Central and Cecil Housing Trust

Carter House

Inspection report

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Date of inspection visit:
17 January 2017
19 January 2017

Date of publication:
22 February 2017

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

Carter House is a care home that can provide nursing and personal care to up to 45 older people. The home is built over four floors and includes a residential, nursing, dementia and intermediate care units. The intermediate care unit with support from local NHS trusts' community healthcare professionals provides short term care and rehabilitation for up to six weeks for people discharged from hospital. The aim of the unit is to help people to maintain their independent living skills and minimise the risk of them being readmitted to hospital. At the time of our inspection 40 people were using the service of whom approximately half were living with dementia.

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

At our last comprehensive inspection on 18 August 2015 the service was rated 'Requires Improvement' overall and for two key questions 'Is the service caring?' and 'Is the service responsive?' This was because care plans were not personalised and did not contain all the information staff required to meet people's needs and wishes, and nor was people's privacy and dignity always respected by staff. We asked the provider to take action to make improvements. At this inspection we found the provider had made the necessary improvements, most notably to the way staff respected the privacy and dignity of people they provided personal care to. We also found the provider had introduced a new care plan format that included more detailed and person centred information. Overall the service demonstrated they now met the regulations and fundamental standards.

However, given the layout of Carter House, we did not consider there were always enough staff suitably deployed in the home to meet people's care and support needs. We asked the provider to review the staffing levels in relation to the current needs of people using the service as our findings showed that their needs might not have been effectively met. The provider increased the number of care staff working on the residential unit (top floor) during the day from one to two on the second day of our inspection.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs. Recruitment procedures were designed to prevent people from being cared for by unsuitable staff. The premises and equipment were safe for people to use because staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

Staff received appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively. People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

Staff were caring and treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People received personalised support that was responsive to their individual needs. Each person had an up to date, personalised care plan, which set out how their care and support needs should be met by staff. This meant people were supported by staff who knew them well and understood their needs, preferences and interests. Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

The managers provided good leadership and led by example. People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately. The provider also routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

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

Some aspects of the service were not safe. There were not always enough staff suitably deployed in the home to keep people safe.

Staff recruitment procedures were designed to prevent people from being cared for by unsuitable staff.

There were robust procedures in place to safeguard people from harm and abuse. Staff were familiar with how to recognise and report abuse. The provider assessed and managed risks to people's safety in a way that considered their individual needs.

The premises and equipment were safe for people to use because staff routinely carried out health and safety checks. Medicines were managed safely and people received them as prescribed.

Is the service effective?

Good

The service was effective. Staff continued to receive appropriate training and support to ensure they had the knowledge and skills needed to perform their roles effectively.

People were supported to eat and drink enough to meet their dietary needs. They also received the support they needed to stay healthy and to access healthcare services.

Is the service caring?

Good

The service was caring. We found that appropriate action had been taken by the provider since our last inspection to meet legal requirements.

Staff treated people with dignity and respect and ensured people's privacy was maintained particularly when being supported with their personal care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service responsive?

Good

The service was responsive. We found that appropriate action had been taken by the provider since our last inspection to meet legal requirements.

Care plans had been improved to make them more person centred. This meant each person had an up to date, personalised care plan, which set out how staff should meet their care and support needs. This meant people were supported by staff who knew them well and understood their individual needs, preferences and interests.

Staff encouraged people to actively participate in leisure activities, pursue their social interests and to maintain relationships with people that mattered to them.

People felt comfortable raising any issues they might have about the home with staff. The service had arrangements in place to deal with people's concerns and complaints appropriately.

Is the service well-led?

Good

The service was well-led. Managers provided good leadership and led by example.

The provider routinely gathered feedback from people living in the home, their relatives and staff. This feedback alongside the provider's own audits and quality checks was used to continually assess, monitor and improve the quality of the service they provided.

Carter House

Detailed findings

Background to this inspection

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

This was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Requires Improvement annually. The inspection took place on 17 and 19 January 2017 and was unannounced. It was carried out by an inspector and an expert by experience. Our expert by experience was a person who had personal experience of caring for someone who is living with dementia and uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 our visit we reviewed the information we held about the service. This included reports from previous inspections, an improvement plan we had asked the provider to send us following their last CQC inspection and statutory notifications submitted to us by the provider. Statutory notifications contain information providers are required to send to us by law about significant events that take place within services.

