Minton Care Hotels Ltd

Carleton House Care Home

Inspection report

Rectory Road
East Carleton
Norwich
Norfolk
NR14 8HT

Tel: 01508570451
Website: www.mintoncare.co.uk

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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

Summary of findings

Overall summary

This inspection was unannounced and took place on 5 June 2017. Carlton House Care Home is a residential care home that provides accommodation, care and support for up to 27 older people some of whom may be living with dementia. It does not provide nursing care. At the time of our inspection there were 17 people living in the home.

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

People were safe living in the home. Risks to people including risks from the premises were responded to and managed. Staff demonstrated an awareness of adult safeguarding and knew how to identify possible concerns. The service reported safeguarding concerns appropriately and when required.

There were enough staff to meet people's needs. The service assessed how many staff were required depending on people's individual needs and adjusted staffing figures accordingly.

Medicines were managed and stored safely. Regular audits were taken on medicines to check and ensure they were managed safely.

Staff received appropriate support and training to effectively undertake their roles. The provider had a training plan in place to further develop staff knowledge.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and report on what we find. Some improvement was needed regarding documentation of how the act was being applied in practice. However, the registered manager understood their responsibilities under the Act and ensured they consulted appropriate people regarding decisions made in people's best interests.

People received appropriate support to eat and nutritional risks to people were managed. People had a choice of what they wanted to eat and where.

Staff responded to changes in people's health care needs and people were supported to access a range of health care services.

People were supported by staff who cared for them and treated them respectfully. People, relatives, and staff told us they felt part of one big family. People felt listened to and had opportunities to discuss their care needs.

Staff supported people in a way that met their individual needs and preferences. Most people in the home were able to entertain and engage themselves in activities of their choice. There was a lack of planned formal activities and outings on offer, however, the provider had plans in place to address this.

Care plans were written in a way that recognised people as individuals, provided sufficient guidance for staff, and were up to date.

People and relatives felt able to raise concerns and confident that these would be addressed appropriately.

The registered manager and provider were visible in the service. They monitored the quality of the service being delivered although there was a lack of formal records relating to this.

People, relatives, and staff spoke positively about the service and the registered manager. There was an inclusive and homely atmosphere. People and staff spoke of a wider sense of family in the service. Staff told us they felt supported and listened to by the management.

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 were able to identify adult safeguarding concerns. Concerns were reported appropriately.

There were enough staff to meet people's needs.

Risks to people including from the premises were identified and responded to.

Medicines were managed and administered safely

Is the service effective?

Good

The service was effective.

Staff were supported to provide effective care.

The registered manager understood their responsibilities under the MCA although some improvements regarding the documentation of this was required.

People were supported with their health care needs including where they were at risk nutritionally. Staff supported people to access health care where required.

Is the service caring?

Good

The service was caring.

People were supported by kind and caring staff who treated them with respect and dignity.

Staff listened to people and discussed their care needs.

Is the service responsive?

Good

The service was responsive.

People received personalised and individual care that took into account their preferences.

Care plans were person centred and provided sufficient information to staff so they could meet people's needs.

People and relatives felt able and comfortable to raise concerns and complaints.

Is the service well-led?

Good

The service was well led.

The registered manager and provider were visible in the service and monitored its quality although there was a lack of formal records relating to this.

There was an inclusive and homely atmosphere in the service. People and staff were consulted and listened to regarding the running of the service.

Carleton House 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.

This inspection took place on 5 June 2017 and was unannounced. The inspection was carried out by one inspector 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.

Before we carried out our inspection we looked at the information we held about the service. This included notifications received by us. Notifications are changes, events, or incidents that providers must legally inform us about. We reviewed this information and information requested from the local authority safeguarding and quality assurance teams. The provider completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with five people living in the home, two friends of people living in the home, and three relatives. We also spoke with the registered manager, deputy manager, senior staff member, three care assistants, the chef, one of the company directors, and a visiting health professional. Not everyone living at Carleton House Care Home was able to speak with us and tell us about their experiences of living in the service in detail. We observed how care and support was provided to people in the home. Following our visit we were contacted by two relatives who provided additional feedback on the home.

