

BKR CCH Limited

# Carlton Care Home

## Inspection report

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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

This inspection took place on 14 and 15 September 2016. Carlton Care Home is a residential care home which provides accommodation and nursing care for up to 29 people. At the time of our inspection the service had 26 people living there.

There was a registered manager in place and they were available during the 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.

People received safe and effective care from staff. Staff had a good understanding of the various types of harm and their roles and responsibilities in reporting any safeguarding concerns.

Risks to people's individual needs and the environment had been assessed. Staff had information available about how to meet people's needs, including action required to reduce and manage known risks.

There were sufficient numbers of staff to meet people's care needs and staff were recruited safely. Staff received regular training and supervision and were able to reflect on the care and support they delivered and identified further training requirements.

People received their medication as prescribed. Staff were able to explain the process they followed when supporting people to safely take their medication.

People's rights were protected under the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when required.

People's care plans reflected their individual needs and personal wishes. People and their relatives were involved in the development of their care plans and these were reviewed regularly.

The service encouraged feedback from all people involved with the service. A complaints process was in place. People felt able to make a complaint and felt confident that staff would respond appropriately.

People were very satisfied with all aspects of the service provided and spoke positively of both staff and management team. People received care and support from kind, caring and compassionate staff, who respected their privacy and dignity at all times.

People had confidence in the registered manager and the way the service was run. There were systems in place to monitor and improve the quality of the service provided. The vision and values of the staff team

were person-centred and made sure people were at the heart of the service.

## 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.

Staff knew how to keep people safe and understood their responsibilities to protect people from the risk of harm.

Risks to people's health and safety were managed and plans were in place to enable staff to support people safely.

Sufficient staff were deployed to meet people's needs.

People received their medicines as prescribed.

Staff were recruited safely.

### Is the service effective?

Good ●

The service was effective.

People were assisted with their care needs by staff that were trained and had suitable knowledge and skills to provide effective support.

People were assisted by staff who knew about the Mental Capacity Act 2005 and its implications for people in a care setting. Staff knew how to ensure they promoted people's freedom and protected their rights.

People were supported to eat and drink sufficient amounts to meet their nutritional needs. External health professionals were involved in people's care when needed.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and respectful when supporting people to meet their care and support needs.

People were encouraged to make decisions relating to the care and support they received.

We observed staff were calm and professional and not rushed whilst carrying out their care duties and in their interaction with people.

People had access to advocacy services and relevant information, so they could make informed choices and be fully supported to make the right choice for them.

Staff respected and supported people in a manner that promoted their privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

There was appropriate information available to staff about people's care needs.

There were activities available that suited everybody's individual needs.

People were asked for feedback about the service they received.

People had access to a complaints procedure and complaints were recorded and responded to appropriately.

### **Is the service well-led?**

**Good** ●

Staff were effectively supported by management and felt valued working at the home.

Systems were in place to monitor the quality of care and to ensure that people received good care. Continual improvement was made as a result of the quality monitoring and feedback.

The provider was aware of their regulatory responsibilities.

# Carlton 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.

The inspection was carried out on 14 and 15 September 2016, this was an unannounced inspection. The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information return (PIR). 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 our inspection we also reviewed information we held about the service. This included information received and statutory notifications about the provider. A notification is information about important events which the provider is required to send us by law.

We contacted local commissioners of the service, Healthwatch and health and social care professionals involved with the service to obtain their views about the quality of the care provided by the service.

During our inspection we spoke with ten people who used the service, three relatives, two members of care staff, one laundry assistant, one registered general nurse, the registered manager and the owner of the service. We looked at the care records of four people who used the service. We looked at four staff files as well, as a range of records relating to the running of the service such as quality audits and training records.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe receiving care. A person told us, "Oh yes, very safe and nice staff." Another person said, "Course I do [feel safe at the home]."

