Rockley Dene Homes Limited

Carlton Court Care Home

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 took place on 11 and 12 July 2018 and the first day of the inspection was unannounced. At a previous inspection in December 2016, we found several breaches of regulation. The service was rated overall inadequate and placed in special measures. We carried out a follow up inspection in May 2017 and found that improvements had been made and the service was no longer rated inadequate and removed from special measures. However, we found further improvements were required in medicines management, provision of activities and overall governance. The service was rated as requires improvement overall, with no regulatory breaches identified. At this inspection, we found that further improvements had been sustained and the service is now rated as Good overall.

Carlton Court Care Home is a care home providing nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in place. The registered manager had commenced employment at the service in February 2018 and their registration with CQC had been completed prior to the commencement of this inspection. 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.

Risk assessments were in place for people who used the service that described potential risks and the safeguards in place to mitigate these risks. However, we found that documentation around daily monitoring of risks such as skin integrity and dehydration was not always completed by staff.

Medicines were safely managed. People received their medicines as prescribed. Systems were in place to ensure medicines were safely stored. We made a recommendation that the provider refer to NICE guidance on administering medicines and review their own policy to establish safer systems for planning, risk assessing and documenting administration of medicines.

People and relatives were positive about the service and the staff who supported them. People told us they liked the staff that supported them and that they were treated with dignity and kindness. People's life histories and backgrounds were embraced and we saw many examples of staff going above and beyond to show people they cared.

People's needs had been assessed and personalised care plans developed. Care plans were evaluated to check they reflected people's needs. At the time of the inspection, care plans were being transferred to a new electronic care planning system.

There were sufficient numbers of staff on duty to meet the needs of people who used the service. The

provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff.

People received a nutritious diet and enough to eat and drink to meet their individual needs. Timely action was taken by staff when they were concerned about people's health and nutrition. People and relatives told us of the extra input by the chef to ensure people on a specialist diet received a varied menu based on their preferences. People and relatives were involved in menu planning and suggestions were welcomed.

Referrals had been made to other healthcare professionals to ensure people's health was maintained.

Staff training, supervisions and appraisals were monitored and updated regularly. Systems had been implemented to ensure oversight of when staff training, supervisions and appraisals were due.

People told us they felt safe living at Carlton Court. Staff understood the importance of safeguarding and the service had systems to help protect people from abuse. The registered manager was prompt to refer safeguarding concerns and take action to protect people.

The service was clean throughout and there were hygiene controls in place to ensure that the kitchens were kept clean and food was safely stored. Utilities such as electricity and gas and health and safety checks were undertaken regularly and records kept.

A complaints procedure was in place which was displayed for people and relatives. Staff, residents and relative's meetings were held regularly and surveys were completed by people and relatives. The home actively encouraged people and relatives to get involved in improving the home.

People, relatives and staff spoke positively of the management team. Quality assurance processes were in place to monitor the quality of care delivered. The service was working towards a continuous improvement plan and areas of improvement were identified throughout the inspection.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible. The policies and systems in the service supported this practice. Where people's liberty was deprived, the registered manager had applied for authorisation from the appropriate authority.

People were supported to attend activities and there was a varied and imaginative activities timetable in place based on people's life histories and interests. People utilised the garden space for activities.

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. Some risks associated with people's care had not been assessed and guidance had not been provided to care staff. Staff were not always documenting that actions were being taken to reduce risks such as fluid monitoring and turning charts.

Medicines were safely managed and improvements made had been sustained. We have made a recommendation around medicines management.

Appropriate staffing levels were observed throughout the inspection. Staff were safely recruited.

Accidents and incidents were recorded, investigated and analysed to ensure lessons were learnt to prevent any further reoccurrences.

The home was clean and well maintained.

Is the service effective?

Good

The service was effective. Care staff were regularly supported in their role through training, supervisions and appraisals.

Care staff understood and provided care and support according to the key principles of the MCA.

People were provided with sufficient food and drink and were supported to eat and drink where required. People enjoyed a varied menu and were involved in planning their menu.

People's care needs were assessed on a regular basis.

The service worked in partnership with a variety of external health professionals and people were supported to maintain good health.

Is the service caring?

Good

The service was caring. We saw numerous instances of staff using people's background and social history to develop meaningful

experiences for them.

