Somerset Care Limited

Carrington House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was unannounced and took place on 20 and 21 September 2018.

Carrington House is a care home new to provide personal care and accommodation to up to 44 people. The home specialises in the care of older people. At the time of the inspection there were 28 people living at the home.

At the last inspection in September 2017 the service was rated overall as Requires Improvement.

Although at this inspection in September 2018, we found the provider still needed to make further improvements to the way they managed medicines, we also found evidence that previously showed the serious risks to people, had been reduced.

The provider had appointed a new manager, they had only been in post for eight weeks but clearly had a commitment to improvement. This was clear as when we raised the issues around medicine management they began to implement improvements at once. Although the new manager had submitted their application to become the registered manager of Carrington House, this had not been finalised. Therefore, in this report when we speak about the registered manager, we refer to them as being, 'the new manager'.

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

Since the inspection the new manager has sent us further evidence showing how they have already improved the way they monitor medicines in the home, and we have recommended the provider carries out further reviews of how they manage people's medicines. These improvements meant at this inspection we could change the overall rating to Good.

At this inspection we found that although improvements had been made, there were still some aspects of medicines management that needed further improvements and we have recommended the provider reviews how they currently manage peoples medicine and strengthen their approach. However, people did tell us they felt safe living at Carrington House and staff understood how to recognise and report signs of abuse or mistreatment.

Accident and incident reporting was robust. There were risk assessments to show any risks to the person using the service and to the staff supporting them and guidance in people's records on what action staff should take to support people that presented with concerning behaviours. There were enough staff available to keep people safe and the provider's recruitment processes minimised the risk of unsuitable staff being employed.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons.

The provider had systems in place to assess people's needs and choices. Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice. People said staff had the right skills, knowledge and experience to deliver effective care and support and records showed staff received training which enabled them to carry out their roles effectively.

The provider supported people to eat and drink enough, and to maintain a balanced diet. There were several pleasant dining areas and people said the meals were nice. People also had access to quiet space and outside areas where they could entertain family and friends as well as access to daily activities that helped reduce social isolation.

Staff told us they felt supported in their roles. There were records of individual appraisals and regular supervision with a manager. Staff worked closely with external agencies and made sure people had access to health care services.

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

People were involved in decisions about their care and were able to make choices about how and when their care was provided. This included their personal care and support. There were no restrictions on visiting the service and friends and relatives were welcomed and there was a system in place to manage and investigate any complaints.

The provider was committed to continuously improving the care and support at Carrington House and staff were able to learn from mistakes through avenues such as staff meetings.

Further information is in the detailed findings below

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 consistently safe.

Some areas of practice within the service were not safe and placed people at risk.

Medicines management was not robust.

There were sufficient numbers of staff to meet people's needs

People were supported by staff who had been safely recruited

The registered persons understood their responsibilities to raise concerns and record safety incidents.

Is the service effective?

Good

The service remains Good

Staff had undergone training to carry out their role effectively

People were supported to access health and social care professionals as required.

Is the service caring?

Good

The service remains Good

Staff demonstrated kindness and recognised people as individuals.

People benefitted from warm and supportive relationships with staff.

People were able to maintain relationships with family and friends, which were important to them.

People and their family member were involved in care planning.

Is the service responsive?

Good

The service remains Good

Care plans were clear. Staff had easy access to information about the person's current needs.

Staff were able to communicate with, and understand people.

There was a system in place to manage and investigate any complaints.

Is the service well-led?

Good

The service has improved and is rated Good

People benefited from a culture of openness and honesty.

The management structure in the service gave clear lines of responsibility and accountability.

There were quality monitoring systems in place

Staff morale had improved since the new manager was recruited.

Carrington 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 20 and 21 September 2018 and was unannounced.

One adult social care inspector, one medicines inspector and one expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and looked at other information we held about the service. At our last inspection of the service in January 2017 we found concerns with the care provided to people. At this inspection we found the provider had improved.

During our inspection, we spoke with the operations manager the new manager and 11 staff members. We looked at the care records and spoke with 15 people who received personal care, and four members of their family who were closely involved in their care and support. We also spoke with four health and social care professionals to seek their views on the service.