Staff were aware of the signs and symptoms of any harm or abuse and were alert to these. They were able to describe to us the types of concerns that might arise and present a risk to people they supported. Staff told us if they had any concerns about the safety or wellbeing of a person they would take swift action, including reporting their concerns to the nurses or registered manager. Staff were also aware of the procedure for reporting any concerns to the local authority safeguarding team who have responsibility for investigating safeguarding incidents. .

We found relevant information had been shared with the local authority when incidents had occurred. The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

A person told us, "In the morning they have a [piece of equipment] that helps me get out of bed, I'm confident they [staff] know how to use it." Risk assessments provided staff with the required information about how risks should be managed to protect each person. Risks identified included, but were not limited to: people at risk of falls, moving and handling and poor skin integrity. Where people were deemed to be at risk, these risks were monitored. We saw 'repositioning charts' for people with poor skin integrity who required regular assistance or prompts from staff to change position. The staff we spoke with were able to explain how they managed risks to people's safety when supporting them. Staff were confident and clear in how they support people. External healthcare professionals had also been involved in discussions and decisions about managing known risks.

We saw documentation relating to accidents and incidents and the action taken as a result, including the review of risk assessments and care plans in order to minimise the risk of re-occurrence. Falls were analysed to identify patterns and any actions that could be taken to prevent them happening.

There were plans in place for emergency situations such as an outbreak of fire. Personal emergency evacuation plans (PEEP) were in place for all people using the service. These were kept on the inside of their bedroom door and in their care files. These plans provide staff with guidance on how to support people to evacuate the premises in the event of an emergency. There was an emergency evacuation plan, which identified roles and responsibilities for all staff to ensure that people would continue to receive care in the event of incidents that could affect the running of the service.

People were protected against an unsafe environment. The service carried out regular health and safety checks of the environment to ensure people were safe from harm. Maintenance of the building and records relating to testing of equipment were all up-to-date. There were regular processes in place to ensure safe water temperatures were maintained and people were protected from the risks of Legionella. Fire safety

checks had been undertaken.

Staff told us that they would be confident to raise any issues, concerns or suggestions about people's safety. A staff member said, "I have no problem raising concerns with the manager." Staff had a good understanding of the whistle blowing policy and said they would use it if necessary. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

One person told us, "Ladies [staff] are always available to help me, I've only got to say." All members of staff we spoke with felt there were sufficient numbers of staff to meet people's needs and to keep them safe. We reviewed the staff rota's that showed there were sufficient staff on each shift and this was confirmed throughout our inspection. On one of our inspection day's people were going out for a boat trip and we saw additional staff were brought in to make sure both the home and activity were supported sufficiently.

A staff member told us, "I love my job." Staff explained they worked in such a way so as not to leave the service without cover and would not call agency staff in, but rather cover shifts themselves. One person told us, "We haven't used agency for a very long time which is a very good thing. We would like to think we can accommodate extra shifts between ourselves." This comment was repeated by several other staff we spoke with and showed us there was a consistent service offered by staff that valued teamwork and cared for the welfare of those they supported.

We checked the recruitment files of four staff members. Safe recruitment and selection processes were followed. These contained the relevant documentation required to enable the provider to make safe recruitment choices. Each file contained references, proof of identity and the relevant health checks for each member of staff. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

A person told us they, "Get medicine on time; never runs out." We looked at four medication administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had all been signed appropriately. Medicine was stored securely and in line with good practice with only staff having access to these. We saw a nurse administer medicines and this was done safely and efficiently. We checked the procedure for all medicines and saw that accurate records were kept.

Only registered general nurses (RGN) administered medicines. All necessary training and competency checks were up to date. Medicines were audited regularly by an external health professional and by the registered manager. Any recommendations were shared with the staff team. The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medication should be administered. This type of medication is not administered as part of a regular daily dose or at specific times. This meant that people received their medication as prescribed.



# Is the service effective?

## Our findings

People received effective care from staff who understood their needs. A person told us, "Staff are trained very good and most have been here a long time." Another person said, "Everything is done well."