People and relatives were involved in care planning.

People were treated with dignity and respect and independence was promoted.

Is the service responsive?

Good

The service was responsive. Care plans were person centred.

People had access to a variety of activities.

The home had a complaints policy in place; complaints were investigated and responded to. People and relatives knew how to complain if they needed to.

Systems were in place to support people to have a pain-free and dignified death. Care records documented people's preferences for their end of life care.

Is the service well-led?

Good

The service was well-led. People, relatives and staff spoke positively of the management structure in place at the home.

Quality assurance measures were in place with regular audits carried out by the registered manager, deputy manager and provider.

Systems were in place to support people, relatives and staff to be involved in the running of the service and provide feedback.

The home was continually improving and the provider ensured that the registered manager was supported in this way.

Carlton Court Care Home

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 inspection took place on 11 and 12 July 2018 and the first day of the inspection was unannounced.

This inspection was carried out by two adult social care inspectors on both days and a specialist nursing advisor and a pharmacist on the first day. The team were supported by two experts by experience who spoke to people and relatives during 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 we looked at the information that we had received about the service from health and social care professionals, notifications that we had received as well as the provider information return (PIR) that the provider had sent to the Care Quality Commission (CQC). A 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.

Prior to, during and after the inspection, we received feedback from six health and social care professionals involved with the service.

During the inspection we spoke with 19 people who used the service and 11 relatives. 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.

In addition, we spoke with the nominated individual, chief operating officer, registered manager, deputy manager, regional support manager, operations manager, finance and admin manager, head of hospitality, hospitality manager, six registered nurses, six care staff, three activities co-ordinators, head chef and laundry assistant.

We looked at 10 people's care files and risk assessments, daily care records, 15 Medicines Administration Records (MARs), 10 staff files and records relating to the management of the service such as quality audits, complaints and staff rotas.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Carlton Court. Feedback included, "Well I'm not expecting a burglar to come through the window" and "I feel safe here. I like to keep my door shut so my cat cannot go out of the room" and "It's nice here. The staff are very good." Relatives were confident that their loved ones were safe. Feedback included, "I think so. I would give the place 8/10."

The provider's safeguarding policy clearly defined the different types of abuse and the actions to be taken where abuse was suspected. Staff demonstrated a good level of understanding and could clearly describe the steps they would take to protect people from abuse. Staff also knew how to 'whistle blow' and the external agencies that could be contacted to escalate their concerns. The registered manager was appropriately notifying CQC and the local safeguarding of any concerns which were of a safeguarding nature and understood their responsibilities around reporting concerns.

On both days of the inspection, the inspection team observed there to be sufficient numbers of care staff available around the home. Care staff did not seem rushed and were able to attend to people's needs in a timely manner. Rotas seen for the days of the inspection, confirmed that the stated number of care staff were present in the home. However, on occasion, the inspection team observed that people were left unattended in communal areas for short periods of time when staff were either providing personal care or getting drinks and snacks for people. We raised this with the registered manager who told us that they would review the arrangements. Most people and relatives told us there were enough staff on duty to attend to their needs. However, some people and relatives told us that on occasion they thought there were not enough staff especially during the weekend. One person told us, "Staff are good to me. But they rush in and out and say they will be back in a minute. But don't always come back." We observed during the inspection that call bells were responded to in a timely manner. Systems were in place to monitor call bell response times.

Staff were safely recruited. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. Confirmation of nurses' professional registration and validation was monitored. We noted some newly recruited staff members had gaps in their employment history which had not been explored during the recruitment process. We fed this back to the registered manager and deputy manager.

Medicines were being managed safely at the home, however care plans relating to medicines were not always person specific. Some people wished to be left to take their own medicines and nursing staff supported them to do this, however the records did not reflect this and the medicines were recorded as having been administered by the nursing staff. We looked at policies, storage, records, training and systems for medicines management at the home. We also found that medicines administration was not always accurately recorded, and was not always in line with the care home's policy.

We looked at medicine administration records (MAR) and care plans for 15 people. The provider had recorded important information such as the name, photograph and medicine sensitivities to help staff give people their medicines safely. We found that not all care plans for people had an up to date medicines list, however there was always an up to date list of medicines in the person's MAR.

