

Farrington Care Homes Limited

Carlton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 14 August 2018 and was unannounced.

The last inspection was carried out in March 2017. The overall rating for the service was 'Requires Improvement'. We found the provider was in breach of Regulations 12 (safe care and treatment), 15 (premises and equipment) and 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During our comprehensive inspection in August 2018 the home demonstrated to us that improvements had been made.

Carlton House is a care home registered to provide care to up to 24 older people. There were 22 people living at the home, the majority of whom were living with dementia.

A registered manager was 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, we found that significant improvements had been made in relevant areas as detailed throughout this report. The registered manager had a clear sense of responsibility and had led a management team to establish robust processes to monitor the quality of the service. A range of quality assurance processes, including surveys, audits, management of accidents and incidents, better management of complaints had been used continuously to drive improvement.

There were effective systems and processes in place to minimise risks to people. We saw evidence that risks to people had been identified, assessed and reviewed. Safeguarding policies were in place and staff were aware of how to raise concerns. Staff had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service to ensure they were suitable to provide people's care. We found evidence the service regularly checked and recorded the temperatures of the water outlets. We also found robust arrangements around the management of accidents and incidents, medicines and risks associated with poor infection control.

Although there were sufficient staff, we recommended the service reviews the deployment of staff during busy times.

People gave consistently positive feedback about how the service was meeting their needs. The service worked together with other health and social care professionals to deliver effective care and treatment. People were supported by staff who had the skills and knowledge to carry out their role. The staff received regular training and support. We also saw that people's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA). We found the environment was now more supportive and enabling for people with dementia.

People told us staff were caring and compassionate. We observed that staff treated people with respect and dignity. People's individual preferences were respected. Staff had a good understanding of protecting and respecting people's human rights. They treated people's beliefs and cultures with respect.

People received person centred care. We found the content of the care plans to be detailed and person centred. We saw evidence that they had been consulted when their care plans were written. We also saw that care plans were now being regularly reviewed and updated to ensure they reflected people's changing needs and wishes. The previous inspection had found failings in this area. People and their relatives confirmed that they could complain if needed. There was a complaints procedure which they were aware of.

There was a programme of activities organised by the home, but not all people participated in the activities that were on offer. The amount of activities on offer may not have been sufficient for people with dementia. We recommend that the service seek advice and guidance from a reputable source regarding activities for people with dementia.

There were structures, processes and systems to support good governance. The registered manager had established policies, procedures and activities to ensure safety. The service regularly sought feedback from people and their relatives to help them monitor the quality of care provided.

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.

The service had made improvements to ensure people were safe.

Care plans contained risk assessments which identified the risks to the person and how these should be managed.

Staff had been recruited with care. They underwent appropriate recruitment checks before they commenced working at the service to ensure they were suitable to provide people's care.

We recommended that the service reviews the deployment of staff during busy times.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Good ●

The service was effective.

People needs were met. Their healthcare needs had been assessed by the service. This was co-ordinated with a range of external healthcare professionals.

Staff received regular training to help ensure they had up to date information to undertake their roles.

The service worked alongside a range of health and social care professionals.

People's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People told us care workers were caring and compassionate.

People told us that care workers treated them with respect and dignity.

People's individual preferences were respected. Their care plans contained detailed information so that staff could understand their preferences.

The service treated people's values, beliefs and cultures with respect.

Is the service responsive?

The service was not responsive.

There was a lack of comprehensive and appropriate activities for people. We recommended that the service seek advice and guidance from a reputable source regarding activities for people with dementia.

Although people's communication needs were considered, this needed to be developed in terms of the requirements of Accessible Information Standard.

People's care plans gave a comprehensive account of people's needs and actions required to support them.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Improvements we identified in our last inspection had been maintained and fully embedded into practice.

A range of quality assurance processes had been used continuously to drive improvement.

There was a clear management structure in place. Staff understood their roles and responsibilities.

The service sought people's views on the service to monitor quality.

People and their relatives were complimentary about the leadership of the service.

Good ●

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 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.

The inspection took place on 14 August 2018 and it was unannounced. One inspector carried out this inspection.

The inspection was carried out by one adult social care inspector and an Expert by Experience (ExE) who had experience of care services for older people and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

Why we inspected – The inspection was prompted in part by notification of an incident following which a person using the service [died][sustained a serious injury]. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

There were 22 people who used the service. We spoke with nine people and two relatives. We spoke with the registered manager, the deputy manager and six staff. We reviewed a range of records about people's care and how the service was managed. These included the care records for six people using the service, seven staff recruitment records, staff training and induction records. We checked the policies and procedures and maintenance records of the service.

Is the service safe?

