

Farrington Care Homes Limited

# Carlton House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection of Carlton House on 10 March 2017. The service is registered to provide care and accommodation for 24 adults. At the time of our inspection there were 23 people living in the home.

At our last inspection in January 2016 we found the service had made improvements. We rated the service as 'Requires improvement' because it was too early for the registered provider to demonstrate the service was safe and well-led during that inspection. To do so, the provider needed to demonstrate a consistent track record of improvements. This inspection was to check improvements had been sustained and to review the ratings.

The home has 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.

At this inspection, although we identified improvements had been sustained since our last inspection, there were concerns in different areas.

People told us they felt safe living in the home and that staff were kind and caring. However, we found issues with poor maintenance of the building. Some rooms on the first floor did not have window restrictors fitted to prevent people from climbing through them and falling from height. There were also problems with the provision of hot water to some rooms.

Some care plans were person centred and provided guidance to support those people, but other care plans did not contain sufficient information to enable staff to fully meet people's needs.

The service had not made sufficient adaptations to assist people living with dementia with orientation and safety. There was a lack of suitable pictorial signage around the service to help aid the orientation and reduce confusion for people with dementia.

Quality monitoring systems were not effective. The audits that had been carried out had not identified any of the deficiencies we found during this inspection.

There were policies and procedures in place to guide staff in relation to safeguarding adults. Staff were able to tell us who they would contact internally and externally if they were concerned about a person living in the home.

We found safe recruitment processes were in place and staff received an induction when they started working at the home. Many of the staff had qualifications in health and social care. They had also completed

mandatory training. There were systems in place to ensure staff received supervision and appraisal.

People had access to sufficient quantities of nutritious food and drink throughout the day. People told us that meals were good and the menu showed there were alternative options if someone did not want what was on the menu.

People's rights were protected because staff understood and followed the Mental Capacity Act 2005.

We found three breaches of regulations. You can see what action we asked the provider to take at the back of the full version of this report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

The premises had not been properly maintained.

Effective systems were not in place to keep the premises clean, secure and well maintained.

People's medicines were managed safely.

Staff were clear on their roles and responsibilities to safeguard people.

People could be assured that safe recruitment practices were in place.

### Is the service effective?

**Requires Improvement** ●

The home was not fully effective.

The service had not made sufficient adaptations to assist people living with dementia with orientation.

Staff had received the training, supervision and support they required to deliver care according to people's needs.

People's rights were protected because staff understood and followed the Mental Capacity Act 2005.

The nutritional needs of people were met.

People were supported to access healthcare professionals and services.

### Is the service caring?

**Good** ●

The service was caring.

People's privacy and dignity were protected and promoted.

Staff were caring and pleasant. They communicated well with people and were able to form positive relationships with them.

### Is the service responsive?

The service was not always responsive.

Care records were not person-centred and did not always reflect people's preferences and needs.

We saw people had prompt access to other healthcare professionals when needs were identified.

People and their relatives knew how to raise a concern or make a complaint and these were dealt with appropriately.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

There were ineffective systems in place to monitor the quality of the service and drive forward improvements.

The service proactively sought their feedback and engaged them in the delivery of care.

**Requires Improvement** ●

# Carlton House

## Detailed findings

### Background to this inspection

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

This inspection took place on 10 March 2017. Two inspectors undertook the inspection.

Before the inspection we reviewed the information we held about the service. This included any events or incidents the service is required to notify us about. We also contacted the local authority to obtain their views. Before the inspection, the provider completed a Provider Information Return (PIR). 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.

We spoke with ten people who used the service and six relatives. During our inspection we carried out observations of staff interacting with people and included structured observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who were not able to talk with us. We looked at all areas of the home including a sample of people's bedrooms.

We also spoke with six staff, as well as the registered manager. We looked at six people's care and medicine records. We saw records about how the service was managed. This included seven staff recruitment, supervision and training records, staff rotas, audits and quality assurance records as well as a wide range of the provider's policies, procedures and records that related to the management of the service.

# Is the service safe?

## Our findings

At our last inspection in January 2016 we found medicines were not managed safely. At this inspection we found some improvements had been made. However, we identified other areas of concern that impacted on people's safety.

People told us they were happy in the home and felt safe living there. One person told us, "I feel very safe here". Another person said, "I am happy here and feel safe with staff attending to me." Some people were living with dementia and were unable to comment about whether they felt safe. However, we saw them responding positively to staff.

We identified concerns with the maintenance of the building. Some rooms on the first floor did not have window restrictors fitted to prevent people from climbing or falling through them. Some windows had restrictors but these were of low quality standard. We could see that they were not sufficiently robust to withstand damage from deliberate action or from general wear. A number of them were broken. The absence of window restrictors placed people, particularly those with dementia at risk of falls arising from disorientation or confused state of mind. The risk assessments of the occupants of the affected rooms did not cover the risk posed by unrestricted windows. Following this inspection the registered manager notified us that the home had taken immediate action by fitting new restrictors. We also received some samples of risk assessments that the home had put in place since this inspection. For example, since our inspection, the home had begun making monthly checks to ensure there were suitable restrictors in place.

