Care Quality Commission

Central and Cecil Housing Trust

Carter House

Inspection report

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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires improvement
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 18 August 2015 and was unannounced. The last Care Quality Commission (CQC) inspection of the home was carried out on 1 October 2013, when we found the service was meeting all the regulations we looked at.

Carter House is a purpose built care home that is split over four floors which provides dementia, nursing, and personal care for up to 45 older people. At the time of our visit, there were 39 people using the service, the majority of whom were living with dementia.

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

Although people said they were happy with the care they received and spoke positively about the staff that cared for them, we observed an incident where staff had not respected a person's privacy and dignity when they had provided this individual with personal care. We also found that although the provider had created a more person centred care plan format, the new care plans had

Summary of findings

yet to be fully introduced at the time of our inspection. This meant some care plans did not contain all the current information staff needed to meet the needs of the people using the service.

People were safe living at the home. Staff knew what action to take to ensure people were protected if they suspected they were at risk of abuse or harm. There were appropriate plans in place to ensure identified risks to people were minimised. Managers ensured regular maintenance and service checks were carried out at the home to ensure the environment was safe.

There were no restrictions on visiting times and we saw staff made peoples' guests feel welcome. Staff encouraged people to participate in meaningful social activities that interested them.

Consent to care was sought by staff prior to any support being provided. People were involved in making decisions about the level of care and support they needed and how they wanted this to be provided. Where people's needs changed, the service responded by reviewing the care and support people received, which included their care plan.

People were supported to keep healthy and well. Staff ensured people were able to access community based health and social care services quickly when they needed them. Staff also worked closely with other health and social professionals to ensure people received the care and support they needed. People were encouraged to drink and eat sufficient amounts to reduce the risk to them of malnutrition and dehydration. People received their medicines as prescribed and staff knew how to manage medicines safely.

There were enough suitable staff to care for and support people. Managers continuously reviewed and planned staffing levels to ensure there were enough staff to meet the needs of people using the service.

Managers understood when a Deprivation of Liberty Safeguards (DoLS) authorisation application should be made and how to submit one. This helped to ensure people were safeguarded as required by the legislation. DoLS provides a process to make sure that people are only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them.

The area and registered managers both demonstrated good leadership and used learning to drive improvement. There were arrangements in place to regularly seek the views of people and their relatives about how the service could be improved. The registered manager ensured staff were clear about their duties and responsibilities to the people they cared for and accountable for how they were meeting their needs.

They proactively sought the views of people, relatives, visitors, staff and external health care professionals about how the care and support people received could be improved. If people had concerns or complaints about the care and support they experienced, there were arrangements in place to deal with these appropriately.

Managers carried out regular checks of key aspects of the service to monitor and assess the safety and quality of the service that people experienced and took appropriate action to make changes and improvements when this was needed. Managers used learning from incidents and inspections to identify how the service could be improved. They also worked proactively with other health and social care professionals to share and learn best practice so that the quality of care and support people experienced continuously improved.

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?

Good

The service was safe.

People told us they felt safe living at Carter House. There were robust safeguarding and whistleblowing procedures in place. Staff understood what abuse was and knew how to report it. The fitness and suitability of new staff was checked by the provider before they could work at the home. There were enough staff to meet the needs of people using the service.

Risks were identified and appropriate steps taken by staff to keep people safe and minimise the hazards they might face. Management consistently monitored incidents and accidents to make sure people received safe care. The environment was safe and maintenance took place when needed.

People were given their prescribed medicines at times they needed them.

Is the service effective?

Good

The service was effective.

Staff were suitably trained and were knowledgeable about the support people required and how they wanted their care to be provided.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs. People were supported to eat a healthy diet which took account of their preferences and nutritional needs.

Is the service caring?

Requires improvement

Some aspects of the service were not caring.

We witnessed an incident where staff were not as caring as they should have been because they had not provided personal care in a way that respected a person's privacy and dignity.

Despite this incident people spoke positively about staff. People's views about their preferences for care and support had been sought. People were fully involved in making decisions about the care and support they received.

People also received compassionate and supportive care from staff when they were nearing the end of their life.

Staff were warm and welcoming to visitors and there were no restrictions on when they could visit their family members.