We looked at records relevant to the management of the service. This included 10 care plans, risk assessments, staff recruitment files, training records, medicine records, complaint and incident reports and performance monitoring reports.

Requires Improvement

Is the service safe?

Our findings

At the last inspection of Carrington House in September 2017, we found the provider needed to make further improvements to make sure medicines administration practices were fully effective in addressing people's needs.

At this inspection we found that although improvements had been made, there were still some aspects of medicines management that needed further improvements. For example, Allergies were recorded on the electronic charts but staff had not recorded them in care plans, and whilst medicines were stored securely in people's rooms, we found that staff had not recorded dates on creams, eye drops and liquid medicines. This meant staff could not be sure these medicines were discarded within the required time range.

We also found that carers had recorded the administration of creams and other external preparations on separate electronic records, but these did not always show which product was being used and there were gaps in the recording which meant staff could not be sure if creams had been applied. We discussed this with the deputy manager who told us this had been identified in a recent medicines audit and we saw an action plan had been developed to improve it.

Fridge temperatures were being recorded daily to ensure medicines were kept at appropriate temperatures. However, the maximum fridge temperature had been out of range for three months. Staff were not aware that the minimum and maximum temperature needed to be within the recommended range of 2oC and 8oC, and had not been resetting the thermometer. Although this had not appeared to affect people medicines on the day of the inspection, we did discuss it with the deputy manager who immediately reset the thermometer and assured us they would raise this with all staff as a learning point.

There was a policy in place to support people to look after their own medicines. Five people were self-medicating some of their medicines at the time of the inspection. However, staff had only completed risk assessments for three of those people. This meant staff could not be sure the other two people were safe to self-medicate. We discussed this with the deputy manager who assured us they would complete risk assessments for those two people. Since the inspection these risk assessments have been completed and sent to us as additional evidence.

Trained staff administered medicines and recorded this on an electronic recording system. We reviewed ten records and medicines were being administered as directed. The systems for ordering medicines had improved, and people's medicines were available for them when needed. Since last inspection additional guidance for medicines prescribed to be taken 'when required' had been introduced which explained to staff when medicines could be given. Non-prescription medicines were available, and staff had access to a policy which meant staff could respond to people's minor symptoms appropriately.

We recommend the provider carries out a further review of the way they manage people's medicines at Carrington House, and ensure medicine management is fully in line with current national guidance and legislation.

Although we found some concerns regarding the safe management of people's medicines, generally people told us they felt safe living at Carrington House. Comments from people included, "I love it here I feel safe day and night". "I feel safe; when I was at home I was falling down a lot but I haven't fallen once since I have been here". Although this person did say, "I should have more exercise but though I feel safe in my room I don't walk outside it as they are too busy to come and help me". A third person said, "They are very good, they look after you". A visitor said, "We are happy on the whole, we feel (person's name) is safe and the care is good".

Staff understood how to recognise and report signs of abuse or mistreatment. Safeguarding and whistleblowing policies and procedures were available for staff to access. Staff had received training on how to recognise the various forms of abuse, which was regularly updated. The training had been effective as staff were able to give examples of what they would do in the event they suspected abuse. One staff member told us, "We have coded access to the building and we always check visitor's identification". Another staff member said, "If we did suspect abuse we would complete a body chart and inform the people such as their doctor, family members, and the new manager". A third staff member said, "We also ask the person what happened and record it".

The new manager understood their responsibilities to raise safeguarding concerns and record these internally and externally as necessary. Staff told us they felt confident the new manager would deal with it and staff confirmed they would check it had been dealt with if they did not receive any feedback. If the new manager had concerns about people's welfare, they liaised with external professionals. We reviewed safeguarding referrals, including actions taken, the new manager had sent to the local authority.

Staff carried out risk assessments to show any risks to the person using the service and to the staff supporting them. This included any environmental risks within Carrington House and any risks in relation to the care and support needs of the person, such as slips, trips and falls. However, we did find there were five drain covers along one of the main corridors that had not been added to the environmental risk assessment. These were raised and a potential risk to people catching their walking aids and falling over.

