TLC Group (Rockley Dene Homes Limited)

Carlton Court Care Home

Inspection report

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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?	Good

Overall summary

This inspection took place on 21 and 23 April 2015 and was unannounced. At our last inspection in March 2014 the service was meeting all of the regulations we looked at.

Carlton Court Care Home provides accommodation, nursing and personal care for up to 80 older people, the majority of whom have dementia. On the day of our visit there were 75 people living in the home.

There was a new manager in post and he was going through the process of being registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with CQC 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.

People were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness.

Staff treated people with respect and as individuals with different needs and preferences. Staff understood that people's diversity was important and something that needed to be upheld and valued. Relatives we spoke with said they felt welcome at any time in the home; they felt involved in care planning and were confident that their comments and concerns would be acted upon. The care

Summary of findings

records contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person.

The care staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

There were sufficient numbers of suitably qualified, skilled and experienced staff to care for the number of people with complex needs in the home.

Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Medicines were managed safely. Nursing staff had detailed guidance to follow when administering medicines. Staff completed extensive training to ensure that the care provided to people was safe and effective.

There was an open and transparent culture and encouragement for people to provide feedback. The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. People told us they were aware of how to make a complaint and were confident they could express any concerns and these would be addressed.

CQC monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and reports on what we find. DoLS are a code of practice to supplement the main Mental Capacity Act 2005. These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. The manager had knowledge of the MCA 2005 and DoLS legislation and referrals for a DoLS authorisation had been made so that people's rights would be protected.

The manager had been in place since March 2015. He provided good leadership and people using the service, relatives and staff told us the manager had made a number of improvements since he had taken up the post. We saw that regular audits were carried out by the provider's head office to monitor the quality of care. We saw that the last audit in March 2015 identified a number of improvements for example; improving care planning records and the mealtime experience and the introduction of night inspections

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us that there were enough staff to meet their needs.

People and their relatives told us they felt safe. Staff knew how to recognise the signs of abuse and what action to take. Risk assessments were carried out to monitor and reduce risks to people.

Appropriate recruitment checks were made on staff.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

The service complied with requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There were robust systems in place for providing staff with training and professional development.

People were supported to attend routine health checks, and there was evidence of attention to people's healthcare and nutritional needs.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences and acted on these.

People and their relatives told us they felt involved in care planning and delivery and felt able to raise any issues with the manager.

We observed staff treating people with dignity and respect

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs.. Regular reviews were held to ensure care plans were up to date and the care and support provided was meeting people's needs.

There were a range of activities available during the day based on consultation with people using the service

Is the service well-led?

Good

The service was well led.

People living at the home, their relatives and staff were supported to contribute their views.

There was a strong emphasis on promoting and sustaining improvements at the service. Staff told us that the management team were very knowledgeable.

There were a number of systems in place for monitoring the quality of the service.

Carlton Court 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We inspected Carlton Court Care Home on 21and 23 April 2015. This was an unannounced inspection.

The inspection team consisted of two inspectors, a nurse advisor and two experts-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, in this case services for older people and people with dementia.

We spoke with fifteen people who use the service and ten relatives. We also spoke with three nursing staff, four care workers, the activities coordinator, the deputy manager, the manager and the regional manager.

During our inspection we observed how the staff supported and interacted with people who use the service. We also looked at ten people's care records, staff duty rosters, four staff files, a range of audits, the complaints log, minutes for residents meetings, staff supervision and training records, the staff training matrix and a range of policies and procedures for the service.

Good

Is the service safe?

Our findings

People were protected from abuse and harm at this care home because risks to people were assessed and there were sufficient staff who were recruited safely and trained to support them. One person said "staff here make me feel safe." Another person stated "staff are always checking we feel safe."

People's needs and risks had been assessed and detailed care plans had been developed to support the person. For example care plans also identified the number of staff needed to support each person's care needs in the home and when they went out. One care worker told us, "There is always enough staff and the numbers have recently been increased." We were able to read staff rotas which confirmed each floor had approximately 26 people who were supported by six care staff, a team leader, a nurse and a floor manager. We saw at night there were four waking care t staff on duty.

The manager was able to explain that additional staff were also used to support activities where a person required two staff to support them. For example during the inspection we noticed that when a person requested a trip out staff responded immediately. We saw that staff were working off-site to support the person who had requested to spend the afternoon in a park and a local café.

Risks assessments were reviewed monthly or when required and appropriate actions taken to address changes that were identified. We saw risk assessments had been completed in areas such as skin integrity,' mobility, nutrition and financial management. We saw evidence of referrals to specialist health care professionals, for example dieticians and speech and language therapists. We saw the provider had created appropriate action plans which were effective and where necessary, modified care support plans. This meant people with complex needs were kept safe.

