

Hometrust Care Limited

# Carlisle Dementia Centre - Parkfield

## Inspection report

Carlisle Dementia Centre (Parkfield)  
256 London Road  
Carlisle  
Cumbria  
CA1 2QS

Tel: 01228818933

Website: [www.hometrustcare.co.uk](http://www.hometrustcare.co.uk)

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## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Carlisle Dementia Centre is a care home providing personal care and nursing care for up to 42 people, some of whom may be living with dementia or physical disabilities. There were 38 people living at the home at the time of our inspection.

Accommodation is provided over two floors. The bedrooms are single occupancy and have en-suite toilet and wash basin facilities. There are shared bath and shower rooms, as well as lounge and dining areas throughout the home. There is a sheltered, accessible garden and car parking at the home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good. However, there are areas that would benefit from some improvements. We have made some recommendations to the registered provider.

There was a registered manager in post. A registered manager is a person who has registered with the (CQC) 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.

Medicines were not consistently stored safely or recorded accurately and appropriately. We have made a recommendation about this.

The hot water supply in some areas of the home was not always reliable. The water temperature monitoring procedures were not clear or fully understood by staff. We have made a recommendation about this.

The schedules in place for cleaning had not always been followed. We found some areas of the home required better cleaning. There was a refurbishment plan in place at the home to help make improvements to the environment and the facilities.

The provider had systems in place to help monitor and assess the quality and safety of the service. We found that actions were taken to make improvements to the service. However, the monitoring systems could have been more robustly applied across the service.

Safeguarding concerns or incidents had been reported by the registered manager to the appropriate authorities to help keep people safe.

During the inspection we found that there were sufficient numbers of suitable staff to meet people's needs that plans were in place should extra staff be needed.

Staff were provided with training and support. We saw that staff were confident and competent when supporting the people who used this service.

People were provided with a good variety of food and drink. We saw that mealtimes were a pleasant and sociable event. Staff provided support with eating and drinking in a sensitive and discreet manner. Records about eating and drinking did not always contain enough information about people at risk of poor nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

Staff were caring, capable and engaged with people throughout the day. They worked very well as a team including the domestic and administrative staff.

People who lived at the home were smartly groomed and appeared relaxed and content. Some people became distressed and anxious in the late afternoon but staff supported them expertly and with kindness.

People were provided with opportunities to have their say on how the service was operated. However, there had been few responses to surveys and meetings.

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?

Some areas of safe require improvement.

Requires Improvement 

### Is the service effective?

The service remains Good

Good 

### Is the service caring?

The service remains Good

Good 

### Is the service responsive?

The service remains Good.

Good 

### Is the service well-led?

The service remains Good.

Good 

# Carlisle Dementia Centre - Parkfield

## **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 comprehensive inspection took place on 8 and 21 August 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and an adult social care inspection manager.

Before the inspection, the registered manager 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. We reviewed the PIR and other information we held about the service to plan our inspection and the areas to look at.

Before we visited the service, we checked the information we held about this location and the service provider, for example, inspection history, complaints and statutory notifications. A notification is record about important events which the service is required to send to us by law.

We contacted health and social care professionals involved in caring and supporting the people who used the service, including community nurses, commissioners, social workers and safeguarding staff. We spoke directly with one health care professional and received comments from nine other health or social care professionals. We also contacted Healthwatch, but they did not hold any information about Carlisle Dementia Centre. (Healthwatch is the local consumer champion for health and social care services.)

Some people who lived at the home could not easily tell us their views about their care. 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. It is useful to help us assess the quality of interactions between people who use a service and the staff who support them.

During the inspection we spoke with nine members of staff including the registered manager, the chef, domestic staff and care staff. We spoke with four people who used the service and one relative. We observed how staff supported people who used the service and looked at the care records and medication records for five people living at Carlisle Dementia Centre.

We looked at the staff files for three members of staff who had recently been employed. These included details of recruitment, induction, training and personal development. We were given copies of the training records for the whole team.

We reviewed the records relating to the maintenance and repair at the service, the fire safety records, food safety records and internal quality monitoring documents.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found some areas for improvement.

Before our inspection, we had received information that the hot water supply at the home was problematic. We checked the hot water supply at the hand wash basins. Although the hot water took some time to come through, it was eventually hot. We looked at the records and checks carried out on the hot water temperatures, none of which were more than 39°C which is a safe water temperature. Neither the housekeeper or the registered manager were clear about safe hot water temperatures. There were no procedures to follow such as how long to run the taps or what the desired water temperature should have been. No faults were recorded when low water temperatures had been identified. The registered manager said new heating boilers were required at the home. They were not included in the refurbishment plan. The registered manager hoped the boilers would be replaced this year and a quote for replacements had been obtained.

We recommend that the service seeks advice and guidance from a reputable source about the safe management of hot water temperatures.

Medicines were mostly managed safely, but medication administration records were not always completed or were not easy to read. Information about the use of 'when required' medicines or medicines that may be hidden in food (covert) was not always sufficiently detailed to help staff recognise how and when to administer these medicines. Medicines were mostly stored safely. However, creams and ointments kept in people's own rooms were easily accessible to anyone in the home. We also found medicines that were due to be returned to the pharmacy, stored in an unsecured cupboard. We spoke to the registered manager about this and they assured us that the medicines would be removed immediately to a place of safety.