We saw some people liked to take their medicines in a specific way and nursing staff accommodated this. This assured us that nursing staff were providing person centred care. However, we saw that some people liked to take their medicines alone and nursing staff left the room before people took their medicines. This was not detailed in the care plan and staff had not carried out a risk assessment. Nursing staff signed MARs to say medicines had been administered although they could not be assured that the person had taken the medicine. The care home had also reported an incident when medicines were found on the floor in a person's room, although the MAR showed that all medicines had been administered.

We recommend that the provider refer to NICE guidance on administering medicines and review their own policy to establish safer systems for planning, risk assessing and documenting administration of medicines.

Some people were prescribed medicines on a when required basis. There was guidance in place to advise staff when and how to give these medicines and these were kept with the MARs. Some people were prescribed creams and ointments to be applied to their body. These were securely stored in people's own rooms and recorded when applied by staff on separate charts.

Some people were given their medicines disguised in food or drink (covert administration). This was carried out in their best interests following assessment under the Mental Capacity Act and a documented best interests meeting, which included an advocate for the person, pharmacist and GP. We saw staff members were caring and they tried to gain permission from the person to give the medicines, when this would fail the staff member would follow the agreed covert protocol. They signed for each medicine on the MAR after giving it.

Medicines including controlled drugs were appropriately stored in accordance with legal requirements. Controlled drugs had daily and weekly audits of quantities by two members of nursing staff. We found staff checked and recorded room and refrigerator temperatures daily and these were within the required range. Staff recorded and disposed of unwanted medicines using medicine waste bins.

We saw evidence that people's medicines had been periodically reviewed by their GP. This meant people were being prescribed medicines appropriate for their health condition. We saw people with mental health conditions had their medicines reviewed more frequently with the GP.

The home had a medicines policy about systems to manage medicines safely, however the policy was not specific to the care home. Staff received annual medicines training and the provider assessed the competency of staff to ensure they handled medicines safely. There was a process in place to report and investigate medicine errors. Medicines systems were regularly audited for service improvement.

Risks associated with people's care and support needs were assessed and guidance was in place to support staff to keep people safe. Risks assessed included moving and handling, nutrition and hydration, continence, smoking, falls and the risks associated with specific medical conditions. We found some instances where information on the risks associated with specific health conditions had not been assessed. We discussed this with the regional support manager who addressed the concerns and communicated the information to care staff before the inspection concluded.

Where people were identified as at risk of malnutrition, dehydration, pressure ulcers or constipation, care plans had been implemented to ensure that their food and fluid intake or skin integrity was maintained. However, we found that accurate records were not always kept demonstrating the care the person was receiving. We found some instances of low fluid intake recording which indicated that the person had not had sufficient fluids. e also found instances of turning charts not being completed on a regular basis for people who had been as assessed as requiring this level of input. We fed our concerns back to the registered manager and regional support manager who advised that they would ensure that oversight of daily record keeping would improve. We saw that people were referred to the appropriate health professionals such as a tissue viability nurse, dietician or speech and language therapist (SaLT), where concerns were noted.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Accidents and incidents were recorded and investigated. The registered manager had oversight of all accidents and incidents and reviewed accidents and incidents monthly for trends and patterns to implement improvements to prevent re-occurrences where possible. We saw that areas for improvement had been identified and implemented following analysis of accidents. For example, one person had repeated falls at a certain time of evening which on analysis was when staff were handing over and changing shift. An increased provision for one to one care was implemented to ensure the person was supervised during this peak time. Relatives told us they were confident they would be contacted in the event of an accident or incident. One relative told us, "They would ring me up. They discussed with me if I would want them to ring me during the night. I said yes, if it was needed."

The safety of the building was routinely monitored and records showed appropriate checks and tests of equipment and systems such as fire alarms, emergency lighting, gas and electrical safety, legionella, lifts and hoisting equipment were undertaken.

The home was very clean and well maintained. There were dedicated cleaning staff on duty throughout the day. Any odours detected by the inspection team disappeared following completion of personal care tasks. People were protected by the use of safe infection control procedures and practices. Staff had access to personal protective equipment such as gloves and protective aprons. Staff were trained and kept up to date with good practice. The sluice room was observed to be locked always.