Summary of findings

Is the service responsive?

Requires improvement 

Some aspects of the service were not responsive.

Although new person centred care plans were being introduced by the provider, this remained a work in progress. This meant some care plans did not contain all the most up to date information they needed to meet people's needs.

People had opportunities to participate in activities that reflected their social interests. People were encouraged to maintain relationships with the people that were important to them.

People felt comfortable raising issues and concerns with staff. The provider had arrangements in place to deal with complaints appropriately.

Is the service well-led?

Good 

The service was well-led.

The views of people who lived at the home, their relatives, staff and external health and social care professionals were welcomed and valued by the provider.

The area manager and registered manager both demonstrated good leadership and committed to continuous improvement. They were proactive in making changes and improvements that were needed in the home. People using the service, staff and external health professionals spoke positively about the home's management and the way they ran Carter House.

The provider regularly monitored the care, facilities and support people using the service received. Ongoing audits and feedback from people were used to drive improvement.

Carter 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.

This inspection took place on 18 August 2015 and was unannounced. It was carried out by a single inspector.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR).The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information about the service such as notifications they are required to submit to the CQC.

During our inspection we spoke with six people who lived at the home and three visiting external health care professionals, who included two occupational therapists and a specialist palliative care nurse. We also talked with the home's area manager, registered manager, deputy manager, a human resources officer, two nurses, a senior carer, six other care workers and the cook.

We spent time observing care and support being delivered in communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at various records that related to people's care, staff and the overall management of the service. This included eight people's care plans and six staff files.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I've always felt safe staying here." The provider had a staff whistle blowing policy and procedure in place which set out the action they should take to report a concern. We saw this policy was clearly displayed in various offices located throughout the home for staff to refer to. Training records showed staff had attended training in how to safeguard adults at risk. Staff knew how to protect people from the risk of abuse, neglect or harm. Staff we spoke with told us what they would look for to indicate someone may be at risk of abuse or harm and the actions they would take to protect them which included reporting their concerns to managers. Our records showed us where safeguarding concerns about people had been raised; the area manager and registered manager had worked closely with other agencies to ensure people were sufficiently protected.

The provider identified and managed risks appropriately. We saw each person's care plan included a personalised set of risk assessments that identified the potential hazards people may face. Staff told us these assessments provided them with detailed guidance about how they should be supporting people to manage these identified risks and keep them safe. Two members of staff gave us a good example of how they used music to help calm a person who could get anxious when they received personal care and support from staff.

The service managed accidents and incidents appropriately. We saw care plans were immediately updated in response to any accidents and incidents involving people using the service. This ensured care plans and associated risk assessments remained current and relevant to the needs of people. One member of staff explained how they had recently amended one person's care plan to ensure the record continued to reflect this individuals mobility needs and set out clearly what additional support they now required to minimise the risk of them falling.

There were arrangements in place to deal with foreseeable emergencies. We saw the provider had developed a range of contingency plans to help people using the service, visitors and staff deal with unforeseen emergencies and events. For example, we saw everyone had their own personal emergency evacuation plan (PEEP) which made it clear how that individual should be supported to evacuate the home in the event of a fire. Other fire safety records indicated people using the service and staff regularly participated in fire evacuation drills, which staff confirmed. Records showed staff had received fire safety and basic first aid training. Staff demonstrated a good understanding of their fire safety roles and responsibilities and told us they had recently received fire safety training.

The home was also well maintained which contributed to people's safety. Maintenance records showed systems and equipment, such as fire alarms, extinguishers, emergency lighting, mobile hoists, water storage and the central heating had been regularly checked and/or serviced in accordance with the manufacturer's guidelines. We observed the environment was kept free of obstacles and hazards which enabled people to move around the home safely. We also saw chemicals and substances hazardous to health were safely stored in locked cupboards when they were not in use.

