Carrington House Ltd

Carrington House Limited

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?	Good
Is the service well-led?	Requires improvement

Overall summary

This inspection took place on 20 and 21 October 2015 and it was unannounced. When we inspected the service in May 2013 we found that the provider was meeting all their legal requirements in the areas that we looked at.

The service provides accommodation and care for up to 60 people with a variety of social and physical needs. Some people may be living with dementia. At the time of our inspection there were 56 people living at the home.

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

People felt safe in the home, although not always secure. Risks to people had been assessed, reviewed and managed appropriately. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. Referrals to the local authority safeguarding team had been made appropriately when concerns had been raised.

Summary of findings

Robust recruitment procedures were in place. Sufficient staff were on duty but were not always deployed effectively in all areas of the home. Staff were competent in their roles and received support and supervision from management, although appraisals had not been completed.

People had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which reflected their preferences and included personalised risk assessments. People's health care needs were being met and they were supported to receive support from healthcare professionals when required. Medicines were managed safely and audits completed.

Some areas of the home were not cleaned to an appropriate standard and maintenance tasks had not been completed. There were items inappropriately stored in communal bathrooms and cleaning materials had been left unattended by domestic staff.

There were a number of communal areas for people to spend time and enjoy the company of others should they wish. A wide range of activities were on offer in the home and people were encouraged to participate. The activities did not always meet the needs of everyone living in the home.

People were supported to make choices in relation to their food and drink and a balanced, nutritious menu was offered. Additional assistance was provided to people at meal times in an unhurried, relaxed way.

Staff were kind and caring. They provided care in a relaxed and pleasant manner, treating people with respect. Staff promoted and maintained people's dignity and provided encouragement to people throughout their support.

There was a clear management structure within the home and people, their relatives and staff knew who to raise concerns with. There was an open culture and senior members of staff were approachable. Quality assurance processes were not always effectively used to improve the service being provided.

During this inspection we found that there were two breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was concerning the deployment of staff within the home and the appraisals of staff.

We also found there was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009. This was concerning notifying the Commission of incidents that occur within a service and the authorisation of applications to deprive people of their liberty being granted.

You can see what action we told the provider to take at the back of the full version of the report.

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?
The service was not always safe.

Some areas of the home had not been cleaned to an appropriate standard.

Staff on duty were not deployed effectively within the home at all times to ensure people's safety and that their needs were met.

Staff knew how to safeguard people.

Personalised risk assessments had been completed to reduce the risk of harm to people.

Requires improvement

Is the service effective?
The service was not always effective.

Staff did not receive appraisals to assist in identifying their learning and development needs.

People were involved in decision making but their consent to their care was not always sought.

People were supported to make choices in relation to their food and drink.

People were supported in meeting their health needs.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and patient.

Staff treated people with dignity and respect.

Support was individualised to meet people's needs.

Good

Is the service responsive?
The service was responsive.

Care plans reflected people's needs and preferences, and were consistently reviewed.

A wide range of activities were on offer and people were encouraged to participate.

There was a complaints policy in place.

Good

Is the service well-led?
The service was not always well-led.

Statutory notifications to the CQC had not been completed.

Requires improvement

Summary of findings

Quality assurance processes were not always effective or used to improve the service being provided.

There was a clear management structure of senior staff. There was an open culture amongst the staff team.

Carrington House Limited

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 20 and 21 October 2015 and was unannounced. The inspection team was made up of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information available to us about the home such as information from the local authority, information received about the service and notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with eight people and three relatives of people who lived at the home, five care workers, one cook, the medicines co-ordinator, the activities manager, the deputy manager and the registered manager.

We carried out observations of the interactions between staff and the people living at the home. We reviewed the care records and risk assessments of seven people who lived at the home, checked medicines administration records and reviewed how complaints were managed. We also looked at five staff records and the training for all the staff employed at the service. We reviewed information on how the quality of the service was monitored and managed.

Requires improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe living at the home but not everyone felt secure. There was a difference of opinion between people who remained in their bedrooms on the upper floors of the home and people using the communal lounges on the ground floor. One person said, “Yes I feel safe dear, the carers can't do enough for you." Another person told us, “Yes I feel safe here, they do their best." However a person we spoke to in their room said, "Yes I feel safe but I don't feel secure." They went on to explain how they often had to wait a long time for staff to respond to their calls for assistance and this made them anxious. Another person told us, "Yes I feel safe here but I only get to see staff at meal times or when I need help." A relative we spoke to said, "I occasionally come and find [relative] in a real state because no one has answered the bell."