We recommend that the service considers current guidance about the safe management of medicines in care homes and take action to update their practice.

The home was mostly clean, fresh smelling and the accommodation was pleasant and in good order. There was some general 'wear and tear'. The registered manager provided us with a copy of the refurbishment planned for the home. The basement area was not clean and tidy, particularly the laundry areas and the hairdressing salon. We brought this to the attention of the registered manager and the housekeeper. This area was not accessible to people living at the home but the conditions did not support good infection control practices.

People were supported safely by staff. Safeguarding processes were in place and staff had attended training on this subject. Staff described to us how they would put these processes into practice if necessary.

A social worker said that the registered manager made sure people remained safe and that appropriate referrals were made to the care home team and the community mental health team.

Accident and incident records were kept in good order. The registered manager kept an overview of significant events. There were gaps in the information recorded and we discussed this with the registered manager. When we visited the home for the second day, they had revised the format for accident and incident reporting. This was a positive indicator that the registered manager had reflected on our discussions at the beginning of the inspection.

People living at the home had up to date risk assessments that were regularly reviewed. Personal emergency evacuation plans were also included in their care records.

Maintenance plans and checks included equipment checks and servicing, which had been carried out by qualified engineers. A fire risk assessment was in place and staff had attended fire drill training as required. Some of the maintenance records were disorganised and did not provide any direction, reasons or expected outcomes for the tests and checks. The registered manager had already identified this issue. They said that they had arranged for the administrator at the home to provide some support in getting these records organised.

There were contingency plans in place for times of staff sickness or holiday and there were enough members of staff on duty for most of the time at the home. We spoke with the registered manager about the reduced numbers of staff on duty overnight, particularly as care records reported some people as being 'unsettled' at night. The registered manager told us about the systems that were in place should extra staff be needed during the night, including an on-call system.

There were some gaps in the staff recruitment checks but by the second day of our inspection, the registered manager had started to address these.



## Is the service effective?

### Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

A relative told us, "They are looked after very well, we have no problems with the home." Health and social care workers contacted during the inspection mostly gave very positive feedback. One care professional said, "There are times when we don't get all the information we need, but generally there is good liaison. The manager is spot on and tries really hard."

Staff told us they received training and support to help keep their skills and knowledge up to date. Staff training records and the registered manager well-presented training matrix confirmed this. Managers had an overview of staff training needs and accomplishments. Although staff received supervision and worked alongside senior staff on a regular basis, we noticed that they did not always follow a safe dress code. For example, we saw that some staff wore jewellery that could have caused injury to the people they supported. We raised this with the registered manager during the inspection.

The service worked closely with the Care Home Team (a team of nurses and nurse practitioners from the local GP surgery) and with the local community mental health team. We received positive comments about the service from them, particularly about carrying out reviews of people's needs and working together to achieve effective outcomes.

Care records we looked at included assessments of people's care and support needs. They had been regularly reviewed. When specialist advice was needed, such as the dietician or speech and language therapist, this had been obtained.

The chef on duty said that they had no individual specific special diet sheets for named people. They were very knowledgeable about people's eating and drinking needs, including special dietary requirements. They told us that they had no specific training in nutrition for the elderly or those living with dementia. However, the chef gave good examples of fortified diets and suitable finger foods.

The records relating to people's nutritional intake could have been more detailed. Information about people needing fortified diets, snacks or had been offered food and drink at alternative times was lacking. However, people enjoyed their meals and could choose from two options. Alternatives were offered if people did not want what was on the menu. We saw that the mealtime was a pleasant social activity. Various drinks and desserts were available, with second helpings if people wanted them. People were well, but discreetly supported with their nutritional needs. However, we saw one person eating alone in their room. There was little supervision even though their care plan stated otherwise. We discussed this with the registered manager who attended to this matter straight away.

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). We saw appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. Staff had a good understanding of this legislation and when it should be applied.

## Is the service caring?

### Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

One of the social workers we contacted said, "I have visited the home regularly and have always found the staff to be warm and welcoming. The appearance of the home is improving greatly and all residents appear well kempt and happy. Any issues I have ever raised with staff or management have been addressed immediately (usually prior to me leaving the home)."

A health care professional said, "I find the care staff to be friendly and I have witnessed them interacting with the service users positively. During my visits I do have the opportunity to meet with people and their relatives or representatives. I have not had any issues raised with myself about care provision, the service does seem to meet individual service user's needs, and they appear to be accepting of advice and instruction to continue providing support effectively. There appears to be a high proportion of people with mental health needs within this care setting. I feel that this reflects the level of care and support that this environment offers to clients with perhaps more complex needs, and management of such."

We saw people were relaxed and happy with the staff supporting them. There were many happy exchanges of chatter, singing and dancing throughout the day. There were some very peaceful and comfortable silences. Staff were always in attendance and ready to support people if needed. If people became anxious or distressed, they were settled in a kind and caring way. People who needed support with their personal care were treated in a similar way and staff were very mindful of acting discreetly to protect people's privacy and dignity.