Our findings

At our inspection in March 2017 we found the service was not safe and we rated the provider as 'Requires Improvement' in this key question. We found risks to people's health and safety were not safely managed. There were also shortfalls in the systems for the servicing and maintenance of the building. Furthermore, there were problems with the provision of hot water in some parts of the home. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made.

During our inspection in March 2017, we found shortfalls in 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. This posed a risk to people, particularly to those living with dementia who were at risk of falls arising from disorientation or a confused state of mind. At this inspection we found that the service had acted and all rooms had been fitted with new restrictors. Since the previous inspection, the home had begun making monthly checks to ensure there were suitable restrictors in place.

At the previous inspection, we also 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. In some examples, the water flow was restricted. Following the inspection, the registered manager informed us that hot water tap valves had been replaced to maintain water temperature at acceptable ranges. At this inspection, we reviewed the system that the service was now following to ensure their water systems were safe. We found evidence the maintenance person regularly checked and recorded the temperatures of the water outlets. The registered manager also provided certificates to confirm that the required tests and checks had been completed.

We asked people if they felt safe. They told us, "Yes I feel safe. Many staff look after us", "They look after me well. Everything is good and I have no complaints." And, "Yes, I do feel safe, it is a lovely atmosphere where everyone cares. The staff do everything to make you feel safe."

During this inspection we checked how the service assessed and responded to risks for people. There was evidence that risks to people had been identified, assessed and reviewed. The assessments covered a range of areas, including falls, behaviours that challenged the service, nutrition and hydration, diabetes, and pressure ulcer management. The assessments described measures to be taken to ensure people were safe.

We spoke with people about staffing levels. One person told us, "We have sufficient staff." A relative told us, "We have enough staff, no complaints." Another relative said, "We always have enough staff during the day." We also asked people, if they had a call bell and if this was responded to by staff. They told us, "Staff come quickly" and "Yes, they always answer it, usually quickly."

We did not see any delays in people being attended to. However, at times we saw care being provided in a task orientated way rather than person centred. For example, we saw a staff member quickly attending to a person without sufficient attention.

We recommend the service reviews the deployment of staff during busy times.

We looked at the staff recruitment files. We saw that safe recruitment procedures were in place. At least two references had been sought and a Disclosure and Barring Service check to make sure people employed were suitable to work with people.

People were protected from the risk of harm and abuse. The service had policies in place to protect people from abuse. Staff had received training in safeguarding and knew the different signs and symptoms of abuse, including relevant reporting procedures, such as reporting concerns to their manager, the local authority or Care Quality Commission (CQC).

We checked if medicines were handled safely. We asked people if they received their medicines regularly. They told us, "I always get it regularly." We also asked people if they were offered painkillers, when in pain. One person told us, "I have regular pain killers and I can get extra ones if I need to." Three other people confirmed they were offered painkillers if they were in pain.

There were suitable arrangements for the recording, storage, administration and disposal of medicines. We saw that staff had received relevant training. They had completed medicines administration records to show that medicines were administered regularly. We observed staff giving people their medicines. They followed safe practices and treated people respectfully. People were given time and the appropriate support needed to take their medicines. Some medicines were prescribed to be taken when needed, for example for pain. We saw plans were in place to guide staff on what the medicines were for and how much to give. We also saw that administration was clearly recorded.

We checked the communal areas of the home which were all clean and well maintained. We asked people if they thought the home was clean. They told us, "My bedroom is clean. Staff come in to clean it once a day" and "My room is always spotless." A relative told us, "I think they are doing a lot of work. They are doing their best."

We found the home was clean. Staff had completed infection prevention and control training and they understood the importance of infection control measures. They used personal protective equipment such as vinyl gloves and other protective measures when handling food or completing personal care tasks

There was a clear process in place for reporting and dealing with incidents and accidents. We saw evidence that all incidents were logged and discussed at meetings. The home undertook a reflective practice for each incident to ensure continuous learning.

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 emergencies.

Is the service effective?

Our findings

During our inspection in March 2017, we recommended that the service referred to best practice guidance on promoting and developing dementia friendly environments at the home.

At this inspection we found this had been met and there was more work in progress. We found the environment was now more supportive and enabling for people with dementia. There were clear signs and visual cues such as pictures on the outside of cupboards or people's rooms to assist people locate bathrooms, and their bedrooms. We also saw a contrast of colours in the building to assist people to see things easily.

We asked people if they thought staff were knowledgeable about their needs and required support. One person told us, "Staff are knowledgeable." This view was held by other people using the service and their relatives.

All staff received in house induction to familiarise them with the people living there, the premises and working practices. There was evidence that new staff employed at the service had completed the Care Certificate. This is the nationally recognised care industry induction training which sets the minimum standards of knowledge and competence that staff should achieve on completion of the course.

