

M D Homes

Carrick House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carrick House Nursing Home is a care home that provides personal and nursing care for up to 27 people, some of whom live with dementia and/or physical disabilities. At the time of the inspection there were 22 people living in the home. Accommodation was provided across two floors and within a recently added three-bedroom extension. Communal lounge and dining areas are located on the ground floor.

People's experience of using this service and what we found

Following the previous inspection on the 9 April 2019, the provider sent us their action plan. This included information about the steps they had taken to make improvements in the home to address areas where we had found shortfalls.

Systems for managing and administering people's medicines had improved. Communication systems between the home and with health professionals had been developed and improved. Suitable procedures ensured people received newly prescribed medicines promptly. Medicines audits were taking place more frequently and improvements were made when deficiencies were found.

Improvements had been made to the quality monitoring systems. A range of monitoring checks and audits had been developed. These were effective in monitoring the service and making improvements when needed.

Systems were in place to ensure people were protected from abuse and treated with respect and dignity. Staff told us staffing levels were enough to provide people with the care and support they needed.

Risks to people's safety in a range of areas including the Covid19 pandemic were assessed and understood by staff. We have made a recommendation about fluid and pressure area monitoring charts.

Suitable infection prevention and control measures and practices were in place to keep people safe and prevent people, staff and visitors catching and spreading infection.

We saw positive engagement between staff and people. People told us that staff were kind and looked after them well.

Staff received the training, guidance and support they needed to do their job well and to effectively meet people's needs.

The manager was approachable and provided staff with leadership and direction. They were very responsive to our feedback during and following the inspection. Any issues found were promptly addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 28 May 2020). There was one breach of Regulation 12 Safe Care and Treatment. We told the provider to make improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in the areas where there had been shortfalls, and the provider was no longer in breach of regulation.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also had recently received information that indicated there may be deficiencies in areas of the service provided to people, which we wanted to check. This report only covers our findings in relation to the Key Questions of Safe, Effective and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection. This inspection was carried out to follow up on action we told the provider to take at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carrick House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Carrick House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This was a focussed inspection to check whether the provider had met one breach of regulation in relation to Regulation 12 (Safe care and treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection visit was carried out by one inspector. A second inspector carried out telephone calls with staff to obtain their feedback about the service. An expert by experience spoke with one person using the service and people's relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people and dementia care.

Service and service type

Carrick House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The manager is not registered with the CQC. They told us they would commence the process of registering with us. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave 24 hours' notice of the inspection. This was because of the Covid19 pandemic. We wanted to be sure that no-one at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

What we did before the inspection

Before the inspection we spoke with one person's relative, and we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the last inspection report and provider's action plan. We used all this information to plan our inspection.

During the inspection-

We spoke with two people using the service, the manager, managing director and finance director. During lunchtime we observed engagement between staff and people using the service within the communal lounge and dining area of the home.

We reviewed a range of records which related to people's individual care and the running of the service. These records included two people's care files, medicine administration records and protocols. We also looked at a variety of records relating to the management and quality assurance of the service including policies and procedures and a range of audits.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. The manager provided us with staff training, staff recruitment records and information detailing where lessons had been learnt. We received verbal feedback from four people who used the service, five people's relatives, six care staff, one senior care staff, one nurse and one chef. We also received feedback about the service from three social care professionals and three healthcare professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection in 9 April 2019 the provider had failed to ensure that people's medicines were always safely and effectively managed. This was a breach of Regulation 12 (2) (g) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Using medicines safely

- During the last inspection we found shortfalls in some areas of medicines management. People did not always receive their newly prescribed medicines in a timely way, which meant people were at risk of harm. During this inspection we reviewed the arrangements for ensuring that people received their newly prescribed medicines promptly. We found that improvements had been made and people now received their newly prescribed medicines promptly.
- We observed medicines being administered to people in a safe and supportive manner. One person commented, "The meds are good. They are regular and correct, and we're supervised taking them."
- Medicines were stored securely and audits to check that medicines were managed safely were regularly carried out. Shortfalls found were addressed and improvements made when needed.