Personal Emergency Evacuation Plans were in place and the provider had a clear contingency plan in place to help ensure people were kept safe in the event of a fire or other emergency. Regular documented fire drills and evacuations took place and areas for improvement were identified and discussed with staff after the event. Staff had received training in fire safety and use of fire extinguishers.

Good

Is the service effective?

Our findings

People told us that they enjoyed the food choices on offer and that there were sufficient quantities of food and drink available. Feedback from people included, "Food is very good. The place looks like a five-star hotel", "Food is very good. They have a menu and flowers on the table" and "The food they dish up is good for you to make you go to the toilet. It seems alright. Never came across something I can't eat." Relatives told us they were happy with the food choices on offer and were consulted about menu planning. Feedback included, "We tasted the summer menu. I choose the menu for my husband in advance as I don't want him to eat prawns or ham, we are Jewish. The food is very nice, it's good", "The food is nice. They ask for relatives' feedback on the food. I eat with [person]. I feed her" and "Mum has put on weight since she has been here. Which is really good."

The head chef told us they had important information in the kitchen about people's specialist diets and dietary requirements, as well as their individual preferences. This included having regard for people's cultural and religious dietary requirements. Where there was input from the speech and language therapy team or dieticians, this guidance was known by the chef and by staff and was adhered to. The head chef consulted with people and relatives where they had a specific dietary such as a pureed diet need to devise a tailor-made menu based on the person's preferences. One person told us, "Food was a problem at first because I have diverticulitis and cannot have spicy food or seeds. My son talked to [head chef] and she was very accommodating." A relative told us that the head chef went above and beyond to accommodate their relatives tastes as they were on a pureed diet. They told us, "Can't praise [head chef] enough. We spent several hours together and she made a tailor-made menu for mum with the things we know she likes, for example fish. She has her own laminated menu."

We saw staff explaining the menu options to people and asking them whether there was anything else they would like to eat. Snacks and drinks were also provided to people throughout the day. We saw people provided with alternatives if they did not like the choices on offer on that day. Where people required assistance with their meals, this was provided by staff in a prompt but caring and unhurried manner. An initiative called 'Stop the Clock' was implemented where additional staff such as activities staff and management would assist with the lunchtime routine to ensure people received their meals in a timely manner.

Some people were not able to swallow safely and we saw that they were either fed through an enteral tube directly into the stomach. People were supported by trained nursing staff. Care plans detailed the feeding regime which was followed and advice was taken from the appropriate health professionals. A person told us, "The staff support me by doing my feed daily and they check and do my dressing."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best

interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

Where people were deprived of their liberty appropriate applications had been made to the local authority for DoLS assessments to be considered for authorisation. Records confirmed that where appropriate, people consented to their care and where people lacked capacity a best interest's decision had been taken. Training in the MCA and DoLS had been provided. The staff we spoke with had a clear understanding of the principles of the MCA and how it was applied. One staff member told us, "People have the choice to refuse care. We go back later if this is the case." A second staff member told us, "We ask people before we provide care."

People and relatives told us staff were appropriately trained to meet people's care needs and thought that staff knew and understood their care needs well. Feedback included, "Yes carers are limited [in tasks]. They are trained in handling and personal care. They are not allowed to give drugs", "Yes there is always training going on" and "Yes, they are trained. They have training sessions."

The service had systems in place to keep track of which training staff had completed and future training needs, staff supervisions and appraisals. Staff told us that they had received regular training which was confirmed by records seen. Training courses included; safeguarding, fire safety, distressed behaviour, dementia awareness, infection control and moving and handling. In addition, staff completed training in areas specific to individual care needs such as, catheterisation, syringe driver training, diabetes and skin integrity and Significant Seven. Significant Seven is a training package designed to support staff to identify signs of deterioration earlier which would result in the person receiving appropriate care in the care home setting rather than in hospital. Newly recruited staff completed a period of induction and probationary period with regular review meetings. In addition to completing training, newly recruited staff completed sessions around respecting dignity, treating the individual, being compassionate and supporting people's independence.

Staff told us they felt supported with regular supervisions and an annual appraisal. Records indicated that supervisions had not been regular since the last inspection. However, since the registered manager commenced employment in February 2018, supervisions were taking place with staff on a regular basis. Supervision sessions were individual to the staff member and topics such as work performance, objectives, personal development, organisations values, communication and any personal concerns the staff member may have. The annual appraisal followed a similar format and staff who had been in employment for more than one year.