We looked at three people's care records, medication records, three staff recruitment files and staff training records. We looked at other documentation such as quality monitoring, accidents and incidents, maintenance records, and records from staff meetings.

Good

Is the service safe?

Our findings

People and relatives commented on the safety of the service. One person told us, "I realised after my fall that it's better to be here than before with carers coming in [at home]." A second person told us, "I'm quite happy here."

The staff we spoke with understood how to recognise and identify harm to ensure that people were protected from the risk of abuse. Care staff we spoke with told us they would report their concerns to the registered manager or provider. One member of staff said, "If I feel any of the residents aren't being provided for I'll soon speak up." However, not all the staff we spoke with knew where to report concerns outside of the care home. The registered manager understood which incidents needed to be reported externally, and who to. Records we reviewed showed that safeguarding referrals were made appropriately and when required.

The staff we spoke with demonstrated an understanding of individual risks to people and how to manage these. During our visit we observed staff acting in accordance with people's risk assessments. For example, we saw one person required specific equipment to minimise the risk to themselves and others at mealtimes. We saw this was in place and being used. A health professional we spoke with told us they felt staff were responsive to risks and managed these well. A relative said, "[Staff] just seem that they're on the ball all the time, with noticing mood swings, loss of appetite and things like that."

Risk assessments were in place and were specific to each person. These covered areas such as moving and handling, nutrition, and skin integrity. People's care plans also covered specific risks to people and provided staff with clear guidance on how to manage these. For example, we saw one person was at risk of behaviour that may challenge themselves and others. We saw their care plan identified key triggers and provided guidance for staff on specific things they could do to help reduce this risk.

Details of incidents and accidents were recorded and reported to the registered manager. The registered manager kept these in a specific folder organised by date. There was a lack of formal recorded analysis of any patterns or trends regarding incidents. However, the registered manager told us as they knew people well. When incidents were reported to them they were able to use their knowledge of people and these records to identify any trends or patterns. They told us they were planning to implement further documents to help demonstrate formal analysis in the future.

Risks to people from the premises were managed. Fire and water safety risk assessments were in place and actions identified as part of these assessments were taking place. Regular up to date checks and servicing had been carried out on areas such as the home environment and equipment in the home. This helped to ensure that the home was a safe place for people to live and work in.

The registered manager told us they preferred not to use a staffing dependency tool to assess the amount of staff required. They said they found this was not always reliable and preferred to assess this using observation around the home, talking to staff, and knowledge of people's individual needs. Staffing levels were adjusted depending on people's individual needs. For example, the registered manager told us if

someone was unwell or required more support at a certain time of the day they would ensure more staff were scheduled to work during this time. A member of staff we spoke with confirmed this.

We received variable feedback regarding staffing levels. Most people and relatives told us they felt there were enough staff to meet people's needs and they did not have to wait too long for assistance. One person said, "They come fairly quickly, not always as quickly as you'd like, they call in and say 'just be a minute, I'm waiting for so and so." A relative said, "[Name] rings the bell and [staff] come to them; about two minutes." Whilst a second person told us, "They're [staff] not very long. [Name] likes to have someone with them, to give them confidence, and they do that." However, one person told us that they sometimes had to wait longer at night for assistance. They said, "You're always waiting a time, they [night staff] always turn up eventually." Another person said, "You sometimes need two people to help you and sometimes they're not available, you just have to wait and if you can't wait you just have to struggle up." Residents meeting minutes showed staffing had been discussed with people. The registered manager had said they would review the rotas and liaise with staff regarding shift starting times in response.

Staff we spoke with told us they felt there were enough staff most of the time. Two members of staff told us sickness could impact as cover could not always be found at short notice. They told us this did not happen regularly. One said mostly staff worked together to ensure there was cover. On the day of our visit we saw there were enough staff to meet people's needs.

