

Jeeves Care Homes Ltd

# Carrington House Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Carrington House Care Home is a residential care home registered to provide personal care for up to 28 people aged 65 and over. At the time of the inspection 19 people were living at the service.

The care home accommodates people in one building over three floors. There is some outdoor space for people and three communal living areas for people to relax.

### People's experience of using this service and what we found

People's needs were assessed, and risk assessments were in place to support people and keep them safe. Records were updated on a regular basis. Improvements had been made to the environment, and environmental safety checks were undertaken.

Improvements had been made and the home was clean and tidy, staff had training in how to control and prevent infections. Staff were wearing personal protective equipment (PPE) in line with current guidance.

Staff had training in safeguarding and incidents were reported effectively.

Improvements had been made and medicines were administered and managed safely, audits were in place to monitor practice.

Staff training was up to date and suitable for people's healthcare needs.

Improved staffing levels meant staffing levels were adequate, and staff were recruited safely.

There was improved analysis of incidents and accidents to prevent reoccurrence and learn lessons.

Governance had improved under a new registered manager and new measures were in place with better provider oversight of the service. Oversight of staffing and staff training had improved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Requires Improvement (published 22 December 2020) and there were breaches in Regulation 12 (Safe Care and Treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had

been met. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carrington House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Carrington House Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection Team

The inspection was carried out by two inspectors onsite, and phone calls to relatives were made a few days later.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, senior care worker, care workers, domestic, activity coordinator and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records and policies.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

At our last inspection, the provider had failed to ensure there were always enough staff who were safely recruited and trained for their position. Medicines management was not always safe and infection control procedures were not always followed. The environment was not always clean and safety monitoring of the service was not always effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had improved and was no longer in breach of regulations.

### Staffing and recruitment

- There were adequate staff on duty. Staffing levels were calculated according to the needs of the people receiving care using a new tool the service had implemented since our last inspection.
- Time taken to answer call bells was now monitored, to ensure people did not have to wait long when they needed assistance. People told us there were generally enough staff.
- Staff told us they were busy, but staffing was adequate. We discussed staffing levels with the registered manager who told us they were implementing measures to improve how staff could work in a more efficient way.
- Improved recruitment practices were in place to ensure staff were suitable to work at the service.
- There was improvement in staff training and the training record was up to date.

### Using medicines safely

- There were improvements in medicines management and medicines were administered, stored and disposed of safely.
- The management team had implemented a computerised medicine recording system. Staff told us it was easy to use, and the new system reduced the risk of medicines errors.
- Only senior staff administered medicines following training and competency checks and we observed people being given their medicines safely.
- The service had policies and procedures in place to support staff with medicines management.

### Preventing and controlling infection

- There were improvements in hygiene and infection control. The service was clean and tidy. One person told us, "They keep it very clean". Relatives told us it was always clean, "They take it very seriously, and make us wear PPE".
- We were assured that the provider was meeting shielding rules, however we suggested the service utilise

the communal spaces available in a better way to ensure social distancing was maintained in all communal areas.

- We were assured that the provider was admitting people safely to the service, was using PPE effectively and safely and was accessing testing for people using the service, and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises, and that the provider was making sure infection outbreaks would be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home and was preventing visitors from catching and spreading infections, in accordance with the current guidance.

Assessing risk, safety monitoring and management

- Risk management and safety monitoring had improved.
- People had their needs and risks assessed and these were reviewed regularly. Care plans were detailed and up to date. When risks were identified, we saw staff supporting people as the care plan instructed.
- For example, we observed a member of staff supporting a person who smoked, to go outside and sit with them as the care plan instructed, to ensure their safety.
- We observed another person at risk of choking being assisted with their meal as their care plan described, encouraging them to eat slowly and offering a regular drink.
- The registered manager performed a regular 'walk around' the service to check the environment and health and safety. This, combined with audits in place and a permanent maintenance person, meant issues were identified and dealt with quickly. The service had been redecorated and a new kitchen had been installed which made the service easier to clean.
- Staff had training in what to do in the event of a fire and people had up to date personal evacuation plans in place to ensure their safety in an emergency.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Systems and processes to safeguard people from the risk of abuse