Staff told us they had received an induction when they started their role. A staff member said, "Thorough, quite in depth and really good." Another member of staff said they, "Shadowed a worker for four days," which gave them a good introduction into their role. All staff had comprehensive assessment and training records which followed the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Records we checked confirmed training was up to date. Records showed that staff had completed various training, some examples include, safe moving and handling, first aid, infection control, pressure ulcer prevention and tissue viability.

We saw records that showed staff received regular supervision and appraisal. One staff member said, "[Line manager] sits with me and sees how we are doing as an individual." Another staff member told us, "We have them regular; about every six weeks."

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one was deprived of their liberty at the time of our inspection.

The requirements and principles of the MCA were being followed. When a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed. All staff had had training on MCA and were familiar with the principles of the MCA. A staff member explained, "Everything we do is in their [people's] best interests."

We saw staff asked permission before assisting people and gave people choices. Where people expressed a preference staff respected them.

A person told us the, "Food; very good...excellent." Another said they were, "Satisfied with what is on offer." We saw people were given hot and cold choices at mealtimes which they enjoyed. We looked back at documentation to confirm this was being done regularly and records confirmed this. However, we did not see this was happening consistently for the lunchtime period. We raised this with the cook and registered manager who confirmed they would document this immediately. In response to this the service created a

food and service audit to clearly evidence people were being offered choices at mealtimes. When we asked for a list of people's needs in relation to dietary needs and preferences the cook was able to clearly explain these.

One person said about mealtimes, "Everything is done well. All have our own seat. I suppose we could choose where to sit, but I never ask, I'm happy [sitting] with my friends." During lunchtime we observed a person did not want their chosen meal and an alternative was offered without any fuss. Staff were kind, caring and mindful when supporting people; that they kept their independence, but assisted if required.

People's care records contained care plans for eating and drinking and there were records of their preferences and any support they required. Nutritional risk assessments had been completed and nutritional care plans were in place with actions to reduce the risks to people. For example people living with diabetes; received regular snacks throughout the day to maintain safe blood sugar levels. We saw input and recommendations from speech and language therapists (SALT) and dieticians in supporting people eat and drinking safely. Staff had good knowledge of those people that required additional support in this area. People could request hot or cold drinks throughout the day and we saw a staff member walking around the lounge with a drinks trolley offering hot drinks and biscuits which most people accepted.

People's care plans contained records of hospital and other health care appointments. Prompt referrals were made to health professionals when these were required. Documentation showed that the service had worked with district nurses, tissue viability nurses, podiatry, opticians, dentists, physiotherapists and GPs.

## Is the service caring?

### Our findings

People told us staff were caring and our observations confirmed this. One person told us, "They [the staff] were kindness itself; I was having a seizure in the night or a faint. Next day they [staff] never left me alone." We observed throughout our inspection on both days that staff spoke with people in a caring and respectful way. Another person told us they were, "Very happy with my care."

Staff supported people who wished to practise their faith in the home. A local church member visited people regularly and offer bible reading followed by Holy Communion.

Some people and staff were bilingual and were able to happily speak in their first language with a member of staff and other people when asking for support or just whilst having a general chat. We saw staff were kind and caring in their interactions with people who used the service. Written information about the service was also available to people in their preferred language.

People told us birthdays were always a nice time and the chef would always bake a birthday cake on each occasion. One person enjoyed the occasion of celebrating their birthday with the blowing out of candles and receiving birthday good wishes from all. This person did not have a sweet tooth but wanted everyone to have, "A nice piece of cake with their tea."

We saw people were happy and relaxed with staff and enjoyed their company. Staff we spoke with had good knowledge of people, their personal histories and support needs. Most staff had been employed at the service for many years and understood and respected people's preferences. A plaque in the dining room stated, 'Our residents do not live in our workplace, we work in their home.' Staff we spoke with often repeated that the home felt as though it was part of their extended family. Discussions and conversations observed between people living and working there was caring and supportive.