Staff files showed safe recruitment practices were being followed. This included the required character and criminal record checks, such as references and Disclosure and Barring Service (DBS) checks, which helped ensure that the risk of employing unsuitable staff members was minimised.

People told us they received their medicines when they needed them and with appropriate support. One person said, "Yes [timely]. I'm happy to leave it in their hands. [Staff] stay most of the time when I'm taking the really small tablets in case I drop them. They're trusting me whilst keeping an eye on me." A relative told us, "They seem to have been able to reduce [Name's] medication. [Name] has paracetamol if they have any pain, they'll ask if they're alright and give them paracetamol if needed."

Medicines were managed safely. Most of the medicine administration records we looked at were completed accurately. We saw for one person handwritten entries had not been counter signed and did not clearly state the medicines which were for use 'as required'. Although we saw previous records for this person did ensure this was recorded. The deputy manager told us they would amend the record to make this clearer.

Staff recorded when medicines for external use were opened and when they should no longer be used. This ensured staff were using medicines that were safe to use. There was no specific guidance in place for people who were prescribed 'as required' medicines to help ensure staff knew how and when to give these medicines. We saw the service had identified these needed to be implemented and were working on putting this guidance in place. Medicines were stored safely and appropriately. We saw there were regular medicine audits in place to ensure they were being managed safely.

Good

Is the service effective?

Our findings

People and relatives told us staff had the skills and knowledge to meet people's needs. One person said, "Yes they [staff] do everything for me." A second person said, "I think people understand my needs." A relative told us, "I think they have enough trained staff and they get used to [people] and know how they are, and notice changes."

The staff we spoke with felt supported by their colleagues and the registered manager, to deliver effective care to people. Staff we spoke with confirmed they received regular supervisions and appropriate training. One member of staff told us, "[Supervisions] seem to come round very quickly."

Staff told us training was useful and gave them the information they needed. Two staff told us how they liked the fact training was provided in-house and face to face. One staff member said, "Everything is covered." Records showed staff received a range of training which included topics such as moving and handling, health and safety, fire safety, safeguarding, and the mental capacity act. We saw staff had not received training in specific areas based on some people's individual needs in the home. For example, dementia, behaviour that may challenge, or nutritional management. The registered manager told us, and we saw evidence that, an external training session on dementia had been arranged for staff. The provider also had a training plan to introduce additional computer based learning to further supplement staff knowledge in the home.

New staff completed the Care Certificate. The Care Certificate is a set of standards that care staff should adhere to and formed part of induction training for new staff. There was an induction process in place which also consisted of training and shadowing staff to help ensure new staff had the information and skills needed. We saw there was an induction checklist in place to ensure new staff had been given the information they needed and had received supervised experience of completing specific care tasks. A member of staff told us they often supported and supervised new staff. They said the registered manager would seek their opinion as to whether they felt the new staff member was able to work independently with further support given accordingly. We spoke with a new staff member who told us the staff team had been supportive and helpful. They said, "Staff are all friendly. I just ask and they reassure me."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 in their best interests and legally authorised under the MCA. The application procedures for this in care home and hospitals are called 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 were being met.

Some of the people living in the home had limited ability to make decisions regarding some aspects of their care. We looked at one person's record and saw that best interests decisions had been made and documented in respect of each of their care plans where it had been deemed they lacked capacity. However, we found separate mental capacity assessments in respect to each of these decisions had not been documented. For another person who had limited ability to make decisions regarding aspects of their care there were no mental capacity or best interests decisions documented.

Whilst there was a lack of clear recording to demonstrate how the service was following the MCA it was clear from discussions with the registered manager they understood their responsibilities under the Act and were following this in practice. For example, one person in the home at times would refuse their medicines. We saw the registered manager had contacted the person's doctor to seek advice and confirm the person lacked capacity in this area. They had consulted the person's doctor and other relevant people involved in the person's care in order that a decision on how to manage this could be made in the person's best interests.