We spoke to the person responsible for the homes maintenance who told us they had reported the raised drains to the provider 12 months ago but nothing had been done about it. We raised this with the operations manager who told us it was on the providers organisational risk assessment as they had similar issues in other homes. We recommended the provider made people living at, and visiting Carrington House aware these were raised whilst they were waiting for the provider to address the risk properly. Staff immediately put black and yellow tape across them so that people could see them clearly when walking in that corridor, this reduced some of the risk of people falling.

Staff supported people to develop their independence and normalise their lives even when they became unsettled or distressed. There was guidance in people's records on what action staff should take to support people at such times. Staff told us they understood how to follow this guidance but they did not have many people living at Carrington House that had concerning behaviours other than one person who could get aggressive when they were in a low mood. This was highlighted in the persons care plan, there was a risk assessment in place and staff knew how to support this person.

There were enough staff available to keep people safe. The number of people living at Carrington House and their needs decided staffing levels. The provider employed 34 contracted staff at the time of the inspection. The provider did not use agency staff and staff we spoke with told us if people were on holiday or off sick they worked more hours, this people meant did not have their care and support compromised. They did not have any vacancies. We saw people receiving support in a timely manner throughout the

inspection and comments from people included, "Staff always take their time with me". "The staff are lovely when they have time they come up here and have a chat". One visitor said, "I am immediately struck by how well staffed it is compared to the last place that (person's name) was in". Although one person did also say, "I don't come out of my room in the afternoon because there is no one about".

The provider's recruitment processes minimised the risk of unsuitable staff being employed. The provider obtained references and completed a Disclosure and Barring Service (DBS) check. A DBS check ensures the provider can identify people barred from working with certain groups such as vulnerable adults.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection. Although when we were looking around the environment we found several toilets did not have hand washing signs displayed to remind people to wash their hands after using the toilet. This meant there was a risk of cross infection in the home. We mentioned it to the new manager and they arranged for posters to be displayed immediately. When we checked at the end of the inspection they were all in place.

Accident and incident reporting was robust. Staff knew the reporting process. Records showed that staff had taken appropriate action where necessary and made changes to reduce the risk of a re-occurrence of an incident. Where incidents had occurred, the new manager had used these to make improvements to the service. Staff said they received the outcome of an incident through staff meetings and handovers, which meant staff, received learning from the incidents that occurred.

Good

Is the service effective?

Our findings

At the last inspection we found the service was effective and awarded a rating of good. At this inspection we found the service remained good.

The provider had systems in place to assess people's needs and choices. Copies of pre-admission assessments on people's files were comprehensive. These assessments helped staff to develop a care plan for the person so care was delivered in line with current legislation, standards, and guidance. One person told us, "Someone came to see me at home before I came here, they asked me what I wanted". Another person said, I have a special carer, they give me a bath and wash my hair once a fortnight". Adding, "They know my likes and dislikes".

Nobody we spoke with (for example people who used the service and staff) said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability, or age. One staff member told us, "Everyone is individual". Another staff member said, "People tell us what they want, we don't tell them". One person told us, "They help me go for a cigarette they don't judge me".

Staff had the right skills, knowledge and experience to deliver effective care and support. Staff completed an induction when they started employment at Carrington House, this included shadowing more experienced members of staff. Shadowing continued until the staff member felt confident that they were comfortable and competent to carry out their role. All staff who were new to the service completed the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when they are new to work in the care sector. People we spoke with said, "They seem to know what they are doing". Adding, "They're very good at helping me". Another person said, "They give me my tablets so I think they get training". A third person said, "Oh yes they know what to do to help me they are always happy".

Records showed staff received training which enabled them to carry out their roles effectively. There was a system in place to remind staff when their training was due to be refreshed. Aside from the subjects which the provider considered to be mandatory, such as moving and assisting, infection control and safeguarding, staff told us they received training which was relevant to the individual needs of the people they supported such as dementia training. However, staff also said they had people living at the home who had specialist needs such as Bi Polar and previously with alcohol related issues. Staff told us, "We don't get training for this so we don't always know if we are supporting them properly". We raised this with the new manager who told us they would arrange for relevant training to take place to ensure staff could meet everyone's needs effectively.

