not routinely been in place to guide staff on why, when and how this medication should be administered. Additionally, we saw that several medication administration records (MAR) charts, which are the formal record of administration of medicine within a care setting contained omissions, or had been filled out incorrectly. We also saw that systems of audit designed to identify these issues and recognise when medication had expired, or new stock was required were not robust. Furthermore, we saw that regular checks on staff's competency to administer medication safely had not routinely gone ahead.

At this inspection, we saw that improvements had been made. The area manager told us that MAR's were checked daily between shifts to ensure they were completed correctly, and that regular medication audits took place to identify and rectify any areas of concern. Our own observations and paperwork we looked at supported this. Individual PRN protocols were now in place to show why people had been prescribed these medicines. When PRN medicine was given this was recorded in the MAR. We saw that staff competencies in relation to medication were up to date. We observed a member of staff administering medicines sensitively and appropriately. Medicines were stored correctly and securely and in line with legal requirements. We checked that medicines were ordered and medicines which were out of date or no longer needed were disposed of appropriately.

People were supported to be safe without undue restrictions on their freedom and had choices about how they spent their time. Throughout the inspection, we regularly saw people moving freely around the service. Risk assessments were in place which considered the identified risks and the measures required to minimise any harm whilst empowering the person to undertake the activity. There were further systems to identify risks and protect people from harm. Risks to people's safety were assessed and reviewed. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed.

Staff had a good understanding of what to do if they suspected people were at risk of abuse or harm, or if they had any concerns about the care or treatment that people received in the service. They had a clear understanding of who to contact to report any safety concerns and all staff had received up to date safeguarding training. They told us this helped them to understand the importance of reporting if people

were at risk, and they understood their responsibility for reporting concerns if they needed to do so. There was information displayed in the service, so that people, visitors and staff would know who to contact to raise any concerns if they needed to. There were clear policies and procedures available for staff to refer to if needed.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. We were told that regular agency staff were routinely used and existing staff would also be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from staff indicated they felt the service had enough staff and our own observations supported this. One member of staff told us, "Sometimes you wish you had another pair of hands, but it's safe here". Another member of staff said, "I think it's safe. Sometimes it gets busy, but agency staff will cover any sickness". A further member of staff added, "There are enough staff, there is always cover when we need it".

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The service had obtained proof of identity, employment references and employment histories.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm tests took place along with water temperature tests and fire drills, to ensure that people and staff knew what action to take in the event of a fire. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property. People's ability to evacuate the building in the event of a fire had been considered and where required each person had an individual personal evacuation plan. Generic and individual health and safety risk assessments were in place to make sure staff worked in as safe a way as possible.



# Is the service effective?

## Our findings

At the last inspection on 8 & 12 September 2016, we identified areas of practice that needed improvement. This was because we identified issues in respect to staff training not being up to date. We saw that the required improvements had been made.

At the last inspection we found that several areas of training identified by the provider as essential had not routinely gone ahead and staff required updates. Additionally, we found that staff had limited access to specific training around the needs of people who used the service. At this inspection staff told us the training they received was thorough and they felt they had the skills they needed to carry out their roles effectively. Training schedules confirmed that essential training had gone ahead since the previous inspection. Staff spoke highly of the opportunities for training. One member of staff told us, "I've had training around challenging behaviour. The induction and training are good, I have learned a lot". Another member of staff added, "We get really good training and we learn on the job as well". Staff had received training that was specific to the needs of the people living at the service, such as dementia awareness training. When new staff commenced employment they underwent an induction and shadowed more experienced staff until they felt confident to carry out tasks unsupervised. Staff we spoke with all confirmed that they received regular supervision meetings throughout the year and said they felt very well supported by the management team. Staff had a planned annual appraisal. One member of staff told us, "Supervision's are every few months".

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. We checked whether the provider was still working within the principles of the MCA. Staff continued to have a good understanding of the MCA and the importance of enabling people to make decisions. Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. Applications had been sent to the local authority and notifications to the Care Quality Commission when required. We found the management understood when an application should be made and the process of submitting one. Care plans clearly reflected people who were under a DoLS authorisation with information and guidance for staff to follow. DoLS applications and updates were also discussed at staff meetings to ensure staff were up to date with current information.

