

Mrs B D Miller

Carisbrooke Nursing Home

Inspection report

50 Teignmouth Road
Torquay
Devon
TQ1 4ET

Tel: 01803326409

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

About the service:

Carisbrooke Nursing Home is a nursing home for older people. The service accommodates 25 people in one adapted building. The service was providing personal care, nursing, and intermediate care to 19 people at the time of the inspection.

People's experience of using this service:

Since the previous inspection, the service had made improvements to the safety of people's care and quality assurance.

People told us they felt safe living at Carisbrooke Nursing Home. There was a relaxed atmosphere between people and staff. Staff knew people well and were kind, caring and attentive.

People were protected from the risk of harm. Risks were managed safely and safe processes were in place. Where some risks had been identified relating to safe moving and handling, the service had worked with other professionals to resolve these.

Staff had enough time to meet people's needs and spend time with them in conversation. Staff had the skills and knowledge to meet people's needs effectively.

People received care and support that was flexible and responsive to their needs. Staff supported people who were staying for intermediate care to achieve their goals. This meant people were able to return to their own homes.

The service had carried out a number of improvements to the environment in the past year. Some areas of the service were in need of redecoration and refurbishment. The registered manager told us they had plans to continue with their ongoing maintenance.

Quality assurance processes ensured people received high quality care. Since our previous inspection, the registered manager had put further checks in place.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

More information is in the full report.

Rating at last inspection:

Requires Improvement (The report was published on 28 February 2018).

Why we inspected:

This was a planned inspection based on the previous rating.

We received concerns about moving and handling. We followed these up at this inspection.

Follow up:

We will continue to monitor intelligence we receive about this service until we return to visit as part of our re-inspection programme. If we have any concerns, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Carisbrooke Nursing Home

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector carried out this inspection.

Service and service type:

Carisbrooke Nursing Home is a nursing home. People in nursing homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The first day of the inspection was unannounced.

What we did:

Before the inspection we reviewed the information we held about the service. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place. We also gathered information from the local authority's quality assurance improvement team.

We spoke with five people and five relatives.

We spoke with the registered manager, nurse on duty, and seven staff members. We received feedback from

three healthcare professionals.

We reviewed five people's care records, three staff personnel files, audits and other records about the management of the service.

Is the service safe?

Our findings

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

At our last inspection in January 2018, this key question was rated 'Requires Improvement'. Risks relating to the use of pressure relieving mattresses were not managed. Some people did not have personal emergency evacuation plans to provide guidance to staff. Safe staff recruitment processes were not always in place. At this inspection, we found the service had taken steps to improve the safety of people's care. The rating for this key question has improved to 'Good'.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe and appeared comfortable when staff were present. Comments included "I feel very safe here. There isn't anywhere better than this" and "They're very keen on safety".
- Staff had completed safeguarding adults training. They knew how to report concerns about people's safety.

Assessing risk, safety monitoring and management:

- People were protected from the risk of harm. Risks had been assessed and were being managed safely. Assessments relating to mobility, skin care and nutrition had been carried out. For one person risks associated with using mobility equipment had been assessed by a physiotherapist. This reduced the risk to them and staff.
- Regular environmental checks were carried out. Where issues were identified, action was taken to make the environment safe. For example, the service checked pressure mattresses to ensure they were set correctly. This meant the risk of skin damage was reduced.
- Each person had a personal emergency evacuation plan. The fire service had carried out an inspection in April 2018. They made several recommendations to improve fire safety. The registered manager had taken action to resolve these.

Staffing and recruitment:

- There were enough staff available to support people with their personal care needs and to spend time with people in conversation and activities.
- People told us staff were available when they needed assistance. During the inspection, staff were quick to attend a person's bedroom when an emergency bell rang.
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check had been carried out before staff were employed. This made sure they were suitable to work with people.
- Nurse's professional registration was checked to ensure it was up-to-date.

Using medicines safely:

- People received their medicines when they should.

- Systems in place ensured medicines were received, administered, stored and returned safely.
- Only nurses who were trained and assessed as competent, administered medicines.
- A pharmacy audit had been carried out in June 2018. Several recommendations had been made and the service had actioned these.