Preventing and controlling infection

- Infection prevention and control (IPC) is currently incorporated into all inspections of care homes to establish whether providers understand and follow government and other current guidance to effectively prevent and control infection during the Covid19 pandemic.
- A check carried out by the host local authority had found in the kitchen some infection control shortfalls. We found that an action plan was in place and the issues had been addressed or were in the process of being dealt with, for example replacing the kitchen flooring.
- Systems and processes were in place to help prevent and control infections. The home was clean. All staff had access to the Personal Protection Equipment (PPE) they needed to safeguard themselves and people living in the home. Enhanced cleaning schedules were in place in the home to ensure the regular cleaning of frequent touch points, such as light switches.
- Comments from relatives included, "The home is clean and safe. I have no concerns." "It (the home) always smells clean." "They (staff) have worn masks, gloves and aprons during this pandemic. There is hand sanitiser readily available in the home. All visitors must wear masks when they are either outside or inside the home."
- Staff were observed wearing PPE correctly and following social distancing guidance.
- Staff and people had temperature and blood oxygen levels carried out twice a day to check for symptoms

of Covid19. They also had access to regular Covid19 testing.

- Visitors to the service had their temperature checked and provided with PPE. We found that asking visitors questions, for example whether the visitor had recent contact with anyone who had been diagnosed with Covid19 or recently been abroad was not included in the visiting protocol. Following the inspection, the manager told us that the provider had developed and improved the visiting protocol to include this information.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff were knowledgeable about the procedures for responding to and reporting abuse. They knew they needed to report and record all allegations or suspicions of abuse without delay.
- Staff knew about whistleblowing procedures. They told us that they felt listened to and would not hesitate to raise any concerns they had about the service.
- People told us they felt safe living in the home. One person said, "I feel safe here."
- People had personalised risk assessments which included details of measures to minimise the risk of them being harmed. Detailed risk assessments had been carried out on people and staff belonging to higher risk groups and actions had been taken to reduce the risks. However, we noted that the risk assessments of one member of staff and one person using the service had not included information about being in a higher risk group. The manager told us following the inspection that these risk assessments had been reviewed and updated.

Staffing and recruitment

- Staffing levels were determined by people's assessed needs. Staff told us that there were sufficient staff to meet people's care and well-being requirements. A member of staff told us, "We have enough staff on duty. We manage. During Covid19 we did have some shortages, however we spoke to the manager about this and she put more staff on shifts. She listened to the feedback."
- People told us that they felt there was enough staff on duty. One person told us "There always seems to be enough staff."
- During this inspection we did not fully assess the staff recruitment and selection processes as these had been reviewed by us in detail last year. However, we looked at eight staff records that indicated an appropriate staff recruitment protocol was being followed so that only suitable staff were employed to care for people.

Learning lessons when things go wrong

- The provider had acted on the feedback they received following the last inspection to improve the service.
- There were processes in place for reporting incidents and accidents and reviewing them to look for patterns and to learn lessons when things go wrong.
- The manager provided us with examples of where lessons had been learnt in response to incidents and feedback from people using the service. The manager was open about having admitted one person whose medical condition, specific needs and behaviour following their admission showed that the care home had not been suitable for them. They told us that lessons had been learnt and this would not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- At the last inspection people's care plans sometimes lacked detail about some aspects of people's healthcare needs including medical conditions. Following that inspection, people's care plans were promptly reviewed and updated to include this information. We found during this inspection people's care plans and other care records included personalised details of their needs.
- Records showed that an assessment of each person's needs was completed before they were admitted to the home. People and relatives told us that they had been fully involved in this initial assessment. A person's relative told us, "The initial assessment was very good."
- Records showed that people's pressure care needs were being monitored and they were being repositioned to prevent pressure ulcers. These records showed that personalised repositioning guidance had been followed. However, there were some unexplained gaps that indicated one person had not changed their position during some afternoons for four hours instead of two hours. Following the inspection, the manager investigated this issue and found that on the days when there were gaps the person had spent time in the lounge, which had not been recorded on the monitoring chart. She told us that she had spoken with staff about the importance of these records and had made improvements to lessen the risk of this occurring again.
- People told us that they felt safe and were content living in the home. People commented, "Everything is good, food, care and the meals." "I am very satisfied." "I am happy." "Staff listen to me." "I feel safe here."
- Three people told us their religious faith was important to them and this need was not currently being met by the service. This was discussed with the manager who told us they would address the issue by contacting representatives of their faith to discuss how to best support people to practice their religious faith during and following the Covid19 pandemic.