There were enough staff deployed in the home at all times to meet people's needs and keep them safe. People said there were enough staff available when they needed them. One person told us, "There always seems to be lots of staff about", while another person said, "The staff always come quickly when I press my bell for assistance". During our inspection we observed staff always responded promptly to verbal and call bell requests for assistance. For example, we saw staff responded within one minute of a call bell alarm being activated by someone in their bedroom. We also saw staff were highly visible in communal areas throughout our inspection. The duty rosters showed us staffing levels were determined according to the number and dependency levels of the people using the service. Staff told us staffing numbers had been increased on the day of our inspection to ensure there were enough staff available in the care home to accompany people who had hospital appointments arranged that day, which the registered manager confirmed.

The provider had established and operated effective recruitment procedures. Staff files we examined, and comments we received from a human resources officer, revealed pre-employment checks were carried out and evidence was always sought by the provider of people's identity, which included a recent photograph, eligibility to work in the UK, criminal records checks, qualifications and training, registration pin numbers for qualified nurses and

Good

Is the service safe?

previous work experience such as references from former employers. Staff also had to complete health questionnaires so that the provider could assess their fitness to work.

People were supported by staff to take their prescribed medicines when they needed them. We saw medicines were safely stored away in medicines cabinets, trollies and fridges which remained securely locked when they were not in use. Each person had their own medicines administration record (MAR sheet) which included a photograph of them, a list of their known allergies and information about how the person preferred to take their medicines. We found no gaps or omissions in these records. Our own checks of medicines in stock confirmed people were receiving their medicines as prescribed. We checked the controlled drugs administration and saw it reflected current guidelines and practice. Staff had been trained to manage medicines safely. Training records showed staff had received training in safe handling and administration of medicines and this was refreshed annually. There were a number of internal audits carried out to make sure any problems with medicines could be identified quickly and rectified.

Good

Is the service effective?

Our findings

Staff received regular training to enable them to meet the needs of people using the service. Records showed staff had attended training courses in topics and areas that were relevant to their work, which had included an induction and how to support older people living with dementia. One care worker said, "The training is very good here. The courses I've attended have taught us most of the things I needed to know about looking after people with dementia." Records also showed staff received regular support from their line managers through group meetings, individual one-to-one (supervision) sessions and appraisals of their overall work performance. It was clear from quality monitoring records, and comments we received from staff, that these individual and group meetings and appraisals took place at regular intervals. We noted staff were able to discuss any work based issues or concerns they had and their learning and development needs through these one to one meetings.

Appropriate arrangements were in place to ensure people could give consent to their care and support before this was provided. Records showed people's capacity to make day to day decisions about their care and support had been assessed and documented by staff. Where people were unable to make complex decisions about specific aspects of their care and support staff had a good understanding and awareness of the need to hold best interests meetings where appropriate with relatives and relevant health and social care professionals that were involved in people's lives to ensure appropriate decisions were made.

All staff had received training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards ensure that a person is only deprived of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The deputy manager who was the home's MCA and DoLS lead demonstrated a good understanding and awareness of their responsibilities in relation to the MCA and DoLS and knew when an application should be made and how to submit one. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body.

Staff ensured people ate and drank sufficient amounts to meet their needs. The feedback we received from people about the quality of the meals they were offered at the home was mixed. One person told us the food was "tasteless", although most people told us the quality and choice of the meals provided at Carter House was "good". Typical comments made included, "The food is definitely getting better", "You can choose what you eat at mealtimes. I think I chose to have the steak and kidney pie for my lunch today" and, "The food is marvellous. Can't fault it". People's nutritional needs were assessed by staff as part of the planning of their care and support. People's care plans indicated their likes, dislikes and preferences for their food and drink as well as the level of support they required for eating and drinking. Where people had specific nutritional needs there was guidance for staff on how this should be met. For example some people had difficulty eating and swallowing so staff ensured they ate a diet of soft and pureed foods.

People were supported to maintain their health. Care plans contained important information about the support they needed to access healthcare services such as the GP or Dentist. People's health care and medical appointments were noted in their records and the outcomes from these were documented. People also had current hospital passports. These are documents that contain important information medical staff may need to know about a person's health and support needs in the event of them being admitted to hospital. Records showed staff undertook daily monitoring and recording of information in relation to people's general health and wellbeing. We saw other records were maintained by staff regularly in which they recorded their observations and notes about people's general health and wellbeing such as daily diary records, staff communication book and weight monitoring records. Where staff identified an issue or concern about an individual's heath or wellbeing we noted action was taken by staff to seek specialist support and advice.

