

Carlton House Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carlton House Rest Home Limited is a residential home providing personal and nursing care to up to 40 people. The service provides support to older people some who may be living with dementia. At the time of our inspection there were 29 people using the service. Carlton House Rest Home Limited provides care in an adapted building close to a town centre. The home has bedrooms over three floors and shared living spaces on the ground with accessible outside areas.

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

People enjoyed living at the home and felt safe. However, improvements were required in some areas. The home was clean, and measures were in place for infection prevention and control. We were assured that most infection prevention and control practices were in line with current guidance. However, more robust procedures were required including staff not wearing nail polish and some areas of the home in need of refurbishment.

The risks to people were minimized through risk assessments. However, in some areas more detail will assist staff to keep people safe. There were plans in place for foreseeable emergencies and most fire safety checks were carried out.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, we did find that more robust procedures for checking full employment histories were required.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe. Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

There were effective systems in place to monitor and improve the quality of the service provided. Staff felt supported by management and enjoyed working at the service. There was an open-door approach to management and staff could approach the management team to address concerns.

The provider had an open and honest approach to care delivery and reported accidents and incidents and informed those involved as necessary.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 good (published 08 July 2021).

Why we inspected

The inspection was prompted in part due to concerns received about a safeguarding review. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

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.

Carlton House Rest Home Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector and an Expert by Experience contacted 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.

Service and service type

Carlton House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carlton House is a care home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, provider, activities coordinator and three care staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from six relatives. We also received feedback from two health and care professionals.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risk assessments had been completed for the environment and safety checks were conducted on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm carried out. Personal emergency evacuation plans (PEEPs) were in place to guide staff in how to keep people safe during an evacuation. However, emergency lighting was being carried out every quarter instead of monthly. We raised our concerns with the provider who informed us it had been an oversight and plans were in place to ensure these were now carried out monthly.
- Individual risk assessments identified potential risks and provided information for staff to help them avoid or reduce the risk of harm to people. However, some of these contained limited information and more details were required to ensure they were robust.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- At our previous inspection we were concerned that some staff were observed with false or painted nails which is an infection control risk and not in line with current infection control guidance from Public Health England and government guidance relating to COVID-19. At this inspection we saw some staff with painted nails and spoke to the registered manager about our concerns. They informed us that the staff seen did not provide any direct personal care. However, this was not setting a good example to other staff and in an emergency could be called to provide direct care to people.
- Some areas of the home were in need of redecoration. For example, in one of the bathrooms floors the edging had come away and needed re sealing which meant it could harbour germs. An old trolley which was worn and in need of repair was in the bathroom and not all waste bins in the home had closed fitting lids in

line with best practice. We informed the deputy manager of our concerns and the trolley was disposed of and new waste bins were ordered, and plans were in place to replace the bathroom.

- People and relatives, we spoke with were happy with the cleanliness of the home. One relative told us, "Very good always." Another relative said, "Very clean, exceptionally clean, no smells, spotlessly clean." Other comments included, "Yes spotless."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was enabling visiting at Carlton House according to current government guidance. Relatives told us they had no concerns visiting their loved one in the home or taking them out in the community. One relative told us, "I let them know, no problem at all whatsoever, they always say of course you can."

Staffing and recruitment

- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, we found one file had gaps in their employment history and other files had the year staff left previous employment and not the month they left. This meant we could not be assured employment gaps had been fully explored to ensure staff were safe to work at the service. We spoke to the deputy manager about our concerns and has since explored the gaps with the staff member and taken on board looking at months and not years on application forms.
- We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. When we asked relatives if they thought their loved ones were safe comments included, "Absolutely always", "most definitely", "very much so" and "yes I do."
- Staff had the knowledge and confidence to identify safeguarding concerns and act on them. Staff were required to complete safeguarding training as part of their induction. Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.
- People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff we spoke with were all aware on how to keep people safe. One staff member said, "I understand the term fully and I feel like I would have 100% support if I was to 'blow the whistle' on a colleague as the safety of residents is paramount."