During the inspection we spoke with ten people using the service, two relatives and three health and social care professionals, which included two physiotherapists and an occupational therapist from a local NHS Trust, a CQC registered manager of another care home for older people and a pastoral minister. We also spoke to various managers and staff who worked for the provider including the service's registered manager, the operations manager, an area quality and compliance manager, the clinical services manager, the head of human resources, the deputy manager, four nurses, including the clinical lead nurse, three team leaders (senior carers), six health care workers and a domestic.

Throughout our two-day inspection we undertook general observations to see how staff interacted with people using the service. We also used the Short Observational Framework for Inspection (SOFI) on the nursing, dementia and residential care units. SOFI is a way of observing care to help us understand the

experience of people who could not talk with us. Records we looked at included ten peoples care plans, three staff files and a range of other documents that related to the overall governance of the service.

Requires Improvement

Is the service safe?

Our findings

People expressed concern about a recent reduction in the number of staff working in the home and most felt these changes had adversely affected staff's ability to meet the needs of people living on the residential unit (top floor). The operations manager had told us staffing levels on the top floor had been reduced in 2017 from two to one with so called 'floating' staff, including managers, who were working in other parts of the home, but were available to provide additional support at 'busy' periods or as required. One person said, "Since Christmas we often have just the one staff working on our floor (residential unit). It was a problem the other day when [another person] who cannot walk without staff assistance because they are blind tried to leave the lounge on their own while the only staff who was looking after us was busy helping someone else get dressed in their bedroom." Another person told us, "The staff are marvellous, but they're been a bit stressed lately trying to cope with the staff cuts. I think the staff have been set an impossible task, especially when they're expected to work on their own."

Although we observed staff always interacting with people in a kind and dignified matter, staff did seemed rushed at times and were often only able to address people's immediate personal care needs. For example, there was a period in the morning on the top floor when staff were often not visibly present in the communal area where most people living on this unit usually congregated. This meant people could not alert staff whenever they needed them. On numerous occasions we observed people's requests for a drink or assistance to stand went unmet for some time as no staff were available in the communal area to support them.

Staff also told us they were concerned about the recent reduction in staff numbers. Several staff said the provider's new arrangements to deploy staff in the home had not taken into account the level of care and support people needed on the residential unit or the four storey layout of the building. One member of staff told us, "It's a lot harder to meet people's needs these days. People are having their breakfasts and medicines much later because it's impossible to juggle the medicines round, serving breakfast and dealing with constant requests for help." Another member of staff said, "One person [staff] can't look after eight people properly."

We discussed the issues described above with the operations manager. They showed us the tool the provider had used to analyse peoples dependency levels and reviewed the number of staff they needed to meet their needs. Managers told us staff had been consulted about changes to staffing levels before they happened, which staff we spoke with confirmed. We asked the provider to look at staffing levels again in response to all the concerns we received from the various sources described above. The operations managers confirmed they had reviewed the homes staffing levels by the second day of our inspection and we saw a second care worker had been assigned to always work on the residential unit during the day. We received recorded evidence and verbal feedback from the registered manager that since our inspection two care staff permanently worked on the residential unit during the day. The operations manager assured us they would keep these latest staffing arrangements under review and let the CQC know their findings.

People told us they felt safe at Carter House. One person said, "I do feel safe here." Another person told us,

"I've never felt in danger at any time." People continued to be protected from the risk of abuse or harm. Since our last inspection all staff had received annual refresher training in safeguarding adults at risk. This helped them to stay alert to signs of abuse or harm and they were reminded of the appropriate action that should be taken to safeguard people. Staff we spoke with were aware of the importance of sharing any concerns with the local authority and were aware of the reporting procedures to follow.

Measures were in place to reduce identified risks to people's health, safety and welfare. Care plans contained detailed risk assessments and management plans which were regularly reviewed and up dated. These management plans provided staff with guidance to follow to reduce these identified risks and keep people safe. For example, this included eating and drinking, falls prevention, mobility and safe transfer using a hoist, and skin care. Our observations and discussions with staff showed they understood the risks people faced and took action to minimise them. For example, staff followed individual guidance when supporting people with swallowing difficulties to eat their meals.

The provider's recruitment process continued to help protect people from the risk of unsuitable staff. There had been some staff turnover since our last inspection and some new staff had been employed. We checked the recruitment documents for three newly employed staff and saw the provider continued to undertake appropriate checks to ensure staff were suitable and had the appropriate knowledge and experience to carry out their role. Records showed the provider carried out criminal records checks at two yearly intervals on all existing staff, to assess their on-going suitability. This was confirmed by discussions we had with managers and staff.

