

BKR CCH Limited

# Carlton Care 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?

**Good** 

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

Carlton Care Home is a residential care home providing personal and nursing care to 26 people at the time of the inspection. Four people received residential care and twenty-two people received nursing care. The service can support up to 29 younger and older adults in one adapted building.

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

Not all steps had been taken to ensure medicines were administered as required and managed safely. Some improvements were required to help prevent the risks associated from infections. Incident reports did not always include a conclusion and show whether any further actions were required to reduce risks.

Risks associated with people's healthcare conditions were assessed. The provider had taken actions to help prevent the abuse of people using the service. There were enough staff to meet people's needs and staff were checked to ensure they were suitable to work at the service.

Improvements were required to help ensure people received food that was consistent with their assessed needs. Some adaptations had been made to the premises and people had personalised their bedroom; however, signage around the premises was limited. People's needs were assessed, and staff were trained in areas relevant to people's needs. People had access to other healthcare services when required. Staff had opportunities to discuss their performance and training needs with their manager. People told us they enjoyed the choice and variety of meals at the service.

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

Staff were caring and respectful to people. People's cultural needs were known and respected. People and their relatives were involved in their care and in making decisions. People's choices were promoted. People told us staff respected their privacy and promoted their independence.

Staff had a good understanding of people's life histories and interests. People were supported to maintain their connections with their local communities. People told us they enjoyed a variety of activities. Staff were able to support people who spoke languages other than English. People's communication needs were assessed and met. Where people required care at the end of their lives, this had been assessed and care plans were in place to help ensure people received the care they wanted.

Not all statutory notifications had been submitted as required. Some audits had not identified shortfalls effectively. Medicines records were not always complete.

The service was run with an open and approachable management team. People, their relatives and staff

were involved in the development of the service. Both registered managers were involved in quality improvements initiatives and the service had been recognised for their achievements.

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

Rating at last inspection

The last rating for this service was Good (published 6 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### 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** ●

# Carlton Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection team included one inspector, one specialist professional advisor and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Carlton Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission; one was also the registered provider. 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 inspection was unannounced and took place on the 11 June 2019

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and four visiting friends and relatives about their experience of the care provided. We spoke with seven members of staff including the provider who was also one of the registered managers, nurse in charge, nurse, three healthcare assistants (two who were also activities coordinators) and the cook. One of the two registered managers was not present at the inspection because they were on holiday.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further governance records including training data and quality assurance records sent to us by the registered manager who was not present at our inspection. These were sent to us when they had returned to work.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People were not protected from the risks of medicines as not all steps to ensure medicines were administered and managed safely were in place. We found excess stock of one medicine and made staff aware of this.
- People were at risk of poor skin care as records did not show people received prescribed skin creams as required. Not all prescribed creams had the date they were opened recorded; this meant the date of disposal could not always be clearly identified. We found some creams were not recorded on a medicines administration (MAR) chart and we found some creams were in use without a prescription label on them. This meant it was not clear whether they were safe for the person to use. Instructions as to where creams were required to be administered were not always clear.

### Preventing and controlling infection

- Not all steps were taken to reduce the risks from infection. We observed staff did not use gloves when handing people biscuits and they placed biscuits directly onto tables without using plates or napkins.
- We found hot water taps did not work sufficiently effectively in two people's bedrooms so as to ensure good hand hygiene.

The provider had failed to ensure the safe and proper management of medicines and had failed to take steps to assess the risk of, prevent and control the spread of infections. This meant people were not protected from the risks associated with medicines and infection. This was a breach of Regulation 12(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other medicines were received, stored, administered and disposed of safely. The provider sent us additional information to show they were aware of the fire risks from creams that contained paraffin.
- The provider had policies and procedures in place to follow should there be an infection outbreak. Other measures to help prevent and control infections were also in place such as staff training and audits.

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

- People told us they felt safe and free from abuse and discrimination. Staff we spoke with were knowledgeable on what actions to take should they suspect a person was subject to abuse.

### Assessing risk, safety monitoring and management

- Risks to people were assessed. Staff were knowledgeable in how to prevent falls and what actions to take to reduce risks to a person after a fall.
- Risk assessments were in place for the general environment and from other such risks as fire. Safety plans to help people evacuate the premises should this be required were in place.

#### Staffing and recruitment

- The provider completed checks on staff before they were offered employment. These checks helped the provider employ staff who were suitable to work at the service.
- People told us if they needed assistance from staff they usually came quickly and if they were delayed they understood it was because staff were caring for others. Staff told us they coordinated amongst themselves to ensure timely care to people.

#### Learning lessons when things go wrong

- Not all steps had been taken to learn from incidents. Reports of injuries and accidents were made. However, they had not always been concluded to establish the most likely cause of injury or what considerations had been given as to whether any further actions were required to reduce risks.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed by the registered manager before they came to live at the service. Assessments reflected the requirements of the Equalities Act to ensure people's diverse needs could be met. Assessments covered all aspects of people's health, care and well-being.
- Assessments contained information on people's family life, their working experiences, hobbies and interests. This helped staff to know people well.

Staff support: induction, training, skills and experience

- Staff had meetings with senior staff where they could review their performance and identify any further support they needed. Training was provided to help staff in their roles.