Prior to admission to the service, the registered manager and deputy manager completed a pre-admission assessment to assess people's care needs and ensure the service could meet their needs. The pre-admission included assessing the person's medical conditions, emotional well-being, communication needs, nutrition and hydration, continence, skin integrity and daily routines. The information collected in the pre-assessment was then used to formulate the person's care plan.

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. A visiting health professional told us that they had introduced a book where any concerns were documented to be followed up on routine visit. The health professional told us, "They know their residents. They know their baseline. What I like about the carers, they have educated me, for example in relation to people's bowel movements." The service worked in partnership with health professionals to ensure that concerns were appropriately escalated and addressed. Evidence seen of

involvement of health professionals included, GP, hospice, CCG, Speech and Language Therapists, dieticians and Tissue Viability Nurses. We also saw evidence that following appointments, people's care plans were updated accordingly. A second health professional told us that the home had improved and were responsive to information requests.

The Home was purpose built and all areas of the home were wheelchair accessible. The home had a cinema room, hair salon and family room. During the inspection, we saw the salon and family room utilised by people and relatives. The family room had been used for a private family lunch for a newly admitted person. People's bedrooms were decorated to their taste with family photos and ornaments. The home had access to a garden, which was utilised for activities throughout the inspection. Some bedrooms also had direct access to the garden area. At the time of the inspection, preparations were being made adapt a floor of the home for dementia specific care, with a baby nursery and sensory area tailored to supporting people living with dementia.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received and spoke positively about the relationships they had with staff. Feedback from people included, "They are all very nice. I have a cleaner who is a football fan and we have a joke", "The ethos here is as it should be. They have the right attitude for caring for the elderly", "Yes, they are kind and they care" and "They are more caring now. [Staff] is lovely. She asks if there are any problems."

We observed many kind and caring interactions between staff and people throughout the two days of the inspection. We observed staff speaking in people's first language to encourage them to participate in activities. One person told us that a staff member had helped them choose their clothing that morning and had their favourite breakfast. We overheard singing in one person's bedroom and saw a staff member singing to the person. A song sheet was kept in the bedroom for staff to use when they were attending to the person, who mainly remained in their bedroom. We observed another staff member painting a person's nails in their bedroom.

People and relatives were involved in care planning. One relative told us, "We have had a family meeting to discuss what is happening. It was helpful." There were many instances of where the service went to great lengths to promote person centred care based on the person's preferences. When a person arrived at the home, the well-being team met and spent time with the person and/or their relatives to ask about their social history, family background, past times and interests and goals and aspirations. We saw that this information had resulted in supporting people to achieve their wishes which had a very positive impact on the person's quality of life and well-being. Examples included, arranging for a person using the service to get married to their long-term partner shortly after they came to the home. The person had stated that that was their wish. The wedding took place at Carlton Court shortly before the person passed away and staff arranged for invites, the priest, food and entertainment for the wedding reception. The groom fed back at the time that it had been a lovely day. For another person, they expressed a desire to reconnect with their family after many years. The well-being team supported them to write a letter to their family. This resulted in the person's sibling making contact and establishing contact with their parent who had been unwell.

Birthdays were celebratory events and marked by a party. For one person, their birthday wish was to go for a pub lunch which was arranged. For a second person, staff arranged for a family dinner in the private dining room. The chef had recreated the person's wedding cake for the occasion. A person told us, "They do trips. They took me out for my birthday to the local carvery."

One person expressed a wish to have Irish Stew as they hadn't had it in a long time. Staff advised kitchen staff of this and the next day the person had Irish Stew for their lunch. For a second person, staff knew that they had spent a lot of time in the RAF museum through their own personal interests and previous work life. The person was supported by staff to visit the Museum on a regular basis. For another person, we saw that a regular music session was arranged based on their previous working life in the music industry.

The atmosphere at the home was calm, but upbeat. We saw people enjoying staff company and enjoying

laughs and jokes with them, and staff knew people well. Most staff told us they had time to chat with people as they provided care and assistance.