Staff told us they felt supported in their roles. There were records of individual appraisals and regular supervision with a manager. Supervision is a process where members of staff met with a supervisor to discuss their performance, any goals for the future, and training and development needs. One staff member said; "We get supervision every four months, but we don't wait for that". Adding, "We can talk to anyone for support anytime". Another staff member said, "(Managers name) is really approachable they support us

well, we hope they stay".

The provider supported people to eat and drink enough, and to maintain a balanced diet. Staff offered a choice of food and drink using either a menu, or showing them different meals available. The provider employed a team of chefs who created a nutritionally balanced menu. The menu was adapted as necessary to meet the various needs of people. For example, some people had swallowing difficulties; staff served these people food according to their needs. Although three people did tell us they were diabetics and they felt that there was a lack of choice of suitable puddings for them. We discussed this with the chef on duty who said, "We no longer have separate foods for people with Diabetes". Adding, "Good practice was to encourage people to eat the same as everyone else but adjust the portion size". We recommended this be raised at a resident's meeting so that people understood why they did not get offered lots of 'Diabetic' food. One visitor said, "It is a nice change to be in a place which has a proper kitchen and proper chefs".

There were several dining areas and each environment was pleasant. People could choose to eat in their room if they wanted to. The new manager had recently introduced lunch dates. This meant people who ate in their rooms could invite the manager to eat with them if they wanted some company. The manager told us they had a lunch date booked most days and this helped them not only get to know people living in the home better, but also reduce isolation.

Staff chatted to people throughout the lunch period and encouraged people to eat in a kind manner. Although, we did notice one person was not eating their meal. This person was struggling to eat but we did not see any staff member offer to help them, and after 45 minutes their plate was taken away with their food un eaten. We also saw the same thing happen with this person's pudding. We raised this with the new manager who assured us they would speak to staff to ensure people got the correct support at meal times. Kitchen audits included daily checks of food temperatures, fridge and freezer temperatures, cleaning schedules, kitchen first aid boxes, and diet sheets

Staff worked successfully with healthcare services to ensure people's health care needs were met. Staff had supported people to access services from a variety of healthcare professionals including GPs, community psychiatric nurses and district nurses to give additional support when required. Care records showed staff shared information effectively with professionals and involved them appropriately. One person said, "They make me a Doctor's appointment if I need one". A relative told us, they always let me know if (person's name) needs to go to see a Doctor or nurse". One professional told us, "I have no problems with the staff here, they are polite and helpful and always implement what we suggest without a problem". Another professional told us, they have a willingness to work in the resident's best interests".

We observed a handover meeting where the morning staff handed information about people over to the afternoon staff. Staff showed how they monitored people's physical health and sought advice from healthcare professionals when needed. This was evident on the day of the inspection as we saw district nurses meeting with people and staff to review their physical health needs such as incontinence and pressure sore care. One person said, "Staff will take me to the Doctors when I need to go". Another person said, "Staff go to hospital appointments if (persons relative) couldn't take them". A relative told us, "(Persons name) is looking wonderful since they have been here".

The provider sought consent to care and treatment in line with legislation 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.

Records showed that staff recorded peoples consent to care and support. One person said, "Oh they always ask me, they wouldn't do anything against my wishes". Another person said, "Yes, they ask what I want to wear in the mornings and where I want to go for breakfast". A third person said, "Staff ask me what I want to do during the day but there's not much to do really". Staff told us, "We always give choices, like at lunch we show two different meals and at bed time we ask what time they want to go to bed or if they need help". Another staff member said, "We try to work out when its best to ask people about things, some people can make better decisions in the afternoon than the morning for example".