Staff understood the importance of safeguarding adults and were able to describe the actions they would take if abuse was suspected. People who lived at the home told us that they felt safe. One person told us they felt safe and that staff would always listen if any person at the home had concerns. The person stated, "the manager and staff are always asking how we all are." Another told us, "I have never seen anything to give cause for concern, nothing."

The provider had made notifications to the Care Quality Commission and to the local authority when they had safeguarding concerns. We saw there had been one safeguarding alert in the past 12 months. We were able to access records of this alert and saw the provider had acted appropriately. The provider had acted to keep the individual safe.

We spoke to care staff with regard to safeguarding. Staff knew about protecting people from harm and told us the actions they would take if they had concerns regarding the safety of people. Staff were able to explain the different forms of abuse which might occur in a nursing home setting and were able to tell us how they would manage any safeguarding concerns.

Training records we read confirmed that all staff had received safeguarding training. Care staff we spoke with had also received training on the Mental Capacity Act 2005 (MCA) and were aware of the added challenges of safeguarding people who might lack mental capacity in some areas. Staff we spoke with were aware of the best interest process and we saw evidence in people's care plans which confirmed the provider completed capacity assessments where appropriate. Staff were also aware of the provider's safeguarding and whistle blowing policies.

People were given their medicines in a safe way by nursing staff. who had good knowledge of the medicines they were giving people and followed the provider's procedure for safely administering them. Staff asked consent from people before giving any medicines. They took plenty of time, offered drinks, and signed to indicate the medicines had been given as prescribed. Medicines people required for their health and well-being were stored and managed safely. Up to date records were kept of all medicines that had been received at the home and when they had been disposed of. Medicine administration records showed how people had received their medicines or why they had not been given.

There were effective recruitment and selection processes in place. Staff told us they underwent a robust recruitment process before they were employed. Records confirmed this and they included an application form, interview and written assessments. Staff also told us that the training they received during their induction was excellent and ensured they had the skills to work with people who used the service. Staff said they were supported to develop their skills so they could continue to meet people's needs

Good

Is the service safe?

including additional training and qualifications. Appropriate checks were undertaken before staff began work. Checks on people's criminal record, references, eligibility to work, health and qualifications were undertaken to ensure they were fit to work.

The provider had an accident and injury policy. We were able to access these during the inspection. This described how accidents and incidents were processed and what a person could expect after an incident. There was evidence that learning from incidents and investigations took place and appropriate changes were implemented, with any follow up actions confirmed. Incidents and accidents were recorded in detail and included action to be taken to minimise the risk of recurrence.

There were arrangements in place to deal with foreseeable emergencies. Staff knew the procedures to follow if there were emergencies. The manager told us they had a policy in place to deal with emergencies and the staff were made aware of this. We saw there was an individualised evacuation procedure for each person. We read in records that the provider ensured all safety equipment was checked regularly and that weekly fire drills were completed.

Good

Is the service effective?

Our findings

All staff spoken with were able to demonstrate an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. We saw that best interest decisions had been made involving family members, the person and appropriate health care professionals and this was in line with the requirements of the Mental Capacity Act 2005.

In one case we read in records there had been concerns raised that a person using the service was placing themselves at risk at night by insisting the sides of their bed were raised. This meant that the person was unable to safely get out of bed. We saw the provider had assessed capacity of the person then completed a "best interests" meeting which had included the person, their representatives and appropriate associated professionals. A risk assessment and action plan had been completed and the person had been kept safe.

DoLS requires providers to submit applications to a 'Supervisory Body' for permission to deprive someone of their liberty in order to keep them safe. We saw that the manager had completed mental capacity assessments and DoLS applications had been made. This showed the provider was acting in line with current legislation to ensure that people's rights were protected.

We found that people who used the service had been asked for their consent before they were provided with care and support. We saw in people's records how the provider asked people's wishes with regard to how they wished their care delivered. We also saw in cases where people lacked capacity the provider had organised "best interest" meeting involving the person's family and associated health care professional. We found that staff acted in accordance with people's wishes. We observed the care and support given to people who used the service. We saw that staff spoke kindly with people and gave them time to respond.

Referrals were received from various sources and the provider used referral and assessment forms that had been devised with the assistance of the local authority and of the health trust. This meant that people received an appropriate and effective assessment of needs on the commencement of their respective care programmes. We noted that the manager visited prospective residents several times before the person visited the home. We saw in care support plans we read how the provider involved the person, their representatives and associated health and social care professionals to ensure that the person's period of transition to the home was individualised to meet their needs.