People received consistent support from specialised healthcare professionals when required, such as GP's and community nurses. Access was also provided to more specialist services, such as chiropodists and

speech and language therapists (SALT) if required. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

People's nutritional needs were met. From examining food records and menus we saw that in line with people's needs and preferences, a variety of nutritious food and drink was provided and people could have snacks at any time. Special diets were catered for, such as fortified meals and drinks. For breakfast, lunch and supper, people were provided with options of what they would like to eat. The cook confirmed that there were no restrictions on the amount or type of food they could order. We observed lunch and saw that it was an enjoyable and sociable occasion. People enjoyed their meals and snacks throughout the inspection. One person told us, "The cooking is not bad". Another person said, "They have a hot meal in the evening and a proper Sunday lunch". Staff understood the importance of monitoring people's food and drink intake and monitored for any signs of dehydration or weight loss. Where people had been identified at risk of weight loss, food and fluid charts were in place which enabled staff to monitor people's nutritional intake. People's weights were recorded monthly, with permission by the individual. Where people had lost weight, we saw that advice was sought from the GP.

# Is the service caring?

## Our findings

People were supported with kindness and compassion. They told us caring relationships had developed with staff who supported them. People were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "I don't want for anything. It's been nice here, I'm quite happy".

Positive relationships had developed with people. One person told us, "Staff are very good to me, very fair, very kind". Staff took their time to talk with people and showed them that they were important and they demonstrated empathy and compassion for the people they supported. Friendly conversations were taking place. Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support. Carlton House had a calm and homely feel. Throughout the inspection, people were observed freely moving around the service and spending time in the communal areas. People's rooms were personalised with their belongings and memorabilia. People were supported to maintain their personal and physical appearance, and were dressed in the clothes they preferred and in the way they wanted.

The management and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do and where they would like to spend time. People were encouraged to make their own decisions. They told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed, how and where to spend their day and what they wanted to wear. One person told us, "I ask to go out and I can go out on my own". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. One member of staff told us, "You always offer choices, like what do they want to wear and what do they want to eat. Just because they have dementia, you still have to offer". Another member of staff added, "I always give people choices, like showing people a couple of blouses to choose from and ask where they would like to sit, or if they want to stay in their room".

There were arrangements in place to protect and uphold people's confidentiality, privacy and dignity. Members of staff had a firm understanding of these principles and they were able to describe how they worked in a way that protected people's privacy and dignity. One member of staff told us, "I close the curtains and close the doors, it's really important. Just because they may have dementia, you can't just barge in". People confirmed staff upheld their privacy and dignity, and we saw doors were closed and staff knocking before entering anybody's room.

Staff supported people and encouraged them, where they were able, to be as independent as possible. Staff informed us that they always encouraged people to carry out personal care tasks for themselves, such as brushing their teeth and hair. People assisted with tasks around the service, and also used adapted cutlery and plate guards at mealtimes, to enable them to eat independently. One member of staff told us, "I encourage people to wash their face and try to make them participate in their care".

People were able to maintain relationships with those who mattered to them. Visiting was not restricted and guests were welcome at any time. People could see their visitors in the communal areas or in their own room.

## Is the service responsive?

### Our findings

At the last inspection on 8 & 12 September 2016, we identified areas of practice that needed improvement. This was because we identified issues in respect to the way that the service handled complaints and some care plans did not contain adequate information for staff to guide them when people presented behaviour that may challenge others. We saw that the required improvements had been made.

At the last inspection we found areas of practice that required improvement in relation to the handling of people's complaints. We found that improvements had been made and viewed documentation which showed that complaints had been handled and responded to in line with the service's complaints policy and procedure. People told us they were routinely listened to and the service responded to their needs and concerns. They were aware of how to make a complaint and felt they would have no problem raising any issues. One person told us, "If I had a complaint, I would go to the office, I let them know". A relative added, "I would always speak to any of the staff, especially those that have been here longest". The complaints procedure was displayed for people and records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. Staff told us they would support people to complain.

At the last inspection we found areas of practice that required improvement, as some care plans did not contain adequate information for staff to guide them when people presented behaviour that may challenge others. We saw that where appropriate, behaviour planning and guidance was detailed in people's care plans to guide staff on what to do if somebody was agitated, or presented behaviour that challenged others. The area manager told us that care plans had been audited, were now up to date and contained relevant information to guide staff. We saw that this was the case. The care plans were detailed and gave descriptions of people's needs and the support staff should give to meet these. For example, one care plan told staff that a person wished to have a specific drink each day that was important to them. Another care plan explained how a person needed to be reminded that the cream they used was cold, so that they were aware of this. Care plans were reviewed regularly and updated as and when required.