The new manager and staff had received training on the Mental Capacity Act 2005 (MCA). There was a policy which was accessible to staff. Staff we spoke with knew how the act applied to their role. Some people lacked capacity to manage their finances and we saw that power of attorneys had been set up for these people. Staff knew what this meant for the people they supported and records showed staff managed people's finances well. Staff had attended best interest meetings where professionals and family members made decisions on behalf of people who lacked capacity that were the least restrictive.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedure for this in care services is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The new manager had submitted DoLS applications for the relevant local authority to authorise.

Good

Is the service caring?

Our findings

At the last inspection we found the service was caring and awarded a rating of good. At this inspection we found the service remained good.

Staff treated people with kindness, respect, and compassion. Staff we observed were calm, cheerful and polite to people. There was good interaction between staff and people, and the home had a friendly atmosphere. This was reflected in the feedback from people who lived at Carrington House. Comments included, "I love it here, I am happy here and I will be here as long as I live". "My son said to me you are damn well looking wonderful since you have been here". And "Staff are lovely and really nice". One person told us, "I think it is lovely here, my mother used to live in this place and I used to visit her every day".

Staff spoke about people with affection and it was clear they had built trusting relationships. When they discussed people at the handover meeting staff were respectful and knowledgeable about people and their likes and dislikes. Comments from staff included, "We are here for the residents, that's the job". Another staff member said, "I love my job it's fun working with the residents we have a laugh".

People were involved in decisions about their care and were able to make choices about how and when their care was provided. This included their personal care and support. For example, staff told us people could choose whether they wanted a male or female care worker, people we spoke with confirmed this. Also, one person liked their food pureed, there was no physical reason for this but staff respected the persons choice as this was their preferred way of eating their meals. During the inspection the new manager asked to see one person's relative, we observed the conversation, the new manager wanted the relatives view about how to approach the person with a specific care need. The new manager made it clear they were keen to involve family in every aspect of peoples care if appropriate. The new manager said, "They, meaning relatives, know people better than we do".

Other people told us, "I say what I need done the rest I can do myself". A visitor told us, "We are fully involved in care planning". They told us, "They always listen to us". Staff said when they reviewed people's care plans they made sure people were involved so any changes could be recorded. Although the home used an electronic care plan system hard copies of the main documents were kept which included information to show people had been involved in discussions about their care.

People knew how to seek help and felt listened to. There was access to advocacy services and staff understood when people wanted their families involved in decision making about their care and support. Staff practice was consistent with the Equality Act 2010. Staff sought accessible ways to communicate with people. For example, staff used visual objects as well as speech to ensure people understood what was being asked of them. People also had access to technology to help them communicate with family members who did not live close by.

Each person had their own room where they could meet visitors or spend time alone. Peoples rooms were personalised and homely. Although a number of rooms did not have en-suite facilities there were enough

bathrooms and toilets close to people's bedrooms. This meant people did not have to go far from their rooms to use the facilities. One person told us, "I like to be here in my room if there is anything you want you press the bell, they soon come". A relative said "There is so much here, communal and private places to sit and a hair salon". They added, "There is an outdoor area people can access any time and the laundry is always dealt with. I am gobsmacked with the quality of service".

Staff had a clear understanding of confidentiality. However, on the day of the inspection we observed a computer in a communal area. People passing could see information displayed on the screen. We raised this with the new manager who immediately turned the computer around in the short term and arranged for it to moved longer term.

There were no restrictions on visiting the service and friends and relatives were welcomed. This meant that people living in the home were not isolated from those closest to them. During our inspection, several visitors came to see people. It was clear that staff knew the visitors well, we heard them speaking with them in a kind manner. Relatives we spoke with were all very positive about the way staff treated them and felt comfortable visiting at any time of the day. One relative told us, "I come in regularly to see (person's name) it's never a problem".

Good

Is the service responsive?

Our findings

At the last inspection we found the service was responsive and awarded a rating of good. At this inspection we found the service remained good.