Some stimulating activities were provided in the afternoon. People were encouraged to choose what they would like to do, whether they wanted to join in or just sit and watch. There was a pleasant atmosphere during these times and people looked happy and comfortable.

People needing support with their medicines or to move around were provided with information and explanations in a manner that they could understand and in a way that encouraged their independence as much as possible.

The registered manager held meetings for people living at the home and their relatives. They said these were often poorly attended. However, the meeting minutes recorded positive comments, particularly about the improvements to the home looking and smelling clean. People could also have their say about the service via satisfaction surveys, again there had been a limited response to this.

The staff we spoke to knew the people they cared for very well. They gave very knowledgeable and caring accounts of the needs of people living at the home. They described any special needs or conditions that might have affected the well-being of people and were able to speak about the support they would provide. The staff team worked in all areas of the service. This helped to develop the good, caring relationships

between people and the staff that supported them.

Advocacy services were accessed via the local social work team when people required this type of support.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

One social worker told us, "I have always found the manager very helpful and accommodating. During times of crisis they have responded quickly and efficiently after being made aware of situations to enable us to achieve the best outcomes for customers." Another said, "I have recently completed the reviews on all the customers I have placed at the home. All of their care plans and risk assessments reflected their current needs and were person centred. I found that people had dramatically improved due to the standard of care they are receiving. They all appeared happy and comfortable in their new home."

The registered manager told us that staff at the home worked in a way that involved people in the decision-making process. We saw that staff provided consistent and appropriate levels of care during our inspection visits. We reviewed a sample of care and support records. We found that people, or their relatives where appropriate, had been involved in the development of their care plans. People's preferences had been clearly recorded. There was detailed information to help staff provide the correct level of care and support to people living at Carlisle Dementia Centre.

Staff had attended training to help raise their awareness of people's diversity, individual preferences, specialised care needs, and any cultural or spiritual requirements.

We found that in most cases, people's care plans had been reviewed and updated as their needs changed, although one person's records had not been reviewed as regularly as they should have been (monthly). We found that this shortfall had not impacted on the care and support this person received. We saw staff supporting this person during a period of being unsettled. The staff responded appropriately and the person eventually settled in a lounge chair and fell asleep in the sun.

The provider had a complaints process in place. We reviewed the complaints records. The service had only received one complaint in the last year. Although the registered manager had dealt with the concern adequately, the written account of the complaint conclusion could have been better recorded. One of the social work team told us that a family had raised "numerous issues" with them. They said that the registered manager had responded to the issues in a timely manner with fair and measured responses.

We asked the registered manager how minor complaints and concerns were dealt with. They told us that they were not recorded and usually dealt with at the time they were raised. It is good practice to record all concerns, including minor 'niggles' to help assess and improve the quality of care.

The registered manager told us about the things that were in place to support people who may be reaching the end of their life. Staff had received special training to help them support people appropriately at this time. There were links with the community nursing service, GPs and the Care Home nursing team. Arrangements were in place for people to have the medicines they needed to keep them comfortable and

pain free.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

Systems were in place to assess and monitor the quality of the service. These included managing complaints, safeguarding concerns, incidents and accidents. records showed that the management team had started to take steps to learn from such events and put measures in place to help make sure they were less likely to happen again. Quality audits had been carried out by the provider, at least every three months. The auditing visits included speaking to relatives and staff and checking some of the audits carried out by the registered manager. Overall these audits provided minimal details. The registered manager told us that this was partly due to the provider being in regular contact with the registered manager outside of the auditing visits.

The audits had not identified some of the things that we found during our inspection. However, when we spoke to the registered manager about them, they started to address some of the matters straight away. Other things were covered in the refurbishment plan for the home, this included redecoration, replacement of some soft furnishings, upgrading some windows and the replacement of the poor-quality bedding.

When we looked at the information we held about the service and compared this with some of the records held at the home, we found that there were some discrepancies. It seemed that we had not always received information about important events that had happened at the home. We asked the registered manager to review the information regarding notifications and reporting. We asked them to check that they had our correct contact details.

The registered manager told us that the service strived to work with the people who used their service and their families. This was particularly important when developing individual care plans and obtaining information about people's life history. They told us that the home worked closely with health and social care professionals. The people we contacted or spoke to as part of the inspection confirmed this to be the case.

The management and staff team worked together to promote the well-being, safety and security of people living at the home. We observed that staff were caring, capable, engaged throughout the day and worked very well as a team, including the domestic and administrative staff.

Staff meetings took place and the records showed that these were usually well attended. Topics covered with staff included the statutory regulations, strategic planning and day to day business such as staff rotas, record keeping and staff supervision.

Staff told us that they enjoyed working at the service. They told us that they were well supported, supervised and provided with training opportunities. One of the care workers we spoke with told us that the home had much improved over the last few years. Another commented that they loved their work and felt incredibly

well support by their employer and colleagues. The chef reported that they had everything they needed and that everything was "in working order". They also told us that they were happy with their working conditions.