Other than mealtimes most people sat in the lounge area, a few preferred their rooms. Some people rested whilst others watched the television (TV) or talked with the person next to them. We saw people had their relatives and friends visit throughout the day. We did note that it was difficult to watch and hear the TV in the lounge for everyone, due to the size and shaping of the room, but only some people seemed to be watching the TV. People had TVs in their rooms, so could choose to stay or go to their room if they wished. Not sure of the point you are making here, if it was not an issue then why mention it?

We observed the registered manager was visible around the home speaking with everyone, including relatives and friends whether in passing or stopping to have a chat. We noted the registered manager became concerned about a visitor's health and wellbeing. Both the registered manager and visitor knew one another and the discussion had been one that was caring, friendly and reassuring.

On another occasion we observed the registered manager respond to one person who was getting upset about the loss of a loved one. This person was getting anxious and confused about how they would manage and where they would live. The registered manager caringly knelt down to talk with the person and held the

person's hand then calmly reassured the person they were safe and nothing was going to change. The registered manager stayed with the person and continued to talk with them until they felt settled.

One staff member said, "The [registered manager] does something real nice at Christmas for those who have no family. [The registered manager] will make up a hamper with presents to make sure everyone has something to open on Christmas day. I think that's real nice."

We saw one person looking through a local weekly paper brought in by their relative. It seemed to be something that this person always did and led to a relaxed conversation with our inspector about their working life and their family.

The registered manager's office led off from the lounge area and we noted that the door was always open when the staff were inside. The registered manager told us they applied an open door policy so as not to restrict people from coming in to see them.

Advocacy information was also available for people if they required support or advice from an independent person. Independent advocates represent people's wishes and what is in their best interest without giving their personal opinion and without representing the views of the service, NHS or the local authority.

We observed that people were treated with dignity and their privacy respected. Staff were able to describe the actions they took when providing care to protect people's privacy and dignity. A staff member said, "We always knock on their door before entering." Another staff member said, "Always make sure curtains are drawn when supporting people in their rooms."

Staff told us people's relatives and friends were able to visit without any unnecessary restriction. This was observed during both days of our inspection.

The registered manager explained that they had been on a six week training programme with a colleague to learn how to best support people at their end of life. Following this the registered manager introduced a, 'The End of Life Care Plan' which would replace a person's usual Care Plan when the person reached 'yellow' (risk indicator) on the Gold Standard Framework (prognosis of a few weeks to live). The End of Life Care Plan would be ensuring the person and their families wishes are known to all and carried out in the most caring and compassionate way. At the time of inspection no person was using the, 'End of Life care Plan.'

## Is the service responsive?

### Our findings

People received care that was responsive to their needs. A person told us about an activity they enjoyed, "I go into the lounge sometimes and there's a man doing sporty things, He throws a balloon and you catch it, sort of play tennis." Another person said, "They have a variety show sometimes, I like to go if I can." Later in the day a person said, "They're good girls [staff], I don't have any complaints."

People's care records were written in a person-centred way and discussions had taken place with people and relatives to gain an insight into people's life histories, care preferences, food preferences, like and dislikes. People and their relatives had been involved in pre- assessments before they joined the service.

A reviewing system called 'Resident of the Day' had been recently introduced; following a suggestion by a member of staff to support more person centred working that made sure all files were reviewed and updated monthly. Records we checked confirmed this was happening. Evaluations were more detailed and included information about peoples' progress and well-being. This helped to ensure staff had information and guidance about people's care and support needs and these also detailed how care was to be delivered.

One person had a rare health condition that caused severe discomfort and when early symptoms had developed it required early intervention to avoid serious impact to their health and wellbeing. Their care file showed clear person centred care that managed their health condition. There was detailed knowledge of the intervention needed which was developed in partnership with external health professionals. The main focus for the staff was to make sure the person was as comfortable as possible. This showed us staff were responsive to sudden changes in people's need.