The home continued to be safe and hygienically clean for people. Staff demonstrated good awareness of their role and responsibilities in relation to infection control and hygiene. Arrangements were in place to deal with foreseeable emergencies. People had personal emergency evacuation plans which explained the help individuals would need to safely leave the building in an emergency. Appropriate numbers of staff were trained in first aid.

Medicines were managed safely and given to people as prescribed. Care plans contained detailed information regarding people's medicines and how they needed and preferred these to be administered. We looked at medicines administration records (MARs) and saw staff maintained accurate records of medicines each time they were administered. There were no gaps or omissions and our checks of stocks and balances of people's medicines confirmed these had been given as indicated on people's MAR sheets. There were protocols in place instructing staff when and how to administer 'when required' medicines. Medicines were stored safely including controlled drugs and those requiring refrigeration. Staff received training in the safe management of medicines and their competency to handle medicines safely was assessed annually.

Good

Is the service effective?

Our findings

People told us they felt the staff who worked at the home were well-trained. One person said, "I'm sure the staff are well trained because they're all good at what they do." A relative also told us, "They [staff] must have gone on certain courses because they know what they're doing."

New staff received a thorough induction that included shadowing experienced members of staff. Systems were in place to ensure staff stayed up to date with training considered mandatory by the provider. This ensured they retained the right competencies to continue meeting people's needs. For example, we saw all staff had received dementia awareness, moving and handling and fire safety training in the past year.

Furthermore, many of the nurses received additional specialist training in various clinical topics such as pressure area care, wound management and medicines administration. This ensured they retained their knowledge and skills and knew how to care for people with a range of different medical needs. Staff spoke positively about the training they had received. One member of staff told us, "The organisation makes sure we always keep our knowledge and skills up to date." Another member of staff said, "I feel we get all the training we need to do a good job and look after the people who live here properly."

Staff continued to be supported through regular meetings with their managers. Staff's work performance was appraised annually and they attended individual supervision meetings with their line manager at regular intervals. In addition, managers, nurses and care workers regularly attended group meetings with their fellow co-workers. Staff told us these individual and group meetings gave them sufficient opportunities to discuss their work and training needs. Staff also told us they felt supported by the service's management team. Managers told us that in addition to all the meetings and appraisals described above they regularly carried out direct observations of staff carrying out their duties.

Staff continued to work within the principles of the Mental Capacity Act 2005 code of practice. They respected people's decisions and ensured they consented to the care provided where able. When people did not have the capacity to consent 'best interests' decisions were made on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager was aware when to apply for an authorisation to deprive a person of their liberty. We saw that they had appropriately applied to the local authority to deprive a person of their liberty when required to maintain their safety.

Staff continued to support people to eat and drink sufficient amounts to meet their needs. People told us they could choose what they ate and drank and typically described the meals they were offered at the home as "good". Typical feedback we received included, "The menu is always very varied. I didn't fancy a hot meal for my lunch today so I opted for a salad instead, which tasted lovely", "The chef knows I like sausage rolls and often makes them for me" and "The staff ask you what would like before every mealtime. I had roast

beef and Yorkshire pudding the other day, which was cooked beautifully." During lunch we saw people on a soft diet received a meal that looked appetising. This was because catering staff had pureed all the ingredients that made up the dish separately and neatly arranged them on the plate in a presentable fashion.

We saw care plans included information about people's food preferences and the risks associated with them eating and drinking, for example where people needed a soft or pureed diet. We observed staff offering people drinks throughout the day. People's nutrition and hydration was provided in a way that met their specific needs, including providing thickened fluids, soft diets and supporting a person who was unable to eat and who had a PEG (a tube inserted directly into the stomach so the person can receive food through the tube) to help with their nutrition.

Staff continued to support people with their health care needs. They ensured people attended scheduled appointments and check-ups such as with their GP or consultant overseeing their specialist health needs. People's individual health action plans set out how their specific healthcare needs should be met and staff followed the advice given.

Good

Is the service caring?

Our findings

At our last inspection of the service in August 2015 when answering the key question 'is the service caring?' we gave the service a rating of 'requires improvement'. This was because we observed some staff did not always respect people's privacy with dignity. Specifically, we observed personal care being provided to a person using the toilet because the supporting member of staff had failed to close the toilet door. This was not dignified and had compromised the privacy of the individual concerned.