We received mixed views from people and staff about the staffing levels in the home. A formal staffing level assessment which considered the needs of people and ensured safety whilst considering the layout of the building was not in place. One person told us, “There are long delays before they come when I have called the bell and this leads to accidents." A relative told us, "People here are all very pleasant but I feel I want to help because they are very short staffed so I come to help feed the residents at lunchtimes." Staff we spoke with confirmed that at times they felt there was not enough staff on duty. One member of staff told us, "It would be nice if there was more of us sometimes so we could chat to residents, they all like a chat. Or do activities with some of the people who have higher needs."

We looked at the rotas and care plans, which indicated that there should have been sufficient staff to meet the needs of people living within the home. We did however find that in practice staff were not always deployed effectively throughout which meant that people were not always seen to in a timely manner. We discussed this with the registered manager who explained that members of staff were allocated to each of the lounges on the ground floor with one person 'floating' on both the first and second floor of the home. During our inspection we noted a visible presence of staff on the ground floor but on the first and second floor this was lacking and on a number of occasions we were unable to locate a member of staff on the upper floors of the home.

The lack of effective deployment of staff at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the recruitment files for five staff who had worked for the service for a varied amount of time. We found that there were robust recruitment and selection procedures in place. Relevant pre-employment checks had been completed to ensure that applicant were suitable for the role to which they had been appointed before they started work. However for one staff member we found that the references provided were not adequate. The registered manager was able to verbally explain their rationale for accepting these references but we found that there was no written record within the persons file to explain this and the decision making process that had taken place prior to acceptance.

During this inspection we noted that appropriate levels of cleanliness had not been maintained in some areas of the home. We observed that in some of the shared bathrooms the floors were dirty along all edges of the room and there was a build-up of lime scale. Some sinks and toilets had not been cleaned sufficiently and were also dirty. On the second floor there was one bedroom where there was a noticeably unpleasant odour. Clinical waste bags had also not been disposed of appropriately and were found outside the lift doors on the same floor. We also noted that there were items inappropriately stored in one of the bathrooms and some equipment present was showing signs of deterioration and rust. There was damage to the walls and woodwork in some people's bedrooms including areas surrounding electrical plug sockets. Domestic staff were completing their duties during our inspection and we observed equipment and cleaning products left unattended. All of these items and the areas of concern identified were accessible to people living in the home. We spoke to the registered manager who confirmed that a schedule of cleaning tasks was not in place for domestic staff and they told us that they would monitor the level of cleanliness more frequently so that people were protected from the risks of infection. The domestic staff were

Requires improvement

Is the service safe?

informed of our concerns and immediate action was taken to remove the hazardous items we had identified. The registered manager also confirmed that the areas requiring attention from maintenance personnel would be reported.

There was a current safeguarding policy in place and information about safeguarding was displayed in the entrance hallway. All the members of staff we spoke to told us that they had received training on safeguarding procedures and were able to explain these to us, as well as describe the types of concerns they would report and to whom they would report them to. One member of staff said, “I would always speak to the manager or report directly to the local team. I have their details from the last training session I did." Another member of staff said, “I would be happy to report any concerns to the senior on shift, otherwise I would speak to the manager."

There were personalised risk assessments in place for each person who lived in the home. The assessments addressed the identified risks and the actions that staff should take to reduce the risk of harm to people were included in the detailed care plans. This included identified support regarding nutrition and hydration, receiving personal care, falls and specific medical conditions. For some people, these also identified specific support with regards to their mobility and the steps that staff should take and the equipment to use to keep people safe. Risk assessments were reviewed regularly to ensure that the level of risk to people was still appropriate for them.

Staff told us that they were made aware of the identified risks for each person and how these should be managed by a variety of means. These included reading people’s care plans and their risk assessments, reviewing daily records and by talking about people’s needs at team meetings. One member of staff told us, “We are told about changes in people at team meetings or the seniors let us know. We can all access the care plans to read up on changes to the risk assessments." Another member of staff told us, "The system is very easy to use. We can easily see everyone’s risk assessments and read how we need to support them."

Accident and incidents had been reported appropriately and these had been reviewed by the registered manager. A falls analysis and audit was completed but it was not always clear in the records we viewed what action was taken to prevent recurrence of other types of accident and reduce the risk of possible harm.