A training matrix showed staff had completed training in essential areas such as safeguarding adults, The Mental Capacity Act 2005, moving and handling, food hygiene, equality and diversity, fluids and nutrition and infection control. Some of the people in the home had health needs such as dementia and diabetes. We saw that specific training had been given to staff in these areas.

There were systems and processes in place to support staff care workers. Staff received regular supervision, and annual appraisals. They told us supervisions provided an opportunity to discuss working practices and identify any training needs.

We checked if the service worked together with other health and social care professionals to deliver effective care and treatment. We posed this question to people and they told us, "They arrange appointments for me to see my doctor" and "I get to see a doctor or health professional if needed." This was also confirmed by relatives. One relative told us, "They call the doctor for her. The optician and chiropodist comes in regularly."

We saw from care records that people's healthcare needs had been assessed by the service. This was coordinated with a range of external healthcare professionals which included GPs, tissue viability nurse specialists, chiropodists and district nurses.

We also 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.

The 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 procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

We saw that if people lacked mental capacity to make specific decisions, where relevant, their relatives were involved in the best interests decision. Care records recorded whether people had capacity to make decisions about their care. The registered manager told us they always assumed people had mental capacity to make their own decisions. Care records showed that people, or their legal representative, signed to give their consent to the care and support provided.

Conditions on authorisations to deprive people of their liberty were being met. We saw from records that 11 people who lived at the home were subject to a DoLS authorisation. We also saw evidence a further six had been applied for and were awaiting review by the local authority.

There were arrangements to ensure that people's nutritional needs were met. One person told us, "Whenever I want something I can get it. I never ask for extra but I can." People told us they had enough drinks. A relative told us, "They make sure she drinks." We saw that people's dietary requirements, likes and dislikes were assessed and known to staff. The cook could tell us people's personal preferences, including those who had particular needs because of medical conditions. Drinks and snacks were available on request throughout the day.

We asked people if they got a choice on what they liked to eat. One person told us, "Food is very good, I am a trencher woman when it comes to food." Another person said, "Food is pretty good. You get as much as want." A third person said, "I have rice and curry - I am a vegetarian." Whilst, in the main, we observed it to be true that people were offered choices. However, for people who lived with dementia, they would have benefited from being offered a choice of food on the day as opposed to the night before.

Is the service caring?

Our findings

We found the service was caring. People we spoke with were happy with the care and support they received. One person told us, "I have never experienced an unpleasant member of staff here." Another said, "Staff are kind and caring."

The registered manager and staff had a good understanding of protecting and respecting people's human rights. They had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. They were aware of people's right to privacy, dignity and respect. The service had relevant policies in place, including, Equalities Act 2010.

We asked people if their cultural and spiritual needs were respected. One relative told us, "We have put Hindu gods in her room. The staff will put ash on her face in the morning, after they wash her, which she likes to do." Another person said, "I am Hindu. My cultural and spiritual needs are respected." People were supported to worship if they wished to. Representatives of local churches visited the care home regularly for prayers with people.

We observed staff being kind with people. They were knowledgeable about people's needs. They spoke with us, giving detailed account of people's needs, including people's likes and dislikes. We observed staff speaking with people in a kind and respectful way. Whilst we observed staff interacting meaningfully with people, there were instances when they were task oriented. For example, one person was assisted to come into the lounge by a staff member. The person could not see us without glasses on. The staff member came back with the glasses and put them on the person without explaining what they were doing. However, by the end of the inspection we judged that this was an isolated incident. This was still fed back to the registered manager, who took our concerns on board.

We asked people if their privacy and dignity were respected. One person told us, "Yes, my privacy and dignity are respected." Another person said, "They call me by the name I like." We also confirmed this from our own observations. We observed staff knocking on people's doors before entering. Staff closed doors when they were attending to people's care. We witnessed caring and sensitive interactions between staff and people with dementia. We saw staff were patient and reassuring when re-orientating people who were in a confused state.

The service was also mindful of the information they received about people. It recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive. For example, we saw the maintenance staff disposing confidential records. The service had carried out appropriate risk assessments, including appropriate staff checks.

Staff spoke with people in a friendly way and gave people time to respond. For example, people were given a

choice of meals. We saw staff presenting two plates of food to people who had forgotten what they had chosen, for them to choose the meal they wanted. We observed that people were assisted closely by staff. People were also asked if they had finished their meal, and those who were still eating were given time to eat their meal.

People received compassionate and supportive care when they were nearing the end of their lives. The registered manager told us that when a person's general health deteriorated discussions were held with other members of the multi-disciplinary team. During this meeting, Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) status, preferred place of care, treatment escalation plan and medication review were discussed. People were then referred to a palliative care team for assessment and advice regarding required medicines. This meant up to date healthcare information was available to inform staff of the person's wishes to ensure their final wishes could be met.