We tested the hot water temperature at some water outlets in people's rooms and bathrooms and found the water from the hot taps was not always hot. We ran selected hot water taps for up to three minutes to allow sufficient time for the water to heat up and we identified some taps ran lukewarm water. In some instances the water flow was also restricted. Following this inspection the registered manager informed us hot water tap valves had been replaced in order to maintain water temperature at acceptable ranges.

We took a tour of the premises as part of our inspection and noted some areas posed health and safety risks. The driveway at the front of the service was in a poor state of repair. There was an uneven surface and the tarmac was damaged in some parts. This posed risks to people, staff and visitors. We saw that the area at the back of the home had been recently paved. The registered manager told us the front driveway paving was scheduled for repair to start in June 2017.

We also identified infection prevention issues. The floors in communal toilets on the ground floor had dusty pipes that required cleaning. In addition, some areas of floor had not been cleaned.

The staff room was also used as a laundry room. We saw that this was untidy and there were areas of disrepair to walls and flooring. We also identified a ground floor toilet by the kitchen had a broken toilet seat. These areas were a risk in regards to infection as they required repairing so they could be kept clean.

The above is evidence that the provider had failed to ensure the facilities are maintained for the delivery of

care in order to meet people's needs safely and effectively. This was a breach of Regulation 15 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Premises and equipment.

People's care needs had been assessed. Risk assessments had been prepared and these were different for each person, reflecting their specific risks. The risk assessments contained action for minimising potential risks such as risks associated with certain medical conditions. We saw risk assessments in areas such as falls, nutrition, mobility and skin integrity. However, in some few examples, we highlighted to the registered manager that there was little detail in the 'method used to reduce the risk' section. For instance, the risk assessment for hyperglycaemia (high blood sugar) recorded that the person 'needs medical help' under 'methods used to reduce the risk'. The risk assessment for high blood sugar level should include a step by step detail of action to be taken to minimise the risk, including monitoring blood glucose levels and assessing that medicines are taken regularly. However, at this inspection we saw that the provider was working to improve the risk assessments. We saw that the care plans and risk assessments were being updated following recommendations from the local authority. Staff had received diabetes training. Four staff spoken with confirmed that they received diabetes training.

We looked at staff recruitment. We looked at seven personnel files and evidence of application forms, photographic identification, appropriate references and Disclosure and Barring Service (DBS) checks were in place. This helped to reduce the risk of unsuitable staff being employed.

The registered manager told us that staffing levels were determined by the dependency rating of each person. A dependency tool was in place and gave overall dependency based on hours required for high, medium and low level dependency. We looked at this tool and saw that the home had four high dependency, seven medium dependency and thirteen low dependency residents. We saw staffing levels were set according to the dependency levels of people.

We spoke with staff about adult safeguarding and how to report concerns. Staff were able to explain how they would report any concerns they may have. A safeguarding policy was in place to guide staff on actions to take in the event of any safeguarding concerns and details of the local safeguarding team were available. This enabled referrals to be made to the relevant organisations. We found that appropriate safeguarding referrals had been made to the Local Authority for investigation.

The fire risk assessment for the service was up to date and reviewed annually. Each person had a personal emergency evacuation plan (PEEP). This gave guidance to staff to ensure people's safety was protected during the evacuation of the building in the event of fire or other emergency.

There were suitable arrangements for the recording, storage, administration and disposal of medicines in the home. All medicines administered had been recorded and each entry had been signed appropriately. There were no unexplained gaps in medicine administration records. Medicine administration records tallied with the stocks in the medicines cabinet. There were appropriate guidelines for the administration of medicines that were to be administered 'as required'.



## Is the service effective?

### Our findings

We looked at the environment of the home and found that the home had not made sufficient adaptations to assist people living with dementia with orientation and safety. There was insufficient suitable pictorial signage around the home to help aid the orientation and reduce confusion for people with dementia. For example, we observed some people with dementia pacing up and down as they seemed bored. Areas of the home, including the corridors, and sitting rooms lacked items to enhance stimulation. We asked the registered manager about this and she explained that she was going to make the required improvements.

There was a new security system in the home. However, it was loud and disruptive to people using the service. It sounded every time the front and back doors were opened. This may not have been suitable for people with dementia as the loud sound could have caused panic. This concern had been raised by other health and also social care professionals who had visited the home. A monitoring officer from a local authority had recommended a review of the security system. Following this inspection, the registered manager informed us that the volume of the alarm had been reduced.