The registered manager had carried out assessments to identify and address any risks posed to people by the environment. These had included fire risk assessments. The registered manager was completing Personal Emergency Evacuation Plans (PEEP’s) for all the people living in the home. Information and guidance was displayed in the entrance hallway to tell people, visitors and staff how they should evacuate the home if there was a fire.

There were effective processes in place for the management and administration of people’s medicines and there was a current medicines policy available for staff to refer to should the need arise. We reviewed records relating to how people’s medicines were managed and they had been completed properly. Medicines were stored securely and audits were in place to ensure these were in date and stored according to the manufacturers guidelines. The medicines coordinator carried out regular audits of medicines so that that all medicines were accounted for and was responsible for the ordering and stock control of all medicines in the home. These processes helped to ensure that medicine errors were minimised, and that people received their medicines safely and at the right time.

Requires improvement

Is the service effective?

Our findings

People told us they thought staff were well trained and had the skills required to care for them. One person said, “Staff are well trained, all the staff are very good in the main." Another person said, “They are trained well enough to look after me.”

Staff told us that there was a training programme in place and that they had the training they required for their roles. Staff told us that this was conducted in a number of ways including formal training sessions, shadowing opportunities and practical tasks. One member of staff told us, "Training is good here. We are all up to date and sometimes earlier. We are all doing a distance learning diploma of some sort or another." Another member of staff told us, "I've had lots of training, particularly in the last year when I've needed to do all my refreshers." This was supported by records we checked.

Staff told us that they received supervision on a regular basis and felt supported in their roles. One member of staff told us, “I have good support from the seniors. Supervision is regular and it gives me the chance to talk to them about anything.” Another member of staff told us, “We are looked after here. Regular training and supervision, mostly on our own but sometimes in a group." We did however find that for all five members of staff whose records we looked at, they had not had regular appraisals, some for a period of up to two years.

The lack of appraisals for staff was an additional breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People’s capacity to make and understand the implication of decisions about their care were assessed and documented within their care records. Staff had received training on the requirements of the MCA and the associated DoLs and we saw evidence that these were followed in the delivery of care. Where it had been assessed that people lacked capacity we saw that best interest decisions had been made on behalf of people following meetings with relatives and health professionals and were documented within their care plans. Authorisations of deprivation of liberty were in place for 20 people who lived at the home as they could not leave unaccompanied and were under continuous supervision. We saw the registered manager had made applications for other people living at the home appropriately and was awaiting the outcome of these applications from the relevant supervisory bodies.

We saw evidence in care records that people, or a relative on their behalf, had agreed with and given written consent to the content of their care plans. People told us that staff asked for their consent before assisting them. One person told us, “They always ask, and ask me what help I want." One member of staff told us, “I always ask people if they want me to help and check it's ok that I help them." They went on to explain that if someone declined their assistance then they would respect the person’s wishes. However following the lunch time meal we observed a care worker washing the faces and hands of people once they had finished eating. The care worker did not seek permission from people before completing this care and was heard telling people what they were doing. An example of this was by saying, "[Name of person] I'm just going to wash your hands and face." The person was not given the opportunity to respond and the care worker completed the task. The care worker proceeded to do this for a number of people seated in the lounge.

People told us that they had a variety of food at mealtimes. One person told us, “The food is nice, good selection to choose from.” Another person told us, “It’s good, touches the spot just right.” A relative told us, "[Relative] likes the food and always eats well." During our inspection one

Requires improvement

Is the service effective?

person declined their meal despite encouragement from staff. We saw that they were offered different choices to encourage them with their appetite and staff notified the kitchen requesting a meal be prepared for later in the day.

We spoke with the cook who told us that all food was prepared at the home and people were given three choices for each of the meals. People had been asked for their likes and dislikes in respect of food and drink prior to moving to the home and the kitchen staff were notified. Records in the kitchen detailed people's preferences and specific dietary needs, such as diabetic diet and allergies. There was no-one living at the home at the time of our inspection that required a special diet for cultural or religious reasons but the cook confirmed that cultural diet choices could be catered for. Members of staff were aware of people's dietary needs and this information was documented in the care plans. Staff recorded what people had eaten in the daily records.

People told us that they were assisted to access other healthcare services to maintain their health and well-being, if needed. One person said, "I see the nurse regularly and the doctor visits us." A relative we spoke to explained how their family member was seeing a number of health professionals after being diagnosed with a medical condition. Records confirmed that people had been seen by a variety of healthcare professionals, including the GP, district nurse and members of the mental health team. Referrals had also been made to other healthcare professionals, such as podiatrists, dietitians and physiotherapists.