Staff respected people's privacy and dignity. We saw that doors were kept closed when people were receiving personal care. People we spoke to stated that staff were respectful and careful when undertaking personal care tasks. A relative told us, "Oh yes they turf me out when they are doing care." Staff told us how the ensured people's privacy was respected which included, keeping doors closed, putting a notice 'care in progress' on doors, making sure people were covered, toilet doors were kept shut and people were weighed in private.

People's friends and relatives could visit and keep in contact without being restricted. We observed a steady stream of visitors throughout our inspection who told us that they could visit the home freely and were welcomed by staff and management. Visitors were encouraged to share mealtimes with their family members.

The provider had an equality and diversity policy in place and staff had received training in this area. Staff we spoke with understood what equality and diversity meant and how that affected the care they provided for people who use the service. We saw examples of where people had been supported to maintain links with their heritage through bespoke activities, menus and language connections with staff.

People were supported to maintain and improve their independence. We saw examples of where people's physical health had improved and as a result were able to participate in activities and improve their mobility. A relative told us, "She can walk now. When she came in she had to be hoisted. Now she can walk a few steps using her frame."

Good

Is the service responsive?

Our findings

People and relatives told us that the service was responsive to their care needs. People using this service and their relatives told us that the management and staff responded to any changes in their needs. Two relatives told us that their relative's health was pro-actively monitored by staff. They told us of instances of their loved ones gaining weight and improved skin integrity.

At the time of the inspection, the service was implementing a new electronic care planning system. People's care records had been migrated to the system. However, the system had not yet 'gone live.' The registered manager told us that this would take place in three weeks, which was included a review by the registered manager beforehand. We looked at a combination of the new electronic and older paper based records for this inspection.

Care plans detailed people's assessed needs areas such as communication, mobility and falls, safety, nutrition and hydration, skin integrity, continence, personal care, oral and foot care, medicines, health and treatments, mental health and well-being, sleep and rest and activities and interests, social and culture. Care plans were person centred and provided detailed guidance to staff on the support needs people had. For example, one person's care plan detailed that they wore a specific boot due to skin integrity concerns, which was observed on inspection. Another person's care plan detailed that they tended to avoid the sensor mat in their bedroom and for staff to be vigilant for this.

People were supported to engage in activities if they chose to do so. Activities were overseen by the well-being team who had a presence at the service seven days per week. We received positive feedback from people and relatives about the activities on offer. Feedback from people included, "They take me in the wheelchair. They bring me activity sheets. Good to be with other people", "I like to read. I have books. I read the newspaper" and "I do a lot of activities." Relatives told us, "Sometimes she is in the garden. They are always doing something. [Staff] is very good. Always something going on during the day" and "They have improved recently. The ladies doing the activities are very good. There were activities going on in the garden."

Activities were planned on a weekly basis with a schedule on display throughout the home, in bedrooms and emailed to relatives. Activities we saw taking place on inspection included bowls in the garden, flower arranging, gardening, music shows, visit from a religious representative and physical activities and exercises. We observed many people being supported to take part. In addition, on the days of the inspection, sports events such as Wimbledon and World Cup were shown. People were supported to attend day trips on a regular basis and recent trips included a trip to the ice-cream farm and central London. One person was supported by staff to go to the shops and bank on a weekly basis.

People who remained in their bedrooms were also supported to engage in one to one activities which included hand massage, singing and low impact exercise. The activities co-ordinator told us that they regularly visited people in their bedrooms to engage them in a one to one activity or spend time. Details of people's participation in activities was documented.

People and relatives told us that they felt able to complain if they needed to and were confident that their complaint would be dealt with appropriately. Feedback included, "If I had to complain I would know who to tell", "I have no complaints I don't expect a five-star hotel. If I did have complaints my son sorts it out" and "Nothing to complain about. I would go down to the manager to do something about it." There was a system in place for capturing and responding to complaints, comments and suggestions. We found that all complaints received had been investigated and responded to. Complaints, comments and feedback were all used as ways of learning and to further develop and improve the service provided.

Care plans documented that advanced care planning and end of life care was discussed with people and their relatives. People's choices and wishes were recorded in relation to planning the way in which they wanted to be cared for and preferred funeral arrangements. Some people preferred to let their next of kin make the decision which was documented. The service had worked in recent months to build on their relationship with the local palliative care nursing team. A health professional told us, "The palliative support is very good."

