

Ann Tuplin Care Homes Ltd

Carseld Residential Home

Inspection report

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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

Carseld Residential Home is a residential care home providing accommodation and personal care for up to 22 older people and younger adults including people living with dementia. At the time of our inspection 18 people were living at the service.

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

The provider's quality assurance systems were not always effective in identifying and addressing actions identified. We have made a recommendation the provider continues to embed governance systems.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service support this practice. However, staffs knowledge was limited in relation to the Mental Capacity Act (MCA). We have made a recommendation in relation to staff knowledge about the MCA.

Medicine were safely ordered, stored and administered, however additional documentation was not always available. We have made a recommendation about the safe management of medicines.

People had support from safely recruited staff and there were enough staff on duty. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. Staff continued to receive guidance and support from management when required.

People and staff spoke positively about the management of the service. There was a positive, caring culture within the service and we observed people were treated with dignity and respect. People were happy with the care they received, they felt safe and well looked after. People felt consulted about their wishes and they knew how to make a complaint if they wished to.

People received care and support that was developed to meet their individual needs as reflected in their care plans. Care plans included risk assessments for known risks and staff followed support plans to help keep people safe.

Staff had positive links with healthcare professionals which promoted people's wellbeing. Records confirmed the registered manager worked in partnership with stakeholders. We found the registered manager to be open and responsive to feedback.

The home was clean and tidy and additional cleaning processes had been implemented to prevent the risk of spread of infection.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 7 June 2022 under a new provider and this is the first inspection.

The last rating for the service under the previous provider was good, published on 9 January 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Carseld Residential 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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by 2 inspectors and an 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.

Service and service type

Carseld Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carseld Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the director, registered manager, deputy manager, care staff and housekeepers.

We reviewed a range of records. This included 4 people's care records and 14 medication administration records. We inspected 3 staff files in relation to their recruitment. A variety of other records relating to the management of the service, including audits and policies and procedures, were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were mostly managed safely. However, some information to support staff was not always available.
- Instructions for medicines which should be given at specific times were not always available. However, staff were aware of people's medication needs and medicines were given at the correct times. The registered manager took immediate action to address the recording shortfall.
- Recording systems for prescribed thickeners was incomplete. A system was implemented on day of inspection.

We recommend the provider reviews best practice guidance relating to the safe management of medicines.

- Staff were trained and supported in their role to administer medicines.
- Detailed guidance specific to each person on how to administer medicines prescribed as and when people required them, known as "when required or PRN" was available to staff.
- Medication Administration Records (MAR) matched the correct quantities of medicines. This meant we could be assured medicines had been given as signed for by staff on the medicine's administration record.
- The registered manager was responsive to our feedback and implemented an action plan to address the concerns identified.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Fire safety was not always managed safely. There was no evidence to support staff completing time simulated evacuations. The registered manager provided assurances and evidence this would be addressed immediately.
- The premises were well maintained. Regular checks of the environment were completed to make sure it was safe. For example, checking the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs, and maintenance.
- Risks associated with people's care were assessed and regularly reviewed. However, we identified 1 care plan contained some conflicting information. We brought this to the attention of the registered manager who took action to address this during the inspection.
- There was a system in place to report and record incidents and accidents. However, there was minimal evidence to support the monitoring and analysing of accidents, incidents or falls. Information was not always collated to evidence any potential themes, trends or lessons learnt. The provider was responsive to our feedback during the inspection and began making improvements in this area.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from abuse.
- Referrals were sent to the local authority safeguarding team when required and outcomes followed up.
- Staff were trained to safeguard adults from abuse. They understood their responsibility to identify and report safeguarding concerns to the local authority, police or CQC if needed.
- People we spoke with told us they felt safe at the service. One person said, "They do make me feel safe, this is a happy place and I wouldn't be anywhere else." A relative said, "I know my loved one is safe here. I have complete peace of mind that they get the best care possible."

Staffing and recruitment

- The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.
- People and relatives told us enough staff were on duty to meet their needs. One person said, "When I use my call bell, they [staff] are there very quickly."
- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly. Staff said, "We have more than enough time to spend with people and understand, we really get to know people well."

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the care home required refurbishment to enable more effective cleaning.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

People were supported to receive visits from friends and family. We saw people enjoying visits from friends and family throughout the inspection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff's knowledge of The Mental Capacity Act and the Deprivation of Liberty Safeguards and how this would inform their practice was limited.

We recommend the provider develops systems to assure themselves staff have the right competence, knowledge and skills to carry out their role in accordance with The Mental Capacity Act.

- Staff received a comprehensive induction to prepare them for their role, ongoing training, and regular opportunities to discuss their work, training, and development needs.
- The provider's training matrix confirmed staff had received training to meet people's individual needs.
- Staff also received specific training in relation to people's individual assessed needs. For example, dementia and diabetes.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA and associated DoLS were in place for people, authorisations were correctly obtained, and any conditions complied with.
- Where people lacked capacity to make a specific decision, a mental capacity assessment had been undertaken and a best interest process followed. This included relevant people such as health and social

professionals and families.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs, preferences and wishes were effectively assessed, and care and support regularly reviewed.
- Care plans reflected people's protected characteristics under the Equality Act 2010 to ensure these were identified and respected. This included people's wishes in relation to their religion and sexuality. Information guided staff how to support people in these areas.
- Staff supported people to be healthy. People had specific care plans that showed their eating and drinking needs and preferences.
- People told us they enjoyed the choice of meals, they were involved in menu planning, and could have snacks and drinks as they wished. People praised the quality of the meals and food provided. One person said, "The food is lovely."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Information was shared with other agencies if people needed to access other services such as hospitals or specialist involvement.
- Care files contained information about each person's health needs and the support they required to remain as independent as possible.
- People benefited from staff monitoring their wellbeing and health.

Adapting service, design, decoration to meet people's needs

- The premises were adapted to meet people's needs.
- The layout of the service enabled people to move around the service freely. People had access to communal rooms where they could socialise.
- People's bedrooms were personalised with their own belongings and family photographs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported and treated with dignity and respect. Relatives spoke highly about how caring and supportive the service was.
- People were relaxed, confident and comfortable in the company of staff. There was a calm, relaxed, friendly atmosphere and we observed staff taking time to sit and chat with people. We observed several meaningful interactions shared between people and staff. One person said, "The girls [staff] in here are very good and lovely."
- There was a person-centred culture. People received care from caring, compassionate and motivated staff who were proud to work for the service. Staff demonstrated a real empathy for people they worked with. One relative said, "I would not want my loved one anywhere else, this feels like an extension of my family."

Supporting people to express their views and be involved in making decisions about their care

- The provider sought feedback from health professionals and people's representatives. People were supported to express their experiences of the service through various methods of communication and formats such as individual and group meetings, surveys and feedback forms.
- The relationships staff developed with people and relatives helped to ensure people were confident in expressing their views. People told us they made their own choices around activities of daily living. One relative said, "I am always contacted about things and still feel very involved. It's the best bit though because I don't have the worries."

Respecting and promoting people's privacy, dignity and independence

- Staff took pride in creating an atmosphere that welcomed people and promoted their independence whilst respecting their privacy and dignity.
- People's wishes were respected with the daily choices they made or were supported to make. Staff said, "We know people very well, people have been with us for a while and we get to know their likes and dislikes, we have nice bonds with people, but they still have a choice."
- People's privacy was respected and people's dignity upheld. Care