

Carlton House Rest Home Limited

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Inspection report

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Hampshire
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Date of inspection visit:
13 March 2017
16 March 2017

Date of publication:
18 May 2017

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

The inspection took place on 13 and 16 March 2017 and was unannounced.

Carlton House Rest Home is registered with the Care Quality Commission to provide care for up to 40 older people, some of whom may be living with dementia. There were 36 people using the service at the time of our inspection. The home is situated close to the town centre of New Milton with level access to local shops and public amenities. The accommodation is over three floors. There are two lounges on the ground floor and a small, family lounge on the second floor. The dining room is on the ground floor and there is a passenger lift to all floors.

The home had a registered manager in place. 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.

At our last inspection in January 2015 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, in relation to medicine management. During this inspection we reviewed what actions the provider had taken to improve the service. We saw that improvements had been made to the safe management of medicines. We found that further improvements could be made to the auditing of medicines and controlled drugs. When we discussed this with the provider they took immediate action to review, amend and initiate a new audit tool to improve the safe management of medicines.

People told us that they felt safe. Staff knew how to safeguard people from potential abuse and how to raise any concerns appropriately.

People's needs had been identified and the risks associated with people's care and support had been assessed and managed. Where risks had been identified these had been minimised to better protect people's health and welfare.

Staff were recruited safely and records demonstrated appropriate checks were undertaken to ensure staff were suitable for the role they were employed to undertake. There were enough staff deployed to meet the care and support needs of the people living in the home.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

Staff had received an induction into the service. The provider had provided staff with appropriate support

through supervisions, appraisals, and training.

People were looked after by kind and caring staff who knew them well. They were supported to express their views and to be involved in all aspects of their care. People were treated with dignity and respect.

Staff told us the registered manager demonstrated a strong and supportive leadership. The culture of the service was open, transparent and progressive.

Complaints policies and procedures were in place and were available to people and visitors. People told us they were confident that they could raise concerns or complaints and that these would be dealt with accordingly.

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 now safe.

At the last inspection in January 2015 people's medicines had not been safely managed. At this inspection we saw improvements had been made and new monitoring and recording systems were in place to ensure the safe management and auditing of medicines.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well led.

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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.

This inspection took place on 13 and 16 March 2017 was unannounced and was carried out by one inspector.

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. We also reviewed other information that we held about the service. This included the provider's previous inspection reports including any outstanding action from previous breaches of regulation and notifications that the provider is required to send us by law. We used this information to assist us in the planning of our inspection.

During our inspection we spoke with four people who lived in the home, two relatives, eight staff members, the provider and the registered manager. We looked at the care records of six people, five staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

Is the service safe?

Our findings

People told us they felt safe at Carlton House Rest Home. For example one person told us, "I do feel safe here and have never had any problems." Another said, "Yes I am safe, the staff look after me."

During our last inspection of the home in January 2015 we found that medicines were not always managed safely and that the administration of medicines was not recorded accurately. Where people's medicines were stored in boxes the Medicines Administration Record did not show the quantity of medicines in stock at the start of the medicines cycle. Staff had not consistently marked the opening dates of boxed medicines on the packs, to enable them to audit stock levels against records of administered medicines. During this inspection we saw that some improvements had been made. MAR sheets had been completed correctly and the provider has put new processes in place to monitor the use of boxed medicines.

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These provided staff with guidance on identifying and responding to signs and allegations of abuse. All staff had received training in safeguarding vulnerable adults from abuse and those we spoke with demonstrated a good understanding of how to keep people safe from harm and raise any safeguarding concerns appropriately. For example one staff member told us, "If I had a concern I would tell the manager straight away." The provider had systems in place to enable the reporting of suspected abuse through appropriate channels. The registered manager understood their role and responsibility to report any safeguarding concerns appropriately.