The provider had taken steps to refurbish and improve the home to provide a supportive environment for people in the home, particularly for people living with dementia. For example, bedroom doors were painted different colours to help people identify their own doors and so they contrasted with the walls to make them more visible. Communal areas such as lounges had been redecorated and refreshed with new furniture. We also saw some

Good

Is the service effective?

communal areas had been adapted to create specific spaces for people to engage in social activities with each other and their families and friends, which included a cinema room and a faux pub called the White Hart.

Requires improvement

Is the service caring?

Our findings

People's rights to privacy and dignity were not always respected. During our inspection we witnessed an incident where staff had failed to keep a toilet door closed when they were providing a person with personal care. We discussed this issue with the area manager and registered manager who both told us they would remind all staff about their roles and responsibilities to uphold peoples' privacy and dignity at all times and ensure toilet doors are kept closed when they are providing personal care to people.

Despite this incident, people spoke positively about the staff and typically described them as "kind and caring". Comments we received included, "I like it here. The staff are wonderful", "No complaints about the staff. They're all ever so nice" and, "The staff are absolutely marvellous. They treat us really well". Feedback we received from visiting health care professionals was equally complimentary about the standard of care provided at the home. A specialist palliative care nurse told us, "The staff are always attentive and are familiar with the needs and wishes of the people that live here." People looked at ease and comfortable in the presence of staff. Interactions and conversations between people, their relatives and staff were warm and respectful. For example, when people became anxious staff responded quickly to alleviate their distress. In one instance we saw a member of staff take their time to find out why a person was upset and use distraction in a positive way to put them at ease. It was clear from discussions we had with staff that they had a good understanding of people's needs and how they should be supported.

People's views about their care and support needs had been listened to by staff and used to plan the care and support they received. One person told us, "The staff do ask me what I would like them to do for me." People's care plans reflected their specific preferences for how care and support should be provided to them. Each person had their own key-worker who is a designated member of staff who helps coordinate the care and support the person they key work receives. We saw from people's records family members and other people important to them were also involved in supporting people to express their views and make decisions about their care and support.

Although the majority of people using the service were highly dependent on the care and support they received from staff with day to day activities and tasks, staff still encouraged people to be as independent as they could be. Records showed prompts and guidance for staff, where this was appropriate on how to encourage people's independence as much as possible. We saw one example of this where one person, unable to use traditional cups and plates, was provided with an adapted cup and plate which enabled them to drink and eat with minimal assistance from staff.

Staff ensured the home was warm and welcoming to visitors. People told us there were not aware of any restrictions on times their family members and/or could visit them at Carter House. Health care professionals told us staff always made them feel welcome whenever they visited the home. We saw for ourselves staff were welcoming towards all visitors and took time to say hello and speak with them, which clearly put people's guests at ease.

The service ensured confidential information about people was not accessible to unauthorised individuals. Records were kept securely within the home so that personal information about people was protected. Staff records showed all staff had signed agreements that information about people would be respected and kept confidential. We observed staff did not discuss personal information about people openly.

When people were nearing the end of their life they received compassionate and supportive care. Care plans contained information about the support people had decided they wanted when they were nearing the end of their life. It was clear from discussions we had with a palliative care nurse that the service worked closely with them and regularly sought additional support and advice from them about how best to care and support people who were nearing the end of their life. The palliative care nurse told us, "Because the staff know the people who live at Carter House so well they are able to provide personalised end of life care that meets their specific needs and wishes." Staff we spoke with confirmed they had received end of life care training.

Requires improvement

Is the service responsive?

Our findings

People were supported to contribute to the planning and delivery of their care. The provider had introduced a new care plan format and the homes management told us work to update people's records into the new format was well underway. We saw staff had engaged in discussions with people and their relatives to gain information about them. This included people's background history, relationships that were important to them, their likes and dislikes, hobbies and activities they enjoyed and their preferences for how they should be supported by staff.

However, we found the accessibility and quality of information about people's care and support needs was variable. For example, information about people's life histories was not included in a number of care plans we looked at. This meant staff did not have access to all the information they needed to fully meet people's needs. The area manager and the deputy manager told us introducing the new care plan format would take time to complete properly if they were to gather all the information they could from people using the service and their relatives and/or friends. Progress made by the service to achieve this stated aim will be assessed at the services next inspection.