On our first day of inspection things were a little busy, as an afternoon River Cruise excursion had been planned on the River Trent. There was a nice upbeat atmosphere about the day ahead. One person had got ready to go, but when trying to get into the taxi decided they would rather stay at home. The staff member supporting did not force the issue and the person happily stayed at home. The registered manager had planned to join the activity but due to our inspection had asked staff to cover; who kindly came in to support on their day off. This enabled the registered manager to remain at the service and respond to requests for information we may have needed to carry out our inspection.

A person enjoyed reading and told us, "I read; my daughter brings them [books and magazines]. There is a small library shelf here, I'm reading [name of book] from there. You can tell the staff to get it and yes the staff are very good." Another person spoke of an activity, "We've got an elastic band which we have to pull. They [staff] do try to get us to exercise a bit." There was also information shared by a person about the lack of exercise classes. When we checked back on records we saw evidence that exercises classes were taking place regularly and this person had taken part.

A person said, "If I have a complaint, I'd talk to matron, [meaning registered manager] or tell a carer I want to see [the matron]. They're coming in and out [of the office] all the time." Records we checked confirmed complaints and concerns were dealt with appropriately

There was a clear procedure for staff to follow should a concern be raised. Staff were able to explain clearly how they would respond to any complaints raised directly with them.

## Is the service well-led?

### Our findings

Everyone we spoke with felt the service was well led. One person said, "The matron [registered manager] is very good and comes and asks how you are." Relatives told us the care provided to their loved one was good.

All staff told us the registered manager was firm and knew where they stood with them. A staff member said, "[Registered manager] is very good. They are very strict and that suits me. They makes sure all charts are done, and makes sure people get plenty of fluids [name of person] if they have a water infection." Another staff member shared similar views, "[Registered manager] gives us feedback and is very to the point, as like's things done properly." A staff member said the registered manager was, "Thorough and a very good leader."

Staff spoke confidently about the registered manager and knew what was expected of them in their role. There were regular staff meetings that took place which gave staff and management the opportunity to discuss and share progress about the service. Staff felt their suggestions or ideas would always be listened to.

We saw that all conditions of registration with the CQC were being met. Incidents had been dealt with appropriately and reported to the correct authorities when needed. Notifications had been received which the provider was required by law to tell us about. This included allegations of harm and any serious accidents.

People and relatives were provided with opportunities to tell the provider their views about their experience of the service. This included during residents meetings and by completing surveys.

We saw that regular audits were carried out by the management and representatives of the provider. The provider had an effective system to regularly assess and monitor the quality of service that people received. Some examples of the audits completed were health and safety, medicines and staff training. Any issues were highlighted and actioned appropriately.

The registered manager spoke of the strong working relationship with the owner of the service who was present for both days of our inspection. It was clear this was a positive relationship that benefitted the people in the service. The registered manager told us the support from the owner enabled them to concentrate on the needs of people in the service, the quality of the care and supporting staff.

The registered manager, staff and the owner were passionate about ensuring they provided high quality care to people living in the service. Staff spoke positively about how approachable the owner was and when issues were raised they were dealt with immediately. On one occasion we observed the owner walking through the dining room and saw a person call out for assistance. The owner immediately went over to see if they could help. They then caringly reassured the person and said they would call a member of staff to assist.

The service had clear values which were documented and demonstrated throughout our inspection by the registered manager and the staff alike. Staff had a clear understanding of the provider's vision and values for the service. Interactions between staff, management team and people using the service showed the positive impact the service had on people's lives. When staff engaged with people we saw people smile and laugh. A member of staff spoke in a caring way about how the management had helped them through a very difficult time in their life and said the service felt like a part of their family and went on to say, "This is a little, 'family run' home here, I've always said that."

The registered manager had been part of several initiatives that involved working in partnership with professionals from the health, social care and education sector. An example was the 'Peach Project.' The aim of the project was to create a comprehensive assessment tool that can be used across all sectors in order to avoid duplication and improve consistency in service delivery. Another example was the Elderly Care Group which met every three months with community nurses and care home staff where members would share ideas and discuss issues to improve practice. This showed us that the service was keen to improve and share learning within the service but also to external professionals.