People told us staff had the necessary training and skills to fulfil their role. One person told us, "Staff understand my care needs." Another person said, "I am looked after by staff who have good skills."

Staff told us they received the training they needed to carry out their role. Staff commenced an induction programme when they started work at the home. Induction training included the completion of The Care Certificate. New staff shadowed more experienced staff for a period of time before being included on the staffing rota as part of the core team. The induction programme enabled staff to be assessed against a variety of competencies, for the duration of their probation period. People told us that staff were knowledgeable and skilled in their role.

Training records showed that staff had completed mandatory training. This included moving and handling, first aid, safeguarding, medicines management and fire safety. Staff told us they felt they had sufficient training to enable them to support people safely. We also saw that staff had received training that was tailored to the specific needs of people using the service, diabetes care, end of life care and dementia awareness.

We looked at how staff were supported in their roles. Staff told us and records showed, all staff had received individual supervision every two months. Group supervision was also provided when needed. Staff confirmed they had regular supervision and felt well-supported. Appraisals were also completed for the year 2016.

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 people lack mental capacity to make particular decisions, any decisions 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 2005. The application procedures for this are called Deprivation of Liberty Safeguards (DoLS).

We checked that the service was working within the principles of the MCA 2005 and found that they were. People were encouraged to make decisions about their care. Best interests meetings were held where people were assessed not to have the capacity to make specific decisions. Staff had a good understanding of people's rights regarding choice. They had completed training in relation to the MCA and they demonstrated an awareness of the principles of the Act.

Throughout the inspection we heard staff asking people for their consent before providing care and support. People's liberty was only restricted when there was no other means of keeping them safe. Staff were aware that any such restrictions should be properly authorised and always be the least restrictive option. The registered manager had made applications to the local authority to deprive some people of their liberty in order to keep them safe. Five people had DoLS in place. Five applications were pending and there was evidence the registered manager was chasing up the applications.

People were supported by external healthcare professionals to maintain their health and wellbeing. The registered manager and staff had made referrals to other health professionals for advice, care and treatment for people when required. We saw from records that people received input from a range of other professionals, including the GP, dietician, district nurses, optician, and speech and language therapist. For example, we saw people with diabetes received regular eye and podiatry checks.

We observed lunch and we saw that there was a choice of meal. People were asked each morning what they would like for lunch. Staff encouraged people to eat their meals and in some instances we saw staff offering an alternative if people did not eat the original meal.

The chef was knowledgeable about people's dietary preferences and needs. She asked people what they would like to eat, their likes and dislikes. The Malnutrition Universal Screening Tool (MUST) tool was used in the home and the chef was aware of those who needed fortified food. There was information in the kitchen regarding people's nutritional needs. This meant that all staff had access to this information to help ensure people received appropriate meals and drinks. We saw special dietary requirements were catered for such as halal, diabetic, vegetarian, soft diets and puree.

People were weighed monthly and any weight loss was escalated. Food and fluid charts were only used when a person losing weight or not eating well.

We recommend that the provider refer to best practice guidance on promoting and developing dementia friendly environments such as the Kings College Trust.

## Is the service caring?

### Our findings

People told us they were happy living at the home. They told us staff were kind and compassionate. One person told us, "All staff are caring and always show kindness to me" and another said, "Staff are caring and they respect my dignity and privacy." The service had received several written compliments from people and their relatives. Comments included, 'Staff ensure my dignity at all times. They respect my choices and my wishes. They are all cheerful, friendly and always understanding', 'I am treated exceptionally well by the staff of Carlton House' and 'Staff are very sociable and comfortable. I am lucky. You ask a question and they answer nicely.'

The home had a dignity champion and encouraged the promotion of dignity six Cs (Care, compassion, courage, communication, competence and commitment) within the service. These were displayed in relevant areas of the home. The six Cs are a set of values that underpin compassion in practice. Staff spoken with were aware of these values. One staff told us, "I am compassionate to the people; I enjoy caring for them." However, we noted that improvements were required for the care of people with dementia.

Staff were courteous towards people who lived at the home. We observed them to be approachable and kind to people. Throughout the inspection we saw that staff treated people with respect and maintained people's dignity. They knocked on people's doors prior to entering.

People were encouraged to personalise their bedrooms as they wished. Bedrooms displayed items such as pictures and photographs. Bed linen and towels were provided as part of the service; however people used their own if they wished. Bedrooms were kept clean and tidy and people told us that staff respected their personal belongings.

At this inspection, there was no one receiving end of life care. However, the registered manager and staff felt confident to look after someone at the end of their life. They had looked after people receiving end of life care previously. Two staff had received end of life care training at a local hospice. We saw from people's care records that end of life issues had been discussed with people and where appropriate their family members. Staff had access to GP out of hours and had the 24 hour access to palliative care hotline.