At this inspection we saw people's privacy and dignity was respected by staff. One person told us, "They [staff] always knock on my bedroom door and ask if it's all right if they come in." A relative also said, "I'd give the staff ten out of ten for the respectful and patient way they treat my [family member]." We observed staff entering people's bedrooms after knocking first and seeking permission to enter. We also saw staff kept doors to people's bedrooms and communal bathrooms closed when supporting people with their personal care to maintain their privacy and dignity.

We observed staff were respectful, friendly and kind when speaking about people and interacting. People looked at ease and comfortable in the presence of staff. We saw staff responded positively to people's questions and requests for assistance. Staff also gave people their full attention during conversations and spoke to people in a kind and considerate way. During lunch we saw staff frequently checked if people were enjoying their meal or needed a drink and provided encouragement. Staff described the food before supporting people to eat it and assisted them in a patient and dignified manner. Staff also knew people well and were able to tell us about their preferences, interests and background. They knew what people liked to do, what their preferred routines were and how to support individual physical and sensory needs.

People told us they were happy living at Carter House and typically described the staff who worked there as "kind" and "caring". One person said, "It's nice here. The staff are very easy to talk to." Relatives were equally complimentary about the staff who worked at Carter House. One told us, "I trust the staff who are always kind, helpful and thoughtful. I think they [staff] make people feel Carter House is their home," while another relative said, "They [staff] do all they can to make people feel at home here. The staff are brilliant." The service had received a number of written compliments from people's relatives since our last inspection. One wrote in a card they had sent to the home, "Carter House has been a home away from home. Thank you for making my [family members] stay so comfortable."

People's relatives were welcomed at the service and there were unrestricted visiting times. A relative said, "I visit every day. The staff are always welcoming and there doesn't seem to be any limit on how long I can stay."

Staff supported people to practice their faith. We saw a pastoral minster hold a church service at the home and speak individually to a number of practicing Christians. The minister told us they visited the home at least once a week. Celebrations were regularly held at the service to acknowledge religious festivals, such as Christmas and Easter.

Although most people living in the home were dependent on the care and support they received from staff with day-to-day activities and tasks, staff still encouraged people to be as independent as they could be. One person told us, "I sometimes get on the bus or use my phone taxi card to go out on my own." We saw people could move freely around the home. We also observed people who were unable to use traditional cups and plates had their needs assessed and where appropriate, had been given a plate guard or special crockery which enabled them to drink and eat with minimal assistance from staff.

When people were nearing the end of their life, they received compassionate and supportive care. Staff told us they asked people for their preferences in regards to their end of life care and documented their wishes in their care plan. This included conversations with people, and their relatives, about their decision as to whether to be resuscitated and whether they wanted to be hospitalised for additional treatment and in what circumstances. Staff confirmed they had received end of life care training.

Good

Is the service responsive?

Our findings

At our last inspection of the service in August 2015 when answering the key question 'is the service responsive?' we gave the service a rating of 'requires improvement'. This was because we found care plans were not sufficiently detailed or person centred. This meant staff might not have access to all the information they required to meet people's needs.

At this inspection people's care and support was planned and delivered in line with their individual care plan. A social care professional told us, "The care plans they use at this home are very person centred." Since our last inspection, the provider had introduced a new care plan format. We saw people had up to date personalised care plans which set out clearly for staff how these individuals' needs and wishes should be met. The new care plans contained far more detailed information about people's individual strengths, social interests, food preferences, life history, family contacts and how personal care and support was to be provided. For example people's daily routine set out for staff when people liked to wake up, how they wished to be supported with getting washed and dressed and when and where they would like to eat their meals. Staff told us the new care plans were informative and easy to use. One member of staff said, "It's much easier to find the information you're looking for in the new care plans."

Care plans were reviewed and updated monthly or sooner if there had been changes to a person's needs. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

Staff were knowledgeable about the people they were supporting, knew what was important to them and provided support in line with people's needs. One person told us, "They [staff] always seem to know when I need the toilet and will just appear," while a relative said, "If my [family member] needs anything their regular carer knows instantly what they want." A visiting social care professional also remarked, "You can see staff know what people like and treat them as individuals." Staff we spoke with demonstrated a good understanding of people's needs, preferences and wishes. For example, staff were able to explain to us what aspects of their care people needed support with, such as moving and transferring or assistance at mealtimes, and what people were able to do independently.

Staff were responsive to people's changing needs. For example, people were weighed regularly to monitor their nutritional needs. We also saw staff handover meetings held at the end of each shift were used to share important information about any changes in people's needs, incidents and upcoming events were shared with staff coming on duty.