Good

Is the service caring?

Our findings

People were complimentary about the staff. One person told us, “They are all very good here and do their best. They are nice girls." Another person said, “They all seem lovely." A relative we spoke to said, “The staff are all very nice, all lovely and do their jobs very well.”

Positive relationships had developed between people who lived at the home and the staff. Staff knew most people well and understood their preferences. The information in the care plans enabled staff to understand how to care for people in their preferred way and to ensure their needs were met. People we observed appeared confident and comfortable in the relationships that they had developed with staff and staff spoke with them about things they enjoyed. We observed people laughing and joking in conversations with staff throughout the day.

People’s bedrooms had been furnished and decorated in the way they liked and many had brought their own furniture, paintings and ornaments with them when they came to live at the home.

We observed the interaction between staff and people who lived at the home and found this to be relaxed and pleasant. We observed members of staff using each persons preferred name and there seemed to be an easy familiarity. Staff observed were patient and gave encouragement when supporting people. We saw members of staff assisting people with their meals in the lounge areas; they were cheerful and positive when communicating with people and additional assistance was provided in an unhurried, calm way.

People told us that the staff protected their dignity and treated them with respect. One person told us, “The staff are patient, they treat everyone with dignity no matter how ill you are." Another person told us, “They are very respectful, no concerns there."

Staff members were able to describe ways in which people’s dignity was preserved such as knocking on bedroom doors, making sure they closed curtains and ensuring that doors were closed when providing personal care in bathrooms or in people’s bedrooms. Staff explained that all information held about the people who lived at the home was confidential and would not be discussed outside of the home to protect people’s privacy.

There were a number of information posters displayed within the entrance hallway which included information about the home and the contact details for the provider organisation, safeguarding information, the complaints procedure, a fire safety notice and the activities available within the home.

Good

Is the service responsive?

Our findings

People we spoke with were unable to tell us or were unclear if they had been involved in deciding what care they were to receive and how this was to be given. However we viewed records that showed that before moving to the home, people had been visited by the registered manager who had assessed whether they could provide the care people needed. The computerised care plans followed a standard template which included information on their personal background, their individual preferences along with their interests. Each was individualised to reflect people's needs and included clear instructions for staff on how best to support people. We found that the care plans accurately reflected people's individual needs and had been updated regularly with any changes as they occurred.

The care staff we spoke with were aware of what was important to many people who lived at the home and were knowledgeable about their life history, likes and dislikes, hobbies and interests. They had been able to gain information on this from the care plans that had been completed by senior staff. The information provided enabled staff to provide care in a way that was appropriate to the person. One staff member told us, "Day by day you get to know people better. You recognise people's likes and dislikes often by the choices people are making, like food or drink or activities they take part in." Another member of staff told us, "I ask people what they like and just talk to them. Try to get to know them."

People we spoke with were unable to tell us or were unclear if they or their relatives were involved in the review of their needs. A relative told us, "I have not been involved in the care plan, not as such but I'm here every day making sure it's as it should be." Another relative told us, "We're included; the family has been very involved." We saw that relatives were kept informed of any changes to a person's health or wellbeing when they arrived at the home to visit their family member and observed the registered manager contacting relatives by phone during our inspection.

There was mixed views regarding the activities at the home. Some people told us they enjoyed the activities at the home whilst it was felt that others were not included. There was a monthly activities schedule in place with an outing planned each week. The schedule was available in the communal areas so people and their relatives knew the activities that were on offer. One person told us, "There's something to do every day, I like it." Another person said, "I prefer the quieter activities, not the loud music." The activities manager explained how the activities were planned each month following feedback from people living in the home and speaking to their families. We noted that there was a wide range of activities on offer and there were two activity coordinators on duty each week day. We received consistent feedback from people's relatives and staff that the activities planned did not meet the needs of all the people living in the home, in particular those people who required more support to participate. One member of staff said, "The coordinators always go to the same lounge with the same people. Not everyone wants to join in in there." Another member of staff said, "The activities work pretty well for those who have good mobility. Not so much for people with higher needs." A relative told us, "[Relative] always seems left out up here [referring to their relative remaining in their room]" The activities that people took part in were recorded in people's daily notes.