There were risk assessments in place relating to the running of the service and people's individual care. Regular checks of the premises and equipment were carried out to ensure they were safe to use and required maintenance certificates were in place. There were individualised risk assessments in place for people living in the home. For example, we saw risk assessments in place for the safe use of bed rails. People at risk of falls had guidelines in place to assist staff to minimise the risk of injury to the person when mobilising or when giving them personal care.

The provider had a process in place for managing accidents and incidents and to prevent the risk of reoccurrence. Appropriate forms were completed for each accident or incident that had occurred. Accidents and incidents were reviewed on a monthly basis by management who checked to see if there were any repeated patterns. They had recorded any actions taken to prevent a reoccurrence. The staff were knowledgeable about what action they would take if a person was suffering regular accidents, for example making referrals to other professionals such as district nurses. The registered manager ensured that all relevant incidents had been reported to CQC.

There was sufficient staff deployed to support and meet the needs of the people living at the home. Staff told us that staffing levels were sufficient to keep people safe and meet their needs. For example, one staff member told us, "There are enough staff on duty. We work together as a team, to make sure everything's done." During the inspection we observed that staff responded quickly to people who required or asked for assistance. The registered manager regularly reviewed the care needs of people living at the home and the

current staffing levels to ensure enough staff were available to meet their needs.

The provider had a robust recruitment process in place. We saw that each staff file contained a completed application form which provided details of their previous employment history, training and experience. A range of checks had been carried out prior to a job offer being made including proof of identity, references and a Disclosure and Barring Service (DBS) check. These checks enabled the provider to make safer recruitment decisions when employing new staff.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

At the last inspection we saw that the emergency grab pack used in the event of an incident did not have up to date information on people using the service including their mobility needs. At this inspection we saw that the grab pack contained all relevant information such as a personal emergency evacuation plan (PEEP) for each person for use in the event of fire or other emergency.

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People were happy with the care they received and told us it met their needs. For example one person told us, "The staff know how to look after me. They know what I like."

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. Staff confirmed they received regular training such as basic life support, administration of medicines, safeguarding and fire safety. Staff also told us that the provider and registered manager supported staff with their personal development and obtaining nationally recognised qualifications in care, demonstrating the provider recognised the need to ensure staff were provided with appropriate training to meet people's needs.

Staff received regular supervision and an annual appraisal. All staff told us they found these sessions useful. For example one staff member told us, "Yes I get regular supervision and I do find them useful. You can talk about anything that is worrying you or any training you might be interested in." We saw from staff files that supervisions and appraisals were formally recorded.

The Mental Capacity Act (MCA) 2005 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 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had a good understanding with respect to people's choices and consent. We could see that consent to care had been given by people or, where appropriate, their relatives, and signed documentation was present in care plans to evidence this. These documents covered areas such as consent to treatment and sharing information. One staff member told us, "People can consent to their care. If they can't we can support them and their families to make decisions on their behalf." We found the registered manager understood the principles of MCA 2005 and DoLS and had ensured that applications were made for those people whose freedom and liberty had been restricted.

People were provided with a well-balanced and nutritious diet. People's weight and nutritional intake were monitored in line with their assessed level of risk. People told us they enjoyed the food they were served, For example, one person told us, "The food is very good and well cooked." Another said, "I have no complaints, there is a good choice of meals."

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. These included GP's, district nurses, and podiatrists. Referrals to health professionals had been made in a timely manner and these visits were recorded in people's care records.

Is the service caring?

Our findings

People told us that the staff were caring and kind, One person said, "I am happy with the care I get, the staff are lovely." We saw there was good humoured banter between staff and people and we observed staff had a caring attitude towards people.

Care plans showed that people and their representatives had been involved with planning their care and support.

Staff were able to tell us how they maintained people's dignity while providing personal care. For example, one staff member told us, "It is important to ensure doors are kept closed for privacy and keep the person covered when undressed to maintain their dignity."