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

- Improvements were required to ensure people on specialist diets received food consistent with their care plan. People told us they had enough to eat and drink and they enjoyed the variety of choices offered. Adapted plates, cups and cutlery were used to help promote people's independence.
- People were monitored for weight loss and referred to dieticians when required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they received care from other healthcare professionals when they needed it. For example, people and their relatives told us they saw opticians, dentists and attended hospital appointments. Records showed where GP's had visited people when needed.
- Information from other healthcare professionals was reflected in people's care plans.

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

- People used a lift so they did not have to use the stairs. Some corridors in the building were narrow and there was a lack of signage. Staff told us this had not caused people any problems. However, clear signage can also help orientate visitors to the service.
- People had been supported to personalise their bedrooms and these reflected people's tastes and preferences. People told us about their rooms being decorated and their flooring replaced. They were happy with these improvements.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Processes were followed to ensure people's capacity to make informed decisions was assessed. Best interests' decisions were made when people did not have the capacity to make an informed decision.
- Some people had an authorised DoLS in place where restrictions were in place to help keep the person safe.
- Staff had received training on the MCA and DoLS and our observations showed staff sought people's consent before providing care and support. Staff were knowledgeable on people's individual capacity to make day to day decisions.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good At this inspection this key question has remained the same, Good.

This meant 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 felt well cared for by staff that were respectful of their needs, including cultural needs, and were friendly and caring. One person told us, "I love them [staff] all. Staff are friendly and we all get along. They are caring and genuine." A relative told us, "Staff are hard working and never stop. They have patience and are certainly caring."

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

- People and relatives told us they were involved in their care plan and involved in decision about their care and support. One relative told us, "We have had a look at the care plan. The doctor discussed medication with us. My relative wasn't sleeping well so it was useful to discuss that. I like to know what is going on." We saw staff offer people choices and supported their everyday decision making.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy was respected. One person told us, "Oh yes, staff do knock on the door before coming in. My room is kept private." Staff told us they were mindful of people's privacy and dignity and told us how they supported people with their independence. For example, encouraging people to do what they could themselves. People we spoke with told us they felt staff were there to help them when needed and also took the time to promote their independence. One person told us staff helped them and there were some things they did themselves. They said, "I can wash my face and the front of my body but not the back. I can put some clothes on. I can eat and drink independently."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same, Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff knew them well and were able to provide personalised and responsive care. One person told us, "Staff asked me when I came about where I had worked, my interests and they recorded it." Staff had good knowledge of people's interests and life histories and any specific cultural or faith needs.
- Staff created opportunities for people to enjoy social time and links to their local communities. For example, children from a local nursery regularly visited and shared songs and arts and crafts with people. We saw people were supported to take part in an exercise class and people were visited by a local religious group.

Meeting people's communication needs

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

- People's communication needs were assessed and details of any needs were recorded. We saw where people's first language was not English, this had been care planned and met by staff who were fluent in languages other than English. We saw people enjoy conversations in their own language with staff throughout our inspection.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no need to complain, however they knew who to talk to should they have any concerns; they were confident these would be looked at and resolved. One person told us, "Staff do everything well. I have no complaints at all." Information on how to complain was on display.
- Records showed the provider had recorded and investigated any concerns raised.

End of life care and support

- Where people required care for the end of their lives this had been assessed and care planned. Information on people's choices, rights and preferences was known and relatives involvement had been sought where appropriate. Where appropriate, other health and social care professionals were involved in decision making and care choices for people at the end of their lives.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Not all statutory notifications had been submitted as required.
- Audits were in place and covered areas related to the environment, medicines and people's care. This helped the service identify where improvements could be made. However, the audit for medicines management and infection prevention and control were not always effective as they had not identified the shortfalls we identified.
- Records for topical medicines were not always accurate and complete. Some photographs used for identification on MAR charts had been taken many years previously and did not reflect how people's current appearance.
- Some governance records were not accessible in the absence of one of the registered managers.

The provider had failed to assess, monitor, improve and mitigate risks associated with medicines, infection and records. This meant governance systems were not always effective at ensuring people received quality care. This is a breach of Regulation 17(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the location and on any associated website where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. This was not available for people to see at the service when we arrived. Staff located and displayed this before we left. The provider's website did not direct people to the most recent CQC report. We advised the provider of this and they updated it shortly after our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People received good care with their health care needs. People and relatives told us they were pleased with their care.
- People and their relatives knew who both the registered managers were and told us they were approachable. Staff shared the view that they could approach both registered managers should they have

any concerns.

- The provider had a commitment to the duty of candour and any investigations into complaints or shortfalls had been completed thoroughly and openly.

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

- People kept connections with their local communities. Staff told us of one person who was a member of social group before they came to live at the service; they told us they had maintained this contact whilst at the service and had invited their friends for tea.
- People with faith needs told us these were well-supported and visits from their faith communities supported.
- People and relatives received newsletters about the service and people had opportunities to share their views about the service.

Continuous learning and improving care; Working in partnership with others

- The provider and registered manager took part in quality and safety improvement initiatives. They had been successful in achieving awards recognising their achievements in improvements.
- Staff meetings were held to share updates and reinforce good practice.
- A range of health care professionals worked with staff to achieve good healthcare outcomes for people.

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	<b>Not all steps were taken to protect people from the risks associated from infection and medicines</b>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<b>Governance systems did not always identify shortfalls in the service.</b>