People had their needs assessed before they moved in to the home. Staff visited people in their own homes and used a dependency tool to decide if Carrington House was suitable. One person told us, "Someone came to my house to ask questions". In addition to permanent residential care Carrington House also offered respite care which enabled people to spend time at the home to see if it was the right place for them. One person said, "I have been here several times". But they also told us they were not sure why they were there this time. Although they did say, "I'm quite happy to be here". We asked staff about this person who told us, they came in for respite and their husband was in the home. Staff said they planned for them to spend time together, for example they liked to have fish and chips on a Friday evening so staff made sure they kept this up every week.

People told us they were involved in planning their care. One person had a dog living with them in the home, they told us, "Staff even write a care plan for my dog as well as me". Another person said, "They write it all down and they check everything's ok". A third person said, "Yes the staff always ask how I want things and what I like". One relative said, "Staff include me in everything, they keep me up to date if things change".

We reviewed 10 care plans, they were person centred, detailed, set out clearly and easy to read. They gave a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them. This was important for staff to understand because some people receiving support had limited verbal communication. Staff reviewed care plans regularly to ensure they were up to date with people's needs.

The provider complied with the Accessible Information Standard by identifying and recording the communication needs of people. Staff sought ways to communicate with people and to reduce barriers when their protected characteristics made this necessary. For example, care records had communication profiles that showed how staff should support people to communicate. Most people living at Carrington House could communicate well with staff, but staff told us they showed objects to help some people understand what they're asking of them. This helped anyone that did have communication difficulties make a choice.

The staff encouraged people to keep their independence where possible. The home had key pads on the doors, people did not have access to the key codes but staff told us people only had to ask and they would open the doors for them. People we spoke with confirmed they could go out when they wanted to. One person told us, "I go to the shop when I want, I just have to let them know where I am". Another person told us they liked to do things for them self. They said, "When I need them (meaning staff) they are there." One visitor said, "(Persons name) has perked up since they have been here, even my sister (who doesn't see her very often) has noticed".

The provider employed an activity worker who supported people to maintain an active lifestyle according to people's abilities and interests. There was an activity program displayed informing people what was going on during the day. Staff put these up in communal areas. People knew about the activities. One person told us, "I am aware of activities and I go when I want to". Another person said, "I am aware of them, but I prefer my own company, sometimes I go and watch". We observed people in the lounge enjoying a singing session with a company the new manager had invited in to entertain people. People we spoke with afterwards said, "That was good fun". Although three people we spoke with did say there was not much to do during the day. We asked if they attended the activities on offer, one person replied, "Sometimes but there's not much goes on in the afternoons". We discussed this with the new manager who told us they had identified this as an area for improvement and had been discussing how they could introduce new activities at resident meetings.

The provider helped people celebrate special occasions such as birthdays and religious festivals such as Christmas. Staff told us, "We make people a birthday cake, they sometimes get two if the family bring one as well". People confirmed staff had brought them a cake and helped them celebrate their birthdays. People also told us they had attended a summer party at one of the other homes recently and they had asked the new manager if they could have a party at Carrington House. The new manager arranged for a barbeque to take place and invited family members. People said it was a lovey day. Staff told us they planned to do more parties at the home in the future.

There was a system in place to manage and investigate any complaints. The new manager sought people's feedback and took action to address any issues raised. The provider underpinned this with a policy and procedure, which staff knew. Records showed formal complaints were responded to promptly and the complainant was told of the outcome of investigations. Where concerns or complaints highlighted shortfalls in the service action was taken to make future improvements.

People we spoke with told us they were confident the provider would deal with any complaint to their satisfaction. One person told us, "I'm sure if I did complain they would sort it". Another person said, "Staff have meetings with us all where they ask if everything is ok". Adding, "If I had a problem I could say something there or see a staff member, they are very good at sorting things out". A relative told us, "I would just talk to staff or the manager if I needed to". Another relative said, "I can't imagine having a complaint, whatever I ask gets done".

At the time of the inspection, no one was receiving end of life care. Staff where aware to liaise with the person's GP and the district nurse team in the event someone did need end of life care. Some people had do not resuscitate plans in place and staff were aware of these.

Good

Is the service well-led?