Preventing and controlling infection:

- The service was clean and smelt fresh throughout.
- Systems were in place to prevent and control the risk of infection. Staff had completed infection control training and were provided with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong:

- Accidents and incidents were reviewed monthly to identify themes or increased risks. The service had worked with the local healthcare trust's falls prevention lead. This had resulted in a reduction in the number of falls at the service.
- When a medicine error occurred, the service investigated this and followed it up with the staff member concerned. Additional training and observation was provided to minimise the risk of a reoccurrence.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Care assessments identified people's needs. Staff received information on how best to meet these needs in line with best practice guidance and people's preferences.
- Regular care reviews ensured people's changing needs were quickly identified.
- The service was working with the local healthcare trust to carry out assessments by a web camera. This meant people who were ready to be discharged from hospital to the service would receive a quicker assessment of their needs.

Staff support: induction, training, skills and experience:

- People told us staff knew how to meet their needs and understood their medical conditions.
- Staff told us they had the skills and knowledge to meet people's needs effectively. One staff member said "I've learnt so much."
- Staff had opportunities for regular supervision and appraisal. Staff told us they were well supported in their role.

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

- People told us they really enjoyed the food. Food was locally sourced and freshly prepared. Comments included "The food is excellent" and "I've put weight on because the food is so good."
- Food was well presented and smelt appetising.
- The chef had prepared a folder containing photos of meals to support people to make a choice.
- Where people required food to be prepared to meet their medical or cultural needs, this was catered for.
- Staff supported people who needed assistance to eat their meals. Staff showed patience and encouraged people to eat a suitable amount of food.
- Staff monitored people who were at risk of not eating and drinking enough. Nutritionally enhanced food and drinks were provided. Professional guidance was sought where necessary.

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

- Staff were able to quickly identify when people were unwell.
- People were supported to see health care professionals to ensure their healthcare needs were met. During the inspection, a GP, a physiotherapist, and staff from the intermediate care team visited people at the service.
- Healthcare professionals told us "Staff appear approachable and up to date with information and changing conditions of patients" and "The care I have witnessed on my visits has been second to none and

feedback from patients and relatives has always been positive."

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

- There was a conservatory and dining room on the ground floor. Stairs, a lift, and a chair lift provided access to the upper floors.
- People told us they liked the environment at the home. Comments included "It's my room, my home" and "It's a homely atmosphere."
- In the past year, the service had upgraded the boiler, purchased electric profiling beds and carried out improvements to the lift. A new telephone system was being installed which would improve the broadband connection and wi-fi. Some areas of the home were in need of redecoration and refurbishment. The registered manager told us they had plans to continue with their ongoing maintenance. As people had left, rooms had been redecorated. Some rooms had new carpets.
- People's bedrooms were personalised and people had items that were important to them.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- Staff gained people's consent to receive care and support at each interaction.
- The service had carried out mental capacity assessments to check whether people had the capacity to make decisions.
- At the time of the inspection, no one lacked capacity to make decisions.
- There were no restrictions placed on people's liberty.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Without exception, people and their relatives told us staff were kind and caring. People told us "We're looked after very well" and "We do have a good laugh". Relatives comments included "They're really kind, always chatting" and "They went above and beyond."
- A healthcare professional said "Staff are always professional, polite, caring, and appear to treat patients with dignity and respect. Staff always seem to take the time to understand and respect individual patient wishes and needs."
- Staff told us they enjoyed supporting people and spoke about them with affection. One staff member said "People are very well looked after here. The little things are important like holding someone's hand."
- Staff knew what was important to people. For example, one relative told us how they had taken in their dog. This comforted their loved one and the dog would go to sleep next to her. Staff would look after the dog as well and bring in a bowl of water.
- Observations showed people were treated with kindness and respect. There was a relaxed atmosphere between people and staff. Staff showed an interest in what people were doing and there was friendly conversation.
- Staff were keen to ensure people's rights were respected and were aware of their cultural and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care:

- People were encouraged to make decisions about their day to day routines and express their personal preferences.
- People and their relatives, where appropriate were involved in their care planning. One relative told us "They went through everything with me, kept me updated and informed."