Meals were prepared by the home chef who told us people who used the service had a choice of two meals for breakfast, lunch and dinner. We were told further to this, people could ask for any dish they wished for. We were able to confirm this by speaking with people who were complimentary with regard to the food. One person told us" the food is great and we can have snacks whenever we want." Another person who often wished for a culturally appropriate diet told us, "When I want Caribbean food I get Caribbean food." We observed how people were supported over lunch time. We saw that staff encouraged people who used the service to be as independent as possible. We saw staff offered people a choice of drinks with their lunch and asked if people wanted to have cake after they had eaten sandwiches. We saw that a speech and language therapist had been involved in the care provision of people who had been identified as at risk of choking. We saw that staff were aware of the need to thicken the drinks of one person. We saw that the speech and language therapist had prepared guidelines for staff to follow. This information was clearly displayed in the kitchen and in all three dining areas. This enabled staff to understand which person required special meals to conform to either health or cultural requirements.

Staff we spoke with told us that daily notes recorded after each meeting with the person and with relatives gave them good information about the care and support provided and their general health and wellbeing. People had care plans that were personalised and we observed these plans being followed. These also recorded if there was a specific health need and how these needs should be met. People told us that if they needed to see a health professional, they were supported to arrange and attend an appointment. We saw in people's files how the provider ensured that people who used the service had regular health checks including blood checks, appointments to dentists and chiropodists and

Good

Is the service effective?

checks on their weight and food intake. We saw that all people who used the service had received recent visits from the local G.P. who had administered influenza vaccines.

Staff confirmed that they had received training to enable them to carry out their duties. Staff told us that they were trained primarily by the use of e-learning (on a computer). Staff told us that they had completed training in areas such as first aid, epilepsy, health and safety and dementia awareness. One member of staff said that they had done "a lot of in house training." We were told that the e- learning could be completed either at work or while at home. A member of staff told us, "All my online (e-learning) training is up to date." The manager was able to show us records about the training staff had attended. We saw that all permanent members of staff were up to date. This meant that staff were trained to ensure that they gave appropriate care and support to people in a consistent way.

Records we read told us that staff had received supervision on a regular basis. We saw the provider supervised staff every two months on a one to one basis whilst providing group supervision on alternative months. Staff we spoke with told us supervision gave them the chance to discuss the support needed to ensure that people received consistent care. Staff confirmed that they received supervision sessions. This meant that staff had received support to enable them to provide appropriate care to people who used the service.

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Good

Is the service caring?

Our findings

People and their relatives told us that staff were very caring. They were also respectful of people's privacy and dignity. One person told us, "The staff are very nice indeed – we have nice meals – I like my room with its ensuite toilet. I need to be hoisted morning and evening – but it's a good hoist and they do it very gently – I have no fears on that score.'' Another person told us, "Staff are lovely, I really like it here – I'm friends with everyone." Another said, "The girls are very good, calm, gentle and quiet."

Staff were motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person decided they wanted to go to their room, they linked arms with the member of staff and went with them to find their room. This person's mood changed and they appeared happy and relaxed following reassurance given.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

We saw that staff spoke with people while they moved around the home and when approaching people, staff would say 'hello' and inform people of their intentions. We heard staff saying words of encouragement to people. During our observations we saw positive interactions between staff and people who used the service. Staff spoke to people in a friendly and respectful manner and responded promptly to any requests for assistance.

The manager and staff told us people were generally able to make daily decisions about their own care and, during our observations, we saw that people chose how to spend their time.

We saw people's care plans included information about their needs around age, disability, gender, race, religion and belief, and sexual orientation. People's plans also included information about how people preferred to be supported with their personal care. For example, care plans recorded what time people preferred to get up in the morning and go to bed at night, and whether they preferred a shower or a bath. Staff we spoke with were able to tell us about people's preferences and routines.

We saw staff offered people choices about activities and what to eat, and waited to give people the opportunity to make a choice. For example, at lunchtime, staff reminded people of the choices of food on the menu and the drinks that were available.

People were supported to maintain contact with friends and family. Visitors we spoke with said they were able to visit at any time and were always made welcome.

Good

Is the service responsive?

Our findings

People's care plans confirmed that a detailed assessment of their needs had been undertaken by the manager or a senior member of staff before their admission to the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided. Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people.

The care plans contained detailed information about how to provide support, what the person liked, disliked and their preferences. People who used the service along with families and friends had completed a life history with information about what was important to people. The staff we spoke with told us this information helped them to understand the person. One member of staff said, "It's important to know about people's lives."

These care plans ensured staff knew how to manage specific health conditions, for example diabetes. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing pressure ulcers. Entries in people's care plans confirmed that their care and support was being reviewed on a regular basis, with the person and or their relatives. Where changes were identified, care plans had been updated and the information disseminated to staff. For example, we saw that where there had been a decline in one person's health needs, the manager had arranged additional 1-1 support which was funded by the local authority.