Our findings

At the last inspection in September 2017 we acknowledged the dedication of the staff team and the improvements the provider had made at Carrington House. However, we felt the time period since the inspection in January 2017 did not enable us to be certain that the improvements made could be sustained. This meant the rating for this section of the report remained as requires improvement until we were confident that the provider's systems and resources led to a permanent change in the standard of care provided to people.

At this inspection we found improvements had not only been sustained but had also improved further. We have therefore rated well led for Carrington House as Good.

The provider had appointed a new manager who started in post eight weeks before this inspection. During this brief period of time, we saw the new manager had worked hard together with the operations manager to make further improvements to the care and safety of people who lived at Carrington House. There was a commitment to raise the standards and this was evident across the whole staff team. The new manager had a clear vision to deliver high-quality care and support that promoted a positive culture. Care and support was now person-centred, open, inclusive, empowering and achieved good outcomes for people.

The new manager had become a permanent member of staff and was in the process of registering with the Care Quality Commission. A registered manager is a person who has new 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.

Staff told us, "(Managers name) has said they are here to stay, that's important to us, we need someone who will stick around". Another staff member said, "The new manager was extremely open and approachable and was keen to listen to feedback and suggestions". A third staff member told us, "They are firm but fair, we know where we stand and know what is expected and that's good". People we spoke with said, "They are ok, they talk to me, I see them walking around all the time". Another person said, "Oh yes they're nice always smiling". A relative said, "The new manager is always out about, they seem very hands on". Relatives felt confident that if they raised concerns with the new manager action would be taken to address their concerns. One relative told us, "The new manager has made so many changes already, I have no doubt they would sort anything asked of them".

The leadership was visible and accessible. A deputy manager supported the new manager. They both showed an excellent knowledge of people and their care needs. During the inspection, they spent time in the communal areas of the home talking with people. Everyone was very comfortable and relaxed with them.

The new manager had a clear understanding of the key values and focus of the home. They and the provider were committed to continuously improving the care and support at Carrington House. This was

clear when they spoke about their plans for the home as well as the day-to-day experience of people living at Carrington House.

The new manager had created an action plan of areas they wanted to improve These action plans were being closely monitored by the operations manager. Action plans seen showed that progress was being achieved and there was a lot of actions that once completed would improve the care and support for people even further, such as, introducing resident led activities like gardening clubs and book clubs.

The new manager understood the importance and responsibility of their role. They told us the operational manager supported them. This included attending monthly operational meetings. We reviewed January and February 2018 minutes. Areas discussed included, care plan audits, CQC notifications and critical incidents. The new manager also attended regular manager meetings to ensure good practice was shared across services.

The new manager promoted the ethos of honesty, learning from mistakes and admitting when things had gone wrong. This was clear when we raised specific concerns throughout the inspection process. The new manager immediately started to address concerns and create a new action plan highlighting what needed to be improved particularly around medicines management. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People knew how to feedback to the service. The new manager sent out an annual survey, the results of the most recent survey had been positive. People and their families had opportunities to share their views through the provider's regular quality monitoring systems which included themed conversations and satisfaction calls to relatives. Some of the comments included, "Staff are lovely, they really look after (person's name)". And, "Always polite and professional".

There were effective quality assurance arrangements at the home to raise standards and drive improvements. This included a system to ensure quality in all areas of the home was checked, maintained, and where necessary improved. Audits that were regularly completed included medicine records, care plans, and monitoring accidents, and incidents. There was a culture of openness and honesty. Feedback from staff was encouraged and sought through a number of forums, including staff survey and team meetings. One staff member told us, "We can always say that we think now". Another staff member said, "The new manager listens to us and takes us seriously".

The provider was transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. For example, community nurses visited Carrington House to see people who had physical healthcare needs and required additional support. This helped to make sure people received care and support following best practice guidance. We spoke with one professional who told us, "I have no problem with these guys, they are professional and always helpful". Another professional said, "They act in people's best interests". Adding, "I have to say I've seen difference since the new manager has been in post, they have really got a handle on people's needs here".

The provider had followed all relevant legal requirements, including registration and safety obligations and the submission of notifications. They displayed the previous Good rating issued by CQC in the front reception area.