Applications for DoLS authorisations had been submitted appropriately although there was a lack of formal documentation regarding whether people had capacity regarding this and how the decisions taken had been made in the person's best interests.

Staff we spoke with had a basic understanding of the MCA, how to support people to make decisions, and the importance of seeking people's consent. One staff member told us, "It's always their right [to make decisions] providing they can choose." Another staff member said, "[People] are always given their choices and decisions."

People we spoke with all told us they enjoyed their lunch, received their chosen option and that they had enough to eat. One person told us, "Yes I do look forward to it [lunch]. There's usually something I like. The food is quite good and you do get a decent choice." Another person said, "I'm diabetic, I feel it's controlled. I still enjoy desserts." People and relatives also confirmed there was plenty for people to drink. One person told us, "I always have drink, yes." A relative told us, "I heard staff discussing making up jugs of squash to take to people outside." We saw most people chose to eat in their rooms whilst three people chose to eat together in the home's conservatory. The provider told us they felt eating together in the communal dining room was a positive experience for people. They planned to introduce changes to the dining area to try to encourage people to eat together and experience more communal and enjoyable mealtimes. A relative told us, "[Name's] always asked if they'd like to come downstairs for lunch, sometimes [Name] has said no and the staff respect that, the staff do try and promote it [eating communally]."

We saw people received appropriate support to eat when required. For example, we observed one person using a plate guard and another using a set of cutlery with large 'easy grip' handles so they could eat independently. People who were at risk of malnutrition were monitored and risks were responded to. For example, some people were weighed monthly however this was changed to weekly when it was identified the level of risk had increased. Staff kept a food and fluid diary for people who were considered at risk. We reviewed these records for one person and saw they were completed accurately and with sufficient detail to allow the risk to be monitored.

The chef had a good understanding of each person's dietary needs and how to meet these. We saw there was a system in place in the kitchen to identify people at risk, their preferences, and ensure they received the correct diet. We observed the chef speaking to people to gain their preferences regarding what they wanted to eat that day. They said, "I always ask them, we'll do anything they require."

People and relatives told us staff responded to people's health care needs. Records we reviewed showed people were supported to access a range of health care professionals such as opticians, district nurses and chiropodists.

Good

Is the service caring?

Our findings

People and relatives told us staff were kind and caring. One person told us, "You can't find fault with the staff. They are wonderful." A second person said, "All very caring, oh yes we have a chat." A relative told us, "They [staff] seem to be thinking about what people would like, not just what they need. Even privately between you and me there's nothing I would criticise about any member of staff." A second relative said, "Incredibly impressed with the compassion and kindness from all the staff." A third relative told us, "Their unique talent is to make everyone feel like they are the only resident and nothing is ever too much trouble. The staff are happy, friendly and warm no matter what."

Staff we spoke with demonstrated they cared about and were committed to the people they supported. Staff and relatives told us how staff attended special occasions and events at the home, even on their days off. One staff member told us how they had spent their own time taking one person on trips out of the home. A relative told us how when their relative was nearing the end of their life staff ensured their relative was not left on their own at all. They said staff stayed on when their shifts finished to give support and be there for their relative. They said for staff the job was, "About more than money." All the staff we spoke with felt their colleagues treated people in a kind and caring manner. One staff member said, "I haven't seen anything not caring. I think we're lucky, we have a really good team here."

Staff told us they considered people they cared for as part of their family. A member of staff told us, "We're a family. It's their home and I'd like to think they think of us as family as well." This was confirmed when speaking with people and relatives. One person said, "I feel its family, we are a family." A relative told us, "We've come to consider all of them [staff] as family." A friend of a person who was visiting the home said, "You're one of the family really, we feel very comfortable here."

People told us they felt listened to and involved in decisions regarding their care. A relative told us, "They [staff] always make a little time to listen, to understand. [Name] feels at home, they're happy and comfortable with the staff." Another relative said, "I was aware that [name] had been asked [about their care] and of the choices they've made. [Name] made their own choices." Care records we looked at showed people had been involved in discussions about their care where possible. During our visit we observed staff seeking people's opinions and making sure people were comfortable.