People told us they enjoyed the activities on offer. One person told us, "entertainment wise, I think we are looked after," and another person said, "I would like to go out more. I was at the garden centre the other day and I enjoyed it."

The home employed three activities co-ordinators (however one post was currently vacant) who organised activities on a daily basis. One of the activities coordinators explained that their role was to provide meaningful activities, which ensured people were able to maintain their hobbies and interests. She told us, "We talk to people individually on a regular basis to see what they like to do." She told us activities aimed to promote people's wellbeing by offering a lot of one to one time and provided examples of sitting and chatting with people, doing their nails, going for walks and spending time in the garden. In addition to scheduled activities, such as visits from entertainers, group activities were offered to those who wanted to participate. These included, film afternoons, group quizzes, hair dressing, poetry reading and arts and crafts. The activities coordinator told us that she also had access to a minibus and took people out regularly to garden centres, pub lunches and the seaside. We saw that weekly activity schedules were displayed in various areas around the home. The manager told us that when the third coordinator post had been recruited to, he wanted them to work more closely with the local community, especially with local schools The activities coordinator also told us that people were supported to attend church of their denomination in the community.

The provider took account of complaints and comments to improve the service. A complaints book, policy and procedure were in place. We saw that a copy of the complaints procedure and a feedback form was available in peoples' rooms. People told us they were aware of how to make a complaint and were confident they could express any concerns. One person told us, "I've got no complaints but they would listen and try to sort it out." We saw there had been one recent complaint made and there was a copy of how it had been investigated. Letters had been sent to the complainants detailing any action, demonstrating how changes had been made and how the provider had responded.

Good

Is the service well-led?

Our findings

The manager had been in post for two months, his application for Registered Manager with CQC was currently in process. He told us that he had spent this time focusing on developing a strong and visible person centred culture in the service. He told us that his vision was that, "Everyone who comes through our door should be treated the way we would all like to be treated especially in relation to care and communication." During his time as manager he had made a number of improvements to the service, these included increasing the staff numbers and an increase in pay for all staff. We saw that he had also introduced a new improved supervision system and had introduced a number of monthly audits. We saw records of monthly audits for wound care, dignity respect and involvement, medication, care plans and housekeeping. Our observations of, and discussion with staff found that they were fully supportive of the manager's vision for the service. Staff told us that the atmosphere and culture in the service had improved since the manager and deputy manager had been appointed. They said that the environment was much more vibrant, less institutionalised, and friendlier.

Staff told us that the management team were very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. Staff described the manager as "very experienced." One care worker told us, "He has taught us a lot and things are much better here." Another told us, "He is very strict but that is what we need." The manager and deputy confirmed that being 'on the floor' provided them with the opportunity to assess and monitor the culture of the service. People using the service also made positive comments about the new manager, comments included, "There has definitely been an improvement since the new manager came" and "I like the new manager very much because he seems to be doing things to make the place better."

The manager had used innovative ways of ensuring that staff received the training and support they needed to deliver a high standard of care. He told us that through observation and supervision he identified staff that "naturally shine" in certain areas. He had introduced a new system whereby staff had been appointed as 'champions' in certain areas and they would be provided with specialised training .There were champions for dignity, diabetes, pressure sore management, equality, customer care and end of life care. The manager told us these staff would act as role models for other staff, supporting them to ensure people experienced the best quality of life.

The management team and staff told us that the regional manager visited the service on a regular basis, providing management support and guidance, and carried out much of the training. Staff told us that the directors were also very approachable and supportive. During our visit ,the regional manager was present as she was carrying out a follow up visit following a recent internal audit.

We saw that regular audits were carried out by the provider's head office to monitor the quality of care. We saw that the last audit in March 2015 identified a number of improvements for example; improving care planning records and the mealtime experience and the introduction of night inspections.

Staff spoke about the service being a good place to work. Comments included, "I look forward to coming to work," and "I really enjoy working here." Staff said that there were plenty of training opportunities, and they felt supported and received regular supervision. They also felt empowered, involved and able to express their ideas on how to develop the service. Minutes of staff meetings confirmed that staff were involved in the day to day running of the service and had made suggestions for improving the service for people. The manager continually sought feedback about the service through surveys, formal meetings, such an individual service reviews with relatives and other professional's and joint resident and relative meetings. He told us he was holding the next residents/ relatives meeting at the weekend so more people could attend. Results of the annual relatives surveys carried out in November 2014 were very positive in relation to 'overall care and service.'

There was a strong emphasis on promoting and sustaining the improvements already made at the service. The manager told us he was working towards achieving Gold Standard Framework (GSF) Beacon Award and the Silver Award for Dementia Care. The manager informed us that he attended meetings with managers from other services owned by the provider which provided a forum for discussion to help drive improvement and review new legislation and the impact this had on services.