Some people had a 'do not attempt resuscitation' (DNACPR) order in place which had had been authorised by their GP. These were put in place where people had chosen not to be resuscitated in the event of their death or in cases where they cannot make this decision themselves, where the GP and other individuals with legal authority have made this decision in a person's best interests. DNACPR certificates were placed at the front of people's care file so it was clearly visible.

## Is the service responsive?

### Our findings

People's needs were assessed before they came to live at the home. One person told us, "Staff always ask me what I need help with." The care records we looked at showed that people's needs had been assessed. Care plans and risk assessments were in place. The format for care plans included sections to be completed for specific areas of need, for example personal care, communication, mobility, personal safety, medical history and nutrition. However, we identified that the care records varied in the amount of detail recorded. A few were not detailed or person centred in some sections.

Some records were not person-centred. For example, standard sentences had been used which did not reflect individual need or preferences. For instance, a care plan for one person stated, 'assist with all personal care, washing, dressing, baths and toileting'. There was no specific information about personal preferences or choices to direct staff to provide care in a person centred way.

We could see from monthly records that reviews had taken place. However, some care plans had not been updated to reflect the changes. We could see from a few examples that there had been changes for some people but this had not been reflected in the care plans. For example, one person had begun taking pain relief tablets for relieving pain but this was not reflected in their care plan. Another person had been referred to their GP for weight loss but their care records had not been updated to give staff guidance on measures in place to support this person. In a further example, a recent review of one person indicated the person needed 'reassurance to minimise confusion' but this was not reflected in their care plan. This meant that there was a risk of people receiving inconsistent care because the records did not contain up to date guidance for staff to follow.

The registered manager told us every person's care records needed updating. She had already started updating people's records following a recent visit from a local authority monitoring team. She showed us two files with a new format they were introducing. The format was person-centred. Although the home provided board games, books and newspapers, watching TV and music, we observed the amount of activities might not have been sufficient for people with dementia. We observed that people spent long periods of time sitting without much stimulation.

This is a breach of Regulation 9 (Person centred care) Health and Social Care Act (Regulated Activities) Regulations 2014.

People's needs were communicated amongst the staff. Staff handovers took place during each shift change. The handovers were used to discuss relevant information about people's care. We identified they were also used to make sure staff were aware of specific issues at hand.

All contact people had with others including health and social care professionals, family and friends was also recorded in their daily records. Daily records evidenced that staff had responded to any concerns they had noted with regards to people's health and wellbeing. For example, GPs and specialist nurses were called upon when a concern in a person's condition or when a new concern was identified. A record which was

kept showed people had attended regular appointments with primary healthcare services such as dentists, opticians and chiropodists.

The registered provider had a complaints procedure which was made available to people and their family members. The procedure described the process for making a complaint and the response people could expect if they made a complaint. A copy of the procedure was displayed in the main entrance and it was summarised in information about the service which people received. People and their family members told us they were confident about complaining if they needed to.

## Is the service well-led?

### Our findings

When we carried out a comprehensive inspection of Carlton House in January 2016, we found that the governance arrangements were not always effective at identifying shortfalls in the service. Previous audits had missed shortfalls at the home. At this inspection we found some improvements had been made, although concerns remained. We found, where audits had been completed; these had failed to identify the deficiencies that we found.

The home had an infection control audit in place which had been undertaken by the registered manager. We found audits dated 2014 to 2017 contained the same information, with no indication of any issues found over a three year period. We noted that the shortfalls we found at this inspection, such as risks posed by some parts of the premises and the water system had been missed by the provider's audits.

Care plans and risk assessments had been audited to ensure that they were completed and reviewed, but adequate checks had not been carried out on the content and accuracy of the information. An audit of care plans in August 2016 indicated that care plans were well organised, clear, and concise and structured in format. This was in contrast to our findings on the day of our inspection. During this inspection a number of different records were examined. These included care plans, daily records, medicines and staff records. Some of these records were not dated and signed. Records also lacked detail and information. This was missed by the provider's audits.

Systems and processes did not operate effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said that they felt supported by the manager and she wanted to make positive changes. They said that they now had staff meetings and far more support than in the past. Staff also felt that they had the skills to care for the people at the home as they had less complex needs now that those who required nursing care had been relocated. Additional training had been provided which they had found beneficial.

Regular staff meetings also took place to ensure staff were kept informed about changes to people's needs. The directors, managers and other staff attended the meetings. A range of topics were discussed including practice topics cleaning, health and safety, safeguarding, and safety of people using the service.

The service encouraged and valued feedback from people, their relatives and other stakeholders. It proactively sought their feedback and engaged them in the delivery of care. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider did not take proper steps to ensure that people received person-centred care.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider had failed to ensure the facilities are maintained for the delivery of care in order to meet people's needs safely and effectively.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not operate effective quality monitoring systems. The audits that had been carried out had not identified any of the deficiencies found during this inspection.