A range of activities were delivered providing mental and physical stimulation for people. One person told us, "There's plenty of activities for us to join in. I really enjoy the exercise classes and the sing-alongs." We observed several group activities taking place in communal lounges during our two-day inspection. For example, we saw staff helping people to varnish their nails and initiate a reading group. The home had a hair salon, cinema room which regularly showed films and a pub/function room where parties were sometimes held. Staff knew about people's social interests and hobbies and supported individuals to purse them. For

example, staff knew who did and did not like to join in the gentle exercise classes.

Staff respected people's individual choices. We observed that people were offered choices throughout the day. This included how they wanted to spend their time, what activities they participated in and what they ate and drank at mealtimes. For example, we observed staff asking people what they would like to eat and drink for their breakfast as soon as they sat at the dining table. We also saw menus were displayed throughout the home in easy to read and picture formats. This meant people could make informed choices about the meals they ate each day irrespective of their communication needs.

The provider continued to maintain appropriate arrangements for dealing with people's complaints or concerns if these should arise. People told us they felt able to raise a complaint if they had any concerns or were not happy about the standard of care they received at the home. One person said, "I've never had to make a complaint, but I know I can speak to staff if I'm unhappy or even use the comments box." Another person told us, "The staff do listen to you if you tell them something's not right." The service had a procedure in place to respond to people's concerns and complaints which detailed how these would be dealt with. Complaints were dealt with by the registered manager. The complaints records showed that any concerns had been taken seriously, investigated, action taken and lessons learnt. We saw that outcomes from complaints were linked to change of practice when necessary.

Good

Is the service well-led?

Our findings

The registered manager had worked at the service for many years and knew the people who lived there well. They demonstrated a good understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

There was a clear leadership structure in place. A relative told us, "I think the home is really run well by all the managers." The registered manager was supported by several area managers that included operations, compliance and clinical governance managers, as well as a deputy manager and a clinical lead nurse who were permanently based at Carter House.

The provider encouraged people and their relatives to feedback about the service and were open to suggestions to make improvements. A relative told us, "The managers are always ready to listen to us and often ask us how we are. There is a good bond between the people living here and the manager." Another relative said, "You always get an instant answer from staff. I've never felt I was being fobbed off by any of them." The provider used a range of methods to gather people's views which included quarterly meetings with people using the service and their relatives and annual satisfaction surveys. Managers told us an independent advocacy group had recently held a meeting in the home in order to obtain the views of people who lived at Carter House. It was evident from the group's findings that people were generally happy with the standard of care they received at the home.

The provider valued and listened to the views of staff working in the home. Although one member of staff said, "The sudden reduction in staff has definitely affected staff morale", most staff told us they felt they received all the support they needed from their line managers. They said managers and senior staff were approachable and listened to concerns and suggestions they raised. One member of staff told us, "All the managers that work or visit us here are supportive and can often be seen wandering around the home talking to people." Another said, "I feel the managers and senior staff at Carter House do listen to what we have to say. I think we all work pretty well together as a team." Staff meetings were held regularly and staff said they were able to contribute their ideas. Records of these meetings showed discussions regularly took place which kept staff up to date about people's support needs and developments in the home. Staff also shared information through daily shift handovers and a communication book.

There continued to be appropriate arrangements in place to monitor the quality and safety of the service people received. This included regular daily, weekly and monthly audits completed by managers and senior staff who worked at the home, as well as quarterly quality monitoring visits undertaken by area operations and specialist clinical governance managers. We saw audits had been conducted in areas including care plans and risk assessments, medicines management, staff training, health and safety, and accidents and incidents. For example, we saw the provider used an electronic system to monitor staff training which automatically flagged up when staff training needed to be refreshed.

Managers took appropriate action when areas requiring improvement were highlighted. For example, in

response to the concerns identified at our last inspection in regards to respecting people's privacy and dignity, managers undertook regular walks around the service to observe care and interactions between people and staff. A manager gave us an example of how they had recently reminded staff at a team meeting to always talk to people when they were providing support after they had witnessed some staff failing to do this during their latest quality monitoring spot check of staff working practices. Another manager told us staff's competency to handle medicines safely was in the process of being reassessed after they had identified some poor medicines handling practices during a recent medicines audit at the home.

Managers and staff worked closely with community health and social care professionals to achieve the best care for people. This included liaising with the local authority and other local agencies in order to share information and learning around local issues and best practice in care delivery. For example, the service worked in close partnership with the local NHS Trust physiotherapists who were based on the ground floor at Carter House to aid transition to and from the service.