Staff undertook an assessment of people's care and support needs before they began using the service. This meant that they could be certain that their needs could be met. The pre-assessments were used to develop a more detailed care plan for each person which recorded the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Nobody we spoke with living at the service could recall being involved in developing their care plans. However, paperwork confirmed that they or their relatives had been involved in the formation of the initial care plans. We saw further evidence that people and their relatives were subsequently asked if they would like to be involved in any care plan reviews.

The provision of meaningful and appropriate activities was good and staff undertook activities with people. Activities on offer included singing, films, arts and crafts, and themed events, such as reminiscence sessions and visits from external entertainers. A relative told us, "The activity lady has taken some people out to local fetes". On the day of the inspection, we saw activities taking place for people. We saw people taking part in a

film star quiz. People were clearly enjoying the activity, and were calling out answers and discussing the questions with others. The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that staff set aside time to sit with people on a one to one basis. One person who chose to stay in their room told us, "Time passes very quickly, I don't need anything else". The service also supported people to maintain their hobbies and interests, for example one person had always had an interest in dog shows, so staff ensured that when pet dogs visited the service that they were shown to them.

## Is the service well-led?

### Our findings

At the last inspection on 8 & 12 September 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we identified concerns that the provider had not ensured that records had been accurately completed in a timely fashion. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to records. Furthermore, we identified issues in relation to the provider not having adequate systems to ensure that areas of improvement identified via audits and feedback were routinely actioned and implemented. Improvements had been made and the provider was now meeting the legal requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, despite improvements being made, we identified further areas of practice that need improvement.

At the last inspection we found concerns in respect to record keeping. Record such as food and fluid charts, room temperature records and daily recording records contained gaps and omissions and did not contain enough detail. We saw that improvements had been made. The area manager told us that meetings and training were held with staff in relation to documentation and recording of information. They added that audit activity was carried out to check standards of recording. Documentation and records that we saw were accurate and confirmed this was the case.

However, we found issues in relation to robust management of the service. The service had been without a registered manager since June 2016. Day to day charge of the service was carried out by an acting manager and the deputy manager with support from the area manager. The area manager told us that they would soon be leaving the service and at the time of our inspection, no formal action had been taken to recruit a registered manager. The Health and Social Care Act 2008 requires that as a condition of the provider's registration, that they have a registered manager. We have identified this as an area of practice that needs improvement.

At the last inspection we identified issues in respect to quality monitoring and governance. This was because the provider did not have adequate systems to ensure that areas of improvement identified via audits and feedback were routinely actioned and implemented. We saw at this inspection improvements had been made. Quality assurance audits were embedded to ensure a good level of quality was maintained. We saw audit activity which included medication and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring, questionnaires and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. The area manager told us actions arising from meetings with people and staff were consistently recorded and monitored until they were completed. Furthermore, they told us that an in-depth quality assurance audit was routinely carried out to identify areas of improvement at the service. An action plan was developed and the progress of these actions was monitored and we saw documentation which supported this.

Staff were aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. We saw that policies, procedures and

contact details were available for staff to do this.

People looked happy and relaxed throughout our time in the service. People we spoke with were unable to tell us about the management of the service. However, staff said they were happy with the way the service was managed and thought the culture of the service was one of a homely, relaxed and caring environment. One member of staff told us, "We are a tight little community here, we are a happy place and we all join in". Staff told us that the management team were approachable and professional. When asked why the service was well led, one member of staff told us, "I can approach the managers at any time, you don't have to keep things to yourself". Another member of staff said, "We are a good team, I can approach the managers, they listen". Staff showed enthusiasm for the service, and a good knowledge of the people who lived there. The area manager told us, "We treat people as individuals, it's a very homely place". A member of staff added, "We are always promoting good care and try to do as much as we can for the residents here".

There were open and transparent methods of communication within the service. Staff attended daily handovers. This kept them informed of any developments or changes to people's needs. One member of staff told us, "We work well as a team and come together for meetings". Staff commented that they all worked together and approached concerns as a team. One member of staff said, "We've got a really good team, we talk about any issues daily".

Mechanisms were in place for the management to keep up to date with changes in policy, legislation and best practice. Up to date sector specific information was also made available for staff, and the management received updates from the CQC and relevant national trade groups. We saw that the service also liaised with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery, and learning was cascaded down to staff, for example around dementia care and coping with aggressive behaviour.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The area manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken. The area manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.