- Staff had received appropriate training in safeguarding and were aware of the different types of abuse and how to report concerns.
- Staff told us they were confident the management would act on concerns raised and most knew to go to outside agencies to report concerns if necessary.
- The registered manager understood their responsibilities for keeping people safe from harm and abuse and reported concerns to the local safeguarding team. Issues were regularly discussed at staff meetings to learn lessons.
- Relatives told us that they thought their relatives were safe, one told us. "Staff are amazing, nothing is too much trouble".
- People told us they felt safe, one person told us, "Staff look after us properly".

Learning lessons when things go wrong

- Staff knew how to report incidents and accidents. There was improvement in analysis of all incidents and oversight to identify themes.
- For example, improved analysis of falls had identified a trigger for one person's falls and measures had been put in place to avoid further falls.
- Information was fed back to staff at team meetings to share learning and reduce the risk of accidents and incidents.



# 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 the last inspection this key question was rated as requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

At our last inspection, the provider had failed to ensure there was effective governance of the service. Audits in place were ineffective, and there was a lack of provider oversight of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had improved and was not longer in breach of regulations.

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

- The service had a new registered manager in post since our last inspection. They were aware of the regulatory requirements of their role and of what to report to CQC and safeguarding teams.
- Staff understood their role, responsibilities and duties. Staff received regular supervision and appraisals to monitor their performance and identify training needs.
- There was improved monitoring of quality at the service with action plans in place following audits, to ensure improvements were ongoing.
- The provider had increased their oversight of the service since our last inspection and performed audits to check on the quality and management of the service. This included improved auditing of medicines management, recruitment of staff, the environmental, infection control, staffing and staff training, which we identified as requiring improvement in our last inspection.

Continuous learning and improving care

- The registered manager and provider were committed to improving the service and had increased systems to monitor quality and better analysis of incidents and accidents had been introduced. This meant the registered manager had oversight of themes, and actions were in place to reduce risks.
- The provider had increased their monitoring and oversight of the service and the registered manager told us they felt well supported by them.
- Relatives told us they had noticed improvements under the new manager, "We have seen a lot of change, the registered manager is really on the ball, they don't mess about, it's what was needed".
- We saw a complaint from one relative about difficulty contacting the service, and the registered manager had addressed and resolved the issue swiftly.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Care plans were person centred and detailed, and the registered manager told us they were keen to build on these further to support people's emotional and mental health needs.
- Staff were knowledgeable about the people they supported and told us they were happy working at the service.
- The registered manager was positive about the work they had done and enthusiastic about further improvement plans in place. For example they were keen to develop the outdoor space for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had processes in place to record incidents and the registered manager worked in an open and transparent way.
- We saw incident forms that showed families were informed of incidents and accidents that occurred.
- Relatives told us communication was good, one relative told us, "The registered manager often phones me to tell me what's happening". Another told us, " They keep me up to date with everything, even changes to medicines".

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager had introduced regular small (repeated) meetings for different staff each month, in order to allow more staff to attend and ensure night staff were included.
- Staff told us the registered manager was a good communicator and very supportive. One member of staff told us, "They are easy to talk to and get things done". Staff told us they felt able to raise issues and concerns.
- Regular meeting for people living at the service had been organised and records showed suggestions that had been made, which we could see the registered manager had implemented.
- For example, we saw suggestions that had been made by people around door signs, food choices and activities preferences that were being introduced.
- People, relatives and staff were asked for their feedback about the service. We saw suggestions made were added to the service improvement plan.
- There were signs around the home in different formats to reduce discrimination and promote equality.

Working in partnership with others

- Since our last inspection the registered manager and management team had worked with the local authority and CQC to make improvements.
- The registered manager had set up a regular review day with a local GP to address concerns with people's health in a timely way and worked with other organisations to support people at the service.
- We saw results of an ongoing survey the registered manager had collected from visiting health care professionals about the service which was positive.