Respecting and promoting people's privacy, dignity and independence:

- Observations showed people's privacy and dignity was respected. Staff knocked on doors and waited for a response before entering. Where a shared room was in use, people had agreed to this. Staff were careful to protect each person's privacy and dignity.
- People were encouraged to be independent and do as much as they could for themselves. Staff supported people to regain their independence so they could return to their own homes.
- People were supported to maintain relationships with those close to them. Relatives were made to feel welcome. Relatives told us how they could visit at anytime and were invited to have meals with their loved one.
- Important information about people was stored securely and confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care and support that was flexible and responsive to their needs. Staff knew people really well and were able to tell us about their preferences.
- Staff supported people who were staying for intermediate care to achieve their goals. This meant people were able to return to their own homes. People had written that staff had made a difference to their lives and supported them to go home.
- Care plans gave staff information on how they should provide care and support in line with people's preferences. Care plans were regularly reviewed and updated.
- The service was in the process of introducing electronic care planning. The registered manager told us this would improve the care plans and meant any changes would be quickly updated.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. Where people were unable to communicate verbally, staff knew how to meet communication needs through movement and facial expressions. Staff used photos to support people to make choices. Some people used amplifiers so staff could hear what they were saying. The library service regularly delivered audio books.
- People were encouraged to take part in social activities. Arranged activities included musical entertainment and exercise sessions. People had enjoyed a trip to the theatre at Christmas. On the day of the inspection, people enjoyed taking part in an exercise session.
- Some people liked to spend time in their bedroom. During our inspection, people were watching television, spending time with relatives, and reading. Where people chose to stay in their bedroom, staff spent time chatting and doing activities with them. Staff knew people's interests and some people enjoyed arts and crafts and knitting. One person told us they had shown staff how to create specific art work.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint and felt able to raise concerns if they were unhappy. They felt confident the provider would take action to address any concerns. People said "I've never had a problem" and "No worries."
- Where the service had received a complaint, this had been investigated and responded to appropriately.

End of life care and support:

- No one at the service was receiving end of life care at the time of our inspection.
- The service worked closely with the local hospice to ensure people's needs and preferences were met. One healthcare professional told us the service provided "excellent, individual care". Another healthcare professional said "I have found their care of patients at the end of their life or with palliative needs

outstanding."

Is the service well-led?

Our findings

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

At our last inspection in January 2018, this key question was rated 'Requires Improvement'. Systems for monitoring the quality and safety of the service had not identified some issues. There was no system to check pressure mattresses were set correctly. Some staff recruitment checks had not been carried out. Accidents and incidents were not analysed. The registered manager had not always notified the Care Quality Commission of significant events, in line with their legal responsibilities. At this inspection, we found the service had taken steps to improve the monitoring systems. The rating for this key question has improved to 'Good'.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager was committed to providing high quality care for people in an environment where people could feel at home. People, staff and healthcare professionals told us the service was well managed. When speaking about the registered manager, one person said "She's amazing, very very kind". A healthcare professional told us "She is a well loved manager and a very caring nurse with many years of experience who makes time to chat with residents and their families which allows her to lead a very person centred caring environment." Staff told us they felt listened to and enjoyed working at the service. Comments from staff included, "I like it here" and "Matron does a fantastic job."
- The registered manager was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

- The registered manager was supported by a team of nurses and care staff. There was a stable staff team. Each staff member knew their responsibilities and there were clear lines of accountability.
- Staff told us they worked as a team and were able to work through any issues together. A healthcare professional said "I have observed openness and professional communication between all members of staff at Carisbrooke." A relative said "They're an absolute team, fabulous."
- Quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service.

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

- People were encouraged to share their views. Questionnaires were used to gain feedback from people and their relatives. Recent questionnaires showed a positive response. Comments included "First class, the care

is brilliant" and "How can you improve on an excellent service." Recently received 'thank you' cards recognised the high quality care and support.

- Staff had good working relationships with partner agencies to ensure good outcomes for people. For example commissioners and a range of health and social care professionals. One healthcare professional said "We have always felt that we have had a very good working relationship with this particular nursing home and communication is excellent."

Continuous learning and improving care:

- Since our previous inspection, the registered manager had put further checks in place. They had worked with healthcare professionals to develop an overview and analysis of accidents. A healthcare professional told us "As a manager Matron has been empowered to delegate appropriately to her senior nursing staff and she is proud of the changes that have been made."
- The management team kept up to date with best practice by subscribing to the Registered Nursing Home Association and professional newsletters.
- The registered manager attended the local manager's network with other care professionals to improve information sharing and knowledge.
- Learning was shared with the staff team during meetings.