There was an up to date complaints policy in place and a notice about the complaints procedure displayed in the entrance hallway. People we spoke with were aware of the complaints procedure and who they could raise concerns with. One person we spoke to told us, "I would tell the manager. No complaints really but we keep my room locked when I'm not in there." A relative we spoke with confirmed they knew how to raise a concern saying, "The management are approachable. I feel listened to when something goes wrong." We saw that formal complaints that had been received in the past year were recorded. There was an investigation into each concern and the actions to be taken in response. Each complainant received a response to their concern and the registered manager recorded the outcome from each investigation. There was also a suggestion box placed in the hallway which the registered manager monitored. There had been no suggestion for improvement in recent months.

Requires improvement

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager. The registered manager was also registered at another home within the provider organisation. The registered manager explained that they divided their time equally between the homes and that in their absence the deputy manager oversaw Carrington House.

Services that provide health and social care are required to inform the CQC of important events that happen in a service. There had been four notifiable incidents at the home in the past year. These had been reported to the local authority safeguarding team but had not been reported to the CQC. This meant that we were not aware of the incidents and could not check that appropriate action had been taken.

Services that provide health and social care are also required to inform the CQC when authorisations of deprivation of liberty are granted by supervisory bodies for a person living within the service. Authorisations of deprivation of liberty were in place for 20 people who lived at the home but the CQC had not been notified. This meant that, prior to completing this inspection; we were unaware that authorisations had been granted, whether the service was working within the principles of the MCA, and whether any conditions on the authorisations to deprive a person of their liberty were being met.

Not submitting statutory notifications to the Commission regarding these incidents and authorisations was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

We noted that there was a relaxed, welcoming atmosphere within the communal areas of the home. A relative told us, "I feel at ease coming in to see [relative], no worries about that." A member of staff told us, "This is a good place to work. It's a lovely place here." During our inspection we saw that the registered manager spoke with people to find out how they were and was involved in their support and wellbeing. We also observed them greeting family members who arrived to visit in a welcoming manner.

Staff told us that there was a very open culture and that they were supported by the registered manager. One member of staff told us, “[Name] always listens and is available to us." Another member of staff told us, "The manager is always receptive to comments and if we have ideas." Staff were aware of their roles and responsibilities and were able to tell us of the values of the home.

We found that there were a range of audits and systems in place for the registered manager to monitor the quality of the service provided and the records completed. These included reviews of care plans, medicines audits and stock check, falls audit, keyworker tasks and seniors check sheet audit. It was not clear however how any of the issues found in these audits would be addressed by the registered manager and where improvements required were recorded.

People and their relatives had no knowledge of any satisfaction survey forms being offered to them. They also said that they were not aware of any family meetings that they could attend to be involved in the development of the service. The registered manager confirmed that meetings for families were no longer being held due to poor attendance but that satisfaction surveys had been sent. We requested the results of the survey during our inspection but they were not available. We accepted the offer from the registered manager for these to be sent to us following the inspection via email but they were not received. It was noted that questions relating to the satisfaction of a person with their service were included during the review of care plans. Without completing a satisfaction survey or seeking the views of the people living in the home with a view to the development of actions from the feedback received the registered manager could not evidence how the views of people would be used to improve the service in the future.

Staff were also encouraged to attend team meetings at which they could discuss ways in which the service could be improved and raise any concerns directly with management. At a recent meeting they had discussed concerns, changes in people’s need and staff training. Another meeting was seen to have an open agenda where staff suggested items they wished to discuss.

We noted that people’s records were stored securely within the computerised system or within the manager’s office. This meant that confidential records about people could only be accessed by those authorised to do so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing.** **People who use services and others were not protected against the risks associated with insufficient numbers of staff on duty in all areas of the home.** **Regulation 18 (1)**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Regulation 18 HSCA (Regulated Activities) Regulations 2014 Staffing** **Persons employed by the service provider did not receive appraisals as is necessary to enable them to carry out the duties they are employed to perform.** **Regulation 18 (2)(a)**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person had failed to notify the Commission of incidents that occurred within the home which resulted in the serious injury of a person. Regulation 18 (1)(2)(a)(ii)

The enforcement action we took:
We took enforcement action and will report on this once it is complete.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered person had failed to notify the Commission of any request to a supervisory body made pursuant to Part 4 of the Schedule A1 to the 2005 Act by the registered person for a standard authorisation, including the result of such a request. Regulation 18 (4A)(a)

The enforcement action we took:
We took enforcement action and will report on this once it is complete.