During the inspection we saw staff promoted people's independence where possible. Staff gently encouraged people to participate in activities they enjoyed. For example we observed one person preparing napkins and cutlery for the mealtime and a staff member asked them if they were comfortable and if they wanted a drink. Staff were patient with people when speaking to them and took time to ensure people understood what was being said. Staff members often approached people to check they were ok.

Information on people's wishes for end of life care had been recorded in their care plans if it had been provided. This was dealt with in a sensitive way and staff were tactful about when to discuss it and with whom.

The staff and registered manger informed us that there were no restrictions imposed on relatives or others visiting the home to see people living there. One relative told us, "I have always been made most welcome when I visit the home."

Is the service responsive?

Our findings

People's needs were assessed before they were admitted to the home to ensure their needs could be met appropriately. Their care and support was planned in partnership with them, their families and any health or social care professionals involved in their care.

Care plans covered a range of people's care needs such as diet, mobility, communication, mental and physical health and social needs. People's care plans contained information about people's personal history, individual preferences and interests. Staff told us they had access to care records and that they were easy to follow. Care plans were regularly reviewed and reflected any changes that needed to be made and documented how people and their relatives were involved in this process.

All the staff we spoke with were knowledgeable about the care that people received. For example, one person told us, "The staff know what care I need very well. I am happy with my care." Staff were responsive to the needs of people who used the service and people told us that they received the care they needed at the time they needed it. For example, one person told us, "I never have to wait too long. Staff respond quickly if I need help."

People were supported to access activities which they enjoyed. The provider planned activities according to the preferences of people who used the service. A variety of external entertainers visited the service regularly and provided a range of activities such as singing, arts and crafts and reminiscence groups. We saw staff support people with individual activities whether that be talking to them, reading the paper or helping them with puzzles.

People told us they knew how to complain. For example, one person told us, "I would complain to the manager straight away." The service had a complaints policy in place. This provided guidance to staff on how to respond to complaints effectively. We looked at complaints that the service had received and found the registered manager had responded to any concerns in a timely manner and had resolved any issues.

The provider undertook regular surveys with people as well as their friends, families and representatives although these had not highlighted any areas for improvement. The registered manager was always open to hearing people's opinion of the service and there was a suggestion box in the reception area for people and visitors to use.

Is the service well-led?

Our findings

People told us they felt the service was well led. One person told us, "The manager is very good. They check everything regularly."

There was a management structure in the home which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the home and was supported by the deputy manager and senior staff. There was an open, positive culture within the care home. This was led from the top down. One staff member told us, "The manager and senior staff are very supportive and you can discuss anything with them. Nothing is too small." Staff told us the registered manager was very visible in the home and would regularly support staff in giving personal care to people. One staff member told us, "The manager cares about the staff and the people living here."

Staff told us the communication between the management team and staff was very good and all staff received either notices of changes or individual letters. Staff feel well supported but all stated they would like regular staff meetings to enable them to discuss and share information in an open forum.

We recommend the provider and registered manager commence regular staff meetings to enable staff a forum to raise any concerns, discuss any changes and share good practice.

There were systems in place to regularly monitor the quality and safety of the service being provided. Checks were being carried out on a daily, weekly and monthly basis. These included checks on people's medicines records, their care plans, accidents and incidents that had occurred and health and safety within the home. However these were not always robust enough in monitoring and auditing the medicines records including the controlled drugs recording book. The registered manager took immediate action to review and update the home's quality assurance processes to ensure good practice guidelines and accurate auditing of all medicines will in future be completed regularly. They also booked further training to enhance their knowledge of current best practice.

The registered manager spoke positively about how they were fully supported by the registered provider, who responded immediately to any situation when requested. They met regularly to discuss quality assurance and other relevant updates. The registered provider fully supported continued improvement plans. For example, new carpets and refurbishment of bedrooms when they became vacant. The provider had recently installed a sprinkler system throughout the building to improve safety for people using the service.

The registered manager had a good knowledge of their legal responsibilities to notify CQC and other appropriate agencies of incidents and accidents appropriately.