Using medicines safely

- People were happy with their medicine support. Since the last inspection the service had transferred over to an electronic system.
- Medicine administration records (MARs) confirmed people had received their medicines as prescribed. Guidelines were in place for when prescribed 'as required' (PRN) medicines should be given.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- People's allergy information was recorded in the care plans and medicines administration records.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.
- Following a recent safeguarding review process with the local authority, actions were identified to improve partnership working between the provider and other professionals. This included improving practices for more effective communications which would ensure continuous improvement and learning. This meant better outcomes for people.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives thought the service was well led and were happy with the service. One person told us, "I'm happy here." Another person said, "Happy here, staff are lovely gorgeous girls always." A relative told us, "Well looked after and comfortable at the home." Another relative said, "I think it's pretty good, exceptionally pleased, the owner he maintains the home every time I go in." Other comments included, "Dad's care, he's always looked after there, happy there, has a laugh and I'm updated."
- We observed people received person-centred support and care delivery ensured people were enabled to maintain skills and independence. Care plans showed person centred approaches. There was praise for a new member of staff as it was highlighted that she was thinking of little things regarding music being played and different ways of working to provide one to one care for the resident's wellbeing.
- Since the last inspection the service had introduced an activities coordinator. The registered manager told us, "I also wanted to do more around activities and hiring [staff member name] to be activities coordinator has been the best outside recruitment decision made. She has made such a difference to the service user's daily lives and wellbeing, they are thriving, and it has been wonderful to witness. She is the breath of fresh air and so knowledgeable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People relatives and staff were positive about the registered manger and deputy manager. All the feedback confirmed they were visible, open and approachable. One relative told us, "[registered and deputy managers names] lovely will deal with until satisfied, they phone me a lot, very friendly."
- During the inspection the registered manager was not available on site. The deputy manager was always available to discuss any matters arising from the inspection and were approachable. All the staff we spoke with told us management were approachable and that they operated an open-door policy. One staff member told us, "I feel comfortable raising any concerns I have with the manager and she is fair to all staff as she understands that we all have different needs and requirements." Another staff member said, "I feel that if I had any concerns the management are easy to talk to and always have time to listen. I believe management are very approachable to all staff."
- There were a number of systems and processes in place for monitoring the quality of care. These included audits of medicines, environment, mealtimes, infection control, accidents and incidents. Where issues were identified remedial action was taken. For example, following a mealtime audit in April 2022. Background music to be played while waiting for meals and condiments to be placed on tables whilst they are being laid

and removed following the end of mealtimes. This was now in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback from relatives about communication was highlighted as being very good and relatives were regularly updated by email and phone calls and a new newsletter had been issued to them on events at the home. Following the inspection, we spoke with the registered manager. They told us, "The main thing I wanted to work on was communication, I decided the best way to do this was to create email groups for service users' families (consent was gained) and also a staff member email group. This ensured that everybody received important information, updates to guidance, staffing etc at the same time. It was especially helpful when we had an outbreak and feedback from relatives has been positive as they felt included, that they can email at any point for updates throughout the outbreak and make informed choices around visiting."
- People and their relatives felt listened to. For example, one relative told us, that she had discussed the staff wearing name badges as when carers had masks on and no name badges, that it was hard to see and know who was in the home and didn't know all carers names. Management had listened and were implementing a name board in the hall and that a new newsletter was sent to relatives regarding news and updates in the home.
- The provider sought feedback from people or their families using a quality assurance survey. This was sent out annually seeking their views. The last survey for people was in May 2022 which showed that people felt supported living at the home and enjoyed new activities that had been introduced by a new activity member of staff. The last survey for relatives was in June 2022, which was overall positive, but some relatives felt more attention to the garden and better seating would improve the service. We were informed this had been actioned and new and extra seating was now in place.
- The service had gone over to electronic care planning and asked staff to complete a survey in April 2022 to see how staff found the new system. Feedback had been overall positive; staff felt it had a big impact on the home and with communication with health professionals as information and trails were easier to find.
- The service had also introduced an electronic medication system and gathered feedback from staff in March 2022. Feedback showed this had a positive impact and staff had seen improvements. Staff felt training provided was sufficient.
- The service worked in partnership with the local doctor's surgeries and community health teams. One health professional told us, "I have no concerns if I did, I would report it. We work as a team ask staff to do things and when I come back, and check been completed."
- The provider also sought feedback from professionals through a questionnaire. The last survey was in June 2022, no concerns were raised, and they were happy with how the home was led. One professional stated, "Service has improved since introduction of new computer system giving manager and staff essential patient information at their fingertips."
- The service was working with the local health professionals following a recent safeguarding review with more training provided by professionals to improve better outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.