Is the service responsive?

Our findings

At our inspection in March 2017 we found evidence that some people's care records had not been updated to reflect the changes. So, it was not clear if their needs were currently being met. This was a breach of Regulation 9 (Person centred care) Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, we reviewed the care plans of people and found that improvements had been carried out. The format for care plans included sections to be completed for specific areas of need, for example communication, continence, mobility and dexterity, personal safety and risks, medical history, mental health, allergies, diet, weight, dental and foot care, religious observances and activities. There were corresponding detailed risk assessments.

We found the content of the care plans to be detailed and person centred. One person had been identified to be at risk of falls. Another was at risk of developing pressure ulcers. In either example, we read meaningful information to help staff to know what was important to each person. We also saw that care plans were now being regularly reviewed and updated to ensure they reflected people's changing needs and wishes. The previous inspection had found failings in this area.

We spoke to people about activities on offer. One person told us, "Not really, I don't do any activities. I like to read the paper." This person could not remember which paper they read and had no newspaper near them. Another person said, "They provide all sorts of things, mainly playing music, chair exercises, watching TV. I get the housebound library to come to me every three weeks. There used to be books here, not seen any lately." A third person said, "We went to Windsor the other year. Nothing been planned for this year. We had a BBQ this year."

Although there had been improvements from the previous inspection, further improvements were still required. There was a programme of activities organised by the home, but not all people participated in the activities that were on offer. The amount of activities on offer may not have been sufficient for people with dementia. In the afternoon, a few people were given knitting to do. Only one person was knitting. We observed the activity of balloon catch in the middle lounge. Whilst this was going on, two people who used the service were asleep.

We recommend that the service seek advice and guidance from a reputable source regarding activities for people with dementia.

People's communication needs were not fully met. Although their communication needs were covered in their care plans, the assessment was not in line with Accessible Information Standard (AIS) policy. As of 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services are required to meet people's information and communication needs. One person did not speak very much English. We saw that staff made efforts to communicate with them by speaking slowly and using shorter sentences. However, this was an area the service needed to develop.

We asked people whom they would you complain to if you needed to and if they felt they would be listened to. One person told us, "I have not needed to." Another person said, "If I have a query they are good at clearing it up." A relative said, "At the beginning we complained. There are no problems now."

There was a complaints procedure in place. This set out how people's complaints would be dealt with. There was a process for managers to log and investigate complaints including, recording actions taken to resolve complaints.

Is the service well-led?

Our findings

At our inspection in March 2017 we found that the service did not operate effective systems to monitor the quality and safety of the service. This is a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been carried out.

We asked people if they thought the service was well-managed. They told us, "Yes, the service is very well managed." A relative said, "The service is well-managed. The place is being refurbished gradually." Asked if they would recommend Carlton House. One person said, "By and large I would do", as were the other two people and two relatives spoken with.

We found the registered manager to be well-informed about the issues at the home. At this inspection, we found she had taken sufficient action to make the improvements in line with the requirements. We found her not to be complacent about what could be achieved. She explained that following our last inspection, she had spent some time assessing and evaluating the service. She had shared with us the resultant action plan prior to this inspection, which we saw had been acted on.

There were clear responsibilities, roles and systems of accountability to support good governance and management. The registered manager was supported by the deputy manager and team leaders in the running of the service. Staff confirmed they were clear about of their roles, responsibilities and the reporting structures in place, including for out of hours. The management team were experienced and familiar with the needs of the people they supported. They were familiar with important operational aspects of the home including the improvement programme of the home. The registered manager acknowledged there was on-going work to ensure the service continued to improve.

There were structures, processes and systems to support good governance. The registered manager had established policies, procedures and activities to ensure safety. The service regularly sought feedback from people and their relatives to help them monitor the quality of care provided. The service carried out a survey in May 2018. Relatives' comments included, 'Overall, we are delighted with how our relative is being looked and have no concerns whatsoever' and 'nothing needs to be changed. The manager always keeps us updated either by email, telephone and when I visit.

There were also regular audits of care and safety issues. We found evidence of regular audits on medicines, care records and health and safety. These audits ensured high standards were maintained. A medicine audit that was carried by a local pharmacist in April 2018 recommended that a running balance was on MAR sheets and this was followed.

The service promoted an open culture by encouraging staff and people to raise any issues of concern. Regular staff meetings took place and staff were free to express their views. We looked at a sample of staff minutes and saw that they covered numerous topics including health and safety, equality and diversity and data protection. We saw that the views of staff were taken on board.