People told us staff treated them with respect and dignity. One person said, "They [Staff] always treat me well, respect, it's always open [their bedroom door] but they always knock." Another person told us, "If staff want to talk to me [about personal matters] we go down to my bedroom." Whilst a third said, "They [staff] are very good, cover me up when they're washing me, they always shut the door, knock on the door." One member of staff told us, "At the end of the day it's their home and we're just working in it."

Staff understood the importance of enabling and supporting people's independence. One staff member told us, "Always let them see if they can do it first." Another staff member told us they encouraged people to keep doing tasks they were able to so they didn't lose the ability to do so. We saw people had specific equipment to help them maintain their independence and were supported with using them.

Good

Is the service responsive?

Our findings

People received care that was responsive to, and that met, their individual needs and preferences. One person told us, "Yes I decide when I want to get up. I would keep to more or less the same time but it's my choice. They always asked if we minded a male carer." A relative said, "It's their choice, [Name] gets up when they feel they want to get up. They don't have to have set breakfasts; they can have what they want, when they want." Another relative we spoke with told us how staff supported their relative's religious needs ensuring that they could still practice their religion.

Staff we spoke with also confirmed they catered for people's individual needs and preferences. One staff member told us, "It's really relaxed here, If they want a lie in they can and they haven't got to have breakfast at the same time, it is their home." Two staff we spoke with told us how they encouraged one person to increase their nutritional intake. They said they would consult the person as to what they wanted and would make special trips to get in food they said they fancied. Each person had a key worker assigned to them. A staff member told us this meant a particular staff member was responsible for talking with the person, discussing their needs, and making sure any preferences were met. They said this included for instance supporting the person with activities or purchasing for people particular items, such as toiletries. One person we spoke with told us, "Very helpful, they'll [staff] get you anything from the shop." On the day of our visit we observed one person requesting a specific snack and a member of staff arranging with the person that they would go to a nearby shop and buy these for them.

We received variable feedback on activities. Some of the people we spoke with told us staff supported their interests and activities on an individual and personal basis. One person told us how a staff member knew they liked birds and had arranged to bring a budgie in for the person. Another person said, "I've got a very good carer who takes me out in their car, one or two will do that." On the day of our visit we saw one person was supported with a colouring book which they were completing and two other people were engaged in a game of dominoes. Another person was supported to use the registered manager's computer so they could look up and watch videos on their particular interests. The person's relative told us, "The staff at Carleton House have reignited [name's] confidence and passion to enjoy these things once again."

People told us and we observed that people tended to occupy themselves. One person said, "I enjoy reading, I also collect stamps." Another person told us, "I listen to the sport on the radio." Whilst a third said, "I go to bingo Wednesdays, it all depends how I feel." A relative said, "[Name] reads novels, magazines, watches the tennis."

There were no formal trips out or planned activities in the home other than a bingo session once a week. Other activities were planned but not on a regular basis, for example staff and people told us that staff members might bring their pets in to meet people which they enjoyed. One person told us entertainers occasionally visited the home. They said, "We do have singers but we don't have entertainers as much as we would like." Another person said, "We would like to get out a bit more, I could go out in a wheelchair, but somebody else might need two people." All the staff we spoke with told us that they felt activities were an area that needed some improvement. One staff member told us activities were, "One of the areas they need

to sort out." Another staff member said activities were, "Major issue at the moment but they are looking in to it." The provider and registered manager told us that staff changes had impacted on activities and as a result they did not currently have a designated activities co-ordinator. They said they were aware some improvements in this area were needed and were looking in to delegating an activities role to some staff members.