People's needs were regularly reviewed to identify any changes that may be needed to the care and support they received. Each person had a designated key-worker who was responsible for meeting with people at regular intervals to discuss their needs and to identify any changes that were needed to the support they received. Staff ensured care plans were updated and information shared with managers promptly, particularly where changes to people's needs were identified. A formal annual review was also carried out of each person's care and support needs.

People were supported to pursue activities and interests that were important to them. Several people told us they liked the activities at the home. One person said, "I never get bored here. The staff make sure I get my daily newspaper to read because I particularly enjoy doing the crossword everyday", while another person told us, "You can do activities with the staff if you want but I choose not too as I prefer to read a good book in my room". During our inspection we saw people using the service and staff doing a jigsaw puzzle together whilst another member of staff was providing beauty treatments. There were also instances when staff took their time to sit and chat with people on a one to one basis. Hairdressers and musicians regularly visited the home, which people told us they enjoyed. Care plans reflected people's specific social interests and hobbies people enjoyed. We saw an easy to understand programme of activities in a pictorial format was available in the main lounges on each floor of the home for people to refer to. Managers told us designated members of staff on each floor were responsible for ensuring that activities were planned and organised throughout the day.

The home encouraged people to raise concerns or complaints if they felt they had experienced poor quality care. People told us if they had any concerns or issues they would feel confident and comfortable raising these with the managers. One person said, "I would tell the manager if I wasn't happy here." The provider had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. We saw a process was in place for the registered manager to log and investigate any complaints received which included recording all actions taken to resolve these.

Good

Is the service well-led?

Our findings

The registered manager demonstrated good leadership at the home. People, staff and visiting health care professionals all gave us positive feedback about the home's management and it was clear that they were well liked, seen to be visible around the home and supportive of staff. One person using the service said, "The managers are easy to talk to and always about if you need them." The service had a management structure with each manager having clear responsibilities and lines of accountability. It was also clear from discussions we had with staff that they felt the home had an effective management team. Typical feedback we received from staff included, "Carter House is a nice place to work" and "The managers are very supportive".

The area manager and registered manager were open, honest and transparent about the changes that were needed to fully introduce the providers new more people centred care plans and had communicated this to people, relatives and staff so that all were aware of the actions being taken. Manager's also ensured people were encouraged to share their views and ideas for how the care and support they experienced could be improved. We saw good examples where relatives had suggested the opportunities people had to engage in social activities was improved. The service also formally sought the views of relatives through monthly meetings and questionnaires. .Staff told us they used information from these meetings to plan the weekly menus and social activities that met with people's preferences.

The provider had established governance systems to routinely monitor and improve the quality and safety of the service people received at the home. A programme of checks and audits had been implemented which covered key aspects of the service such as the quality of care and support people received, the accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing levels and staff training and support. Responsibilities for undertaking many of these checks and audits had been delegated to senior members of staff and this was monitored by the registered manager and area manager to ensure these had been done. We noted following these checks, where shortfalls or issues had been identified, action was taken by managers and staff to deal with these in an appropriate way.

The area manager carried out a monthly visit to the home to audit the service. Following this audit they provided the registered manager feedback about areas that needed to be improved. The registered manager took appropriate action to make improvements where these were felt necessary. They told us progress in making improvements would be checked by the area manager at their next monthly visit to ensure these were achieved. Both the registered manager and area manager acknowledged that the new system of checks had helped to highlight that there were still aspects of the service that needed improvement for example the quality of people's care plans.

The service worked proactively with community based health care professionals to improve their knowledge, learning and understanding of how to care for and support people. For example, visiting health care professionals told us they regular meet with the homes management to share and discuss good practice in relation to end of life care and occupational therapy.

The area manager and registered manager both demonstrated a good understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about important events that affect the people using the service, including incidents and accidents, allegations of abuse and events that affect the running of the home. It was evident from CQC records we looked at that the service had notified us in a timely manner about a safeguarding incident. A notification form provides details about important events which the service is required to send us by law.