Good

Is the service well-led?

Our findings

People and relatives spoke positively of living at Carlton Court and the overall standard of care received. Feedback from people included, "I have no concerns about the management. The home is not perfect but nowhere is. All people have off days. On the whole the care is good. It was recommended by my brother", "I would recommend the home" and "Very good. Very well run." Feedback from relatives on the overall service provision included, "Yes we have been really pleased over the three years. She was really ill and now fine", "I would recommend the home. We are very happy with it", "Casual atmosphere, no rush, it is very friendly. Easy to talk to staff and have a joke" and "It is friendly home. It's welcoming." Everybody we spoke to knew who the registered manager was. One person told us, "She is very nice." A relative told us, "Yes, she is on the ball."

Staff spoke positively of working at Carlton Court and the support received from the management team. One staff member told us, "Manager's nice. It's a friendly happy place to work", "It's a nice place to work" and "The deputy and registered manager are easy to talk with." Staff were supported to engage in accredited learning such as obtaining care qualifications and flexible working, particularly around Ramadan. One staff member told us of their pride at being named staff of the month. Regular staff meetings took place. Staff told us they felt able to have input in meetings. One staff member told us, "Definitely able to say what works or doesn't work. We work together as a team."

There was a clear managerial structure in place, with areas of care delegated to a specific manager. The registered manager was supported by a care services manager who also deputised. In addition, there was a hospitality manager who oversaw the building, maintenance, kitchen, domestic and the well-being team and a finance and admin manager. The registered manager had support from a regional support manager who visited the home on a frequent basis, the chief operations officer and operations manager, who led on the electronic care planning project. Many of the management and staffing team were newly appointed and we observed them discussing ideas where they could make changes to improve people's quality of life. We found that there was an energetic feeling from the management team that they wanted to continue to improve and implement new ideas at Carlton Court.

At this inspection we found that the management team were very committed to ensuring that the home provided a safe, effective, caring and responsive service and that the necessary and on-going improvements were made where required. We found that managers engaged with the inspection process and were aware of and agreed with the minor concerns that we had identified on inspection. The home was working to a continuous improvement plan which was shared with CQC and the local authority quality monitoring team monthly. Where areas for improvement had been identified, actions had been identified. Examples of recent completed actions seen on inspection included regular night visits by the management team, improving the dining experience and introducing 'Stop the Clock' during meal times and improvements on how the application of topical creams were recorded.

We looked at the arrangements in place for quality assurance and governance. These included regular audits of care records, risk assessments, medicines management, health and safety compliance, infection

control, hygiene, activities and wellbeing and catering. Where issues had been identified as requiring improvement, these were being addressed appropriately and required action was recorded.

Management at the home placed a strong emphasis on lessons learned resulting from complaints, incidents and safeguarding concerns. We saw that disciplinary action was taken with staff where necessary and improvements included updating risk assessment templates, group supervisions with staff, holding relatives' meetings, changing clinical equipment and ensuring a named person was responsible for checking maintenance issues in the absence of the maintenance person. The home had achieved recent accreditation from Hospitality Assured for their work around improving the dining experience at the service. Staff involved told us of their pride at this.

The service implemented several ways to involve people and their relatives in the running of the service and keeping informed. A friends and family forum ran four times per year which was held at weekends to encourage attendance. Topics discussed at recent forums included activities, staffing levels and catering. In addition, the registered manager operated a monthly surgery where people and relatives could drop in. The registered manager told us that otherwise they operated an open-door policy which was reflected in the feedback we received from staff and relatives. A monthly newsletter was sent to people and relatives which included a 'Getting to know you' section which focused on one person and one staff member. This brought people's skills, histories and experiences to life.

People and relatives were asked for feedback on a yearly basis. We saw the results from a survey completed in 2017 where the feedback was positive. We were advised that the 2018 survey would shortly be completed.

The service worked in partnership with other agencies to support care provision. We noted that that the service maintained positive links with a variety of healthcare professionals including the GP, local hospice, local authority quality monitoring team and other health professionals. We spoke to several involved professionals before, during and after the inspection and the feedback received indicated that the home had improved overall, the new registered manager was well regarded and that people were receiving a good standard of care.