Care records we looked at detailed people's individual needs and included their personal preferences. This included details such as what was important to the person, their life history, favourite places to visit, likes, and dislikes. We saw one person's care record was detailed and written sensitively regarding previous traumatic events in the person's life which included providing guidance for staff on how to avoid triggering upsetting past memories. Care records were up to date and had been reviewed on a regular basis to ensure they were still accurate. We saw people received a pre admission assessment prior to coming to stay in the home which identified their needs. We looked at the care plan for one person who had been staying at the home on a temporary basis since March 2017. They had a respite care plan in place which did not include the same level of detail as the other care plans we looked at. We discussed this with the registered manager who said they would review these to ensure they had sufficient information.

People and relatives told us they felt comfortable and able to raise complaints or concerns. They also told us that they felt their concerns would be taken seriously and responded to. One person said, "If it was something I really felt strongly about I'd speak to [registered manager] but I've never had cause to do so." Another person told us, "If I had a complaint I feel confident they would help."

We looked at the home's complaints record and saw that any complaints had been investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

There were some systems in place that monitored the quality and running of the service. These included regular medicine audits and recently introduced dining room audits which monitored the quality of the dining experience. The registered manager also undertook unannounced visits out of hours which included looking at turning charts, food and fluid charts, staffing allocations, and bed rails. They told us they would also work some shifts themselves so they could get an understanding of any potential issues in the service.

The provider was actively involved in the development and monitoring of the service. Directors for the provider based themselves at the service and were visible. One person told us, "[Director] comes to see me." The provider had commissioned an external consultant to undertake an audit on the home and identify actions for improvement. It was not clear how the actions identified had been addressed from the external audit as there was no recorded follow up. We saw where other issues had been identified from audits in place in the home it was not always clear how these had been addressed and reviewed. This was because there was a lack of clear records documenting the actions taken in response. There was no formal development or action plan for the home. We discussed the lack of this and associated documentation with the registered manager and provider. It was clear from discussing this that actions were being taken in response and the provider told us they would review how they documented and monitored the actions required.

The registered manager told us they received regular email updates on changes within health and social care so they could ensure they had up-to-date knowledge. They also regularly sought the advice and support from the local authority quality assurance team when needed and when implementing any changes to their practice.

People and relatives we spoke with talked positively about the service and the support provided. One relative told us, "I said you can look after [Name] better than they can in hospital. That's how confident I feel [about the care]." Another relative said, "As a family we really do appreciate where [name] has ended up." Whilst a third relative told us, "I cannot begin to praise the high standard of care and welfare provided by [registered manager and their outstanding team]. Every member of the team is always willing to go well over and above the call of duty, all the while with a big smile and a happy tone. I am constantly and repeatedly reassured at every point [name] is receiving the best care possible." A health care professional said, "I'd be very happy to check myself in here or any member of my family."

The staff we spoke with also spoke positively about working in the service and with each other. One staff member told us, "We all have a good laugh between ourselves and the residents." Another staff member said, "We've got a good team here at the minute."

Staff we spoke with told us the management team were approachable and supportive. One staff member said, "[registered manager] does listen." Another staff member told us, "[Registered manager] is easy to talk to, anything I needed to speak about I could." People and relatives also spoke positively about the registered manager. One person said, "[Registered manager is] alright, [they're] always about, listens [to the

person]." One relative told us how the registered manager would greet and say goodbye to each person when arriving or leaving the home. They said the registered manager was hands on and cared about their relative. Another relative told us, "[Register manager's] dedication, obvious experience and calm, positive efficiency put us all at our ease."

There was an inclusive family atmosphere to the service. One relative told us, "Felt so comfortable, the way people approached us. They are [staff] all approachable, if you ask them to do anything, none of that has ever stopped." Another relative said, "I get very regular updates, immediately told if there is a change in circumstances or a suggestion is made for [name's] care." Minutes from residents meetings showed that the provider and registered manager asked for people's opinions and listened to them. Staff also told us they felt included and involved in the service. One staff member said, "I think they listen." Another staff member told us, "They often say what do you think and they take on board what we say."

The registered manager was aware they were legally obliged to notify the CQC of certain incidents that occurred in the service. Records we looked at showed that the registered manager understood what incidents to notify us of and these were submitted to the CQC appropriately.