Supporting people to eat and drink enough to maintain a balanced diet

- Before this inspection we had been informed that there had been issues to do with the quality of the food and lack of choice. The manager's action plan showed that they had taken action to resolve these issues.
- People told us that the food was mostly good. A person's relative commented, "The food is of a good quality and my [relative] seems to enjoy it. I have visited during meal times and have seen the food served." "The meals have improved recently. They now bring a list with pictures of the food on offer." "You can have particular foods and alcohol if you inform them in advance."
- One person using the service told us that a member of staff now asked them each day what they wanted to eat. Records confirmed that people had chosen different meals. Pictures helped people to make their dietary choices. During the inspection people told us they had chosen their lunch and had enjoyed it.

- People's dining experience had improved since the last inspection. People now ate at dining tables rather than at small tables whilst sitting in lounge chairs. This supported socialisation whilst providing a more pleasing environment for people during meal times. Lunchtime was relaxed and sociable. Where people needed help with their meals they were assisted in a sensitive, unhurried way.
- During the last inspection the chef had told us that they received feedback from people about the meals but there had been no records to support that. At this inspection records showed that people had been regularly asked for feedback about the food. People's feedback was mostly positive. One person had stated their food needed more salt, and records showed this had been addressed.
- People's weight was monitored. A recent review of people's weight showed that those who were at risk of malnutrition had gained weight. We checked people's fluid and nutritional monitoring records. Nutritional monitoring records we looked at showed that people's nutritional needs were being met.
- A recent audit of fluid monitoring charts had been carried out and action taken to ensure the amount of fluids was totalled up each day. People's fluid monitoring records indicated that people regularly had a sufficient amount and variety of drinks. However, one person's records showed that they only drank about half of the amount recommended by NHS guidelines. The person's monitoring records did not include information to show that this amount was appropriate or not for that person, so it was not clear as to whether the person was at risk of dehydration. Following the inspection, the manager investigated this issue and told us they had found that the person had not needed to have their fluids monitored so closely as they were managing some of their own fluid intake, drinking additional suitable amounts of fluids without assistance from staff that had not been recorded.

We recommend the provider seeks further advice and guidance from a reputable source, about the function and purpose of fluid and pressure area monitoring charts and the importance of them being accurately completed.

Staff support: induction, training, skills and experience

- Records showed that staff had completed a range of relevant training and learning appropriate for their job roles. Staff confirmed that they received the training they needed. They told us recent training had included refresher training in infection control and using PPE. One member of staff told us, "The training has been really good." "I feel confident here. I deliver good care to residents and do my best for them."
- People and relatives told us they found staff to be competent. Comments included, "They [staff] are a competent, happy bunch who work there." "I cannot fault the staff. They are great!" "I think that the staff are good, and the nurses and carers always talk with my [relative] and try to bring her out of herself." "I feel that we are treated with dignity and respect in here, for example, they will always knock at the door and ask for our permission before they come into our room. The carer did this today before offering me the phone."
- Staff informed us, and records showed that they were provided with regular supervision and appraisal of their development and performance. They told us that they felt well supported by the manager and staff team. Comments included, "The manager is very approachable and supportive. If we have any issues, we can go to her straight away." "I feel able to talk to the manager. She is always open to talk. She encourages us to speak to her if we have questions. I feel supported here. I like it here."

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Due to the Covid 19 pandemic healthcare and social care professionals had not been visiting the service. However, visits by some healthcare professionals had recently recommenced. GPs communicated with the home about people's care and treatment at least weekly via telephone and video calls.
- Some people's relatives told us that they would like people to be provided with more support to keep mobile and to receive advice and support from a physiotherapist. This was discussed with the manager,

who told us that would review each person's mobility needs.

- Healthcare professionals spoke in a positive way about the care home and of the staff. Comments included, "Staff act promptly for patients' clinical needs." "I always find staff to be efficient and caring." "I have no concerns. It seems people are well cared for." "The new manager is very good, very engaging, pleasant and caring person. Residents at Carrick House are treated with respect and dignity."

Adapting service, design, decoration to meet people's needs

- Since the last inspection an extension of three bedrooms with ensuite facilities has been built. Communal areas including the lounge and dining area had been refurbished and redecorated. A relative told us, "They redecorate on a regular basis."
- An action plan to make improvements to the kitchen flooring and some communal carpets was in place.
- People had access to an enclosed garden. People told us that during the summer they had enjoyed spending time in the garden.
- At the time of the inspection socially distanced visits between people and their relatives, were taking place under a gazebo. The manager and managing director informed us that a ground floor room would be used as a visiting room during the cooler weather. People and their relatives spoke of the importance to their well-being of having regular visits.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff received training in the MCA principles and DoLS. When people were unable to consent to their care and treatment in the home appropriate applications to the local authority for DoLS authorisations had been made and progress monitored. One person's relative told us, "DoLS have been discussed during former [care plan] reviews."
- People told us that they felt listened to and were able to make choices which were respected by staff. One person told us, "I think they provide good care, especially in that they support individual choices, for example, they will wash me, or bathe me or shower me at later times in the morning. I don't like to get up too early."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection systems were not in place to demonstrate good governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since December 2019 when the registered manager left the service there had been two changes in managers. The current manager commenced her role in May 2020 and told us they will register with us. She was clear about her role and understood quality performance.
- There had been improvements to the quality monitoring processes since our last inspection. Quality monitoring checks of all areas of the service were more effective due to the development and improvements made.
- A range of checks and audits took place. These included care plan audits, environmental, infection prevention and control checks. Action had been taken to make improvements, which included making care plans more personalised. The manager had carried out meal service and lounge observation, PPE and hand hygiene checks. Meal service observation had led to napkins being provided and tables laid more appropriately
- The manager was responsive to our feedback during and following the inspection. Areas where we found shortfalls or lack of clarity were promptly addressed.
- The manager had an improvement plan for the home, which showed where improvements had been made and those planned. This demonstrated commitment to ongoing development and improvement.
- Staff spoke in a positive way about the manager. Comments included, "The changes (the manager) has made have been good. It has been positive. For example, she has changed the serving of food and infection control procedures for the better."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had followed current government guidance to support people's friends and relatives to visit them during the Covid 19 pandemic. Visits were by appointment and took place in the garden. The manager told us that visiting arrangements were kept under constant review.
- During the Covid 19 pandemic people had been supported to keep in touch with their relatives via video

calls, telephone calls and visits. Comments from people's relatives included; "The home keeps me informed. They will phone if there are any changes." "The home will let me know when my (relative) is not well." However, we received some feedback from relatives telling us they had not had the opportunity to have video calls with people. The manager told us that she had contacted relatives about these calls but would review each person's arrangements regarding contact with their relatives and would ensure that those who wished to have video calls with people were supported to do so.

- People's relatives told us that communication with the home was good and they had received a call from the manager about people's activities and letters to do with visiting during the Covid19 pandemic. However, some relatives told us they would like to know the manager better. They also spoke of not having recently been involved in people's care plan reviews. In response to this the manager told us that she would contact each person's relative to discuss people's care.

- People and relatives told us that they had been asked for feedback about the service. Relatives commented, "A questionnaire sometimes comes with the monthly bill." "In July I was given a questionnaire." "Sometimes we get questionnaires about the care provided." Feedback from a recent survey was mostly positive and an action plan was in place to respond to it.

- Two relatives told us that there had not been recent resident's meetings. Records showed that the last residents' meeting took place in July 2020. The manager told us that she had spoken with people who all except one said that they would prefer a one to one meeting rather than resident meeting. We saw from records that 1-1 meetings with people on their own or with their relatives had taken place. The manager informed us that resident meetings would be kept under review.

- We saw staff engage with people in a positive, friendly and respectful way. People told us about the activities they enjoyed and took part in. Some people said that they would like to do more activities, others said that they had enough to do. We saw staff support people with various activities during the inspection. The manager told us that an activities coordinator was being recruited and action was being taken to provide more personalised activities.

Two people said that although staff were kind and spoke with them, and they had contact with their relatives, they felt lonely at times. This was discussed with the manager, who told us that she would arrange more time for staff to spend talking with people.

- Staff told us that regular staff meetings took place and were kept well informed about changes to do with the service and current Covid 19 guidance. Comments from staff included, "I am so happy working here. It feels like home. I do not have any concerns or complaints." "The manager has made a good difference. At first, the change was stressful, but things have got better now and have settled." "We work 100% well as a team." "I do not have any concerns. If I do have any concerns, I go straight to the manager and she listens and takes action."

Working in partnership with others

- The manager spoke of working in partnership with the host local authority, people's care coordinators, GPs and a range of healthcare professionals to ensure people received the care, treatment and support they needed.

- Health and social care professionals told us they did not have concerns about the service. They provided positive feedback about the home and told us that communication was good, staff were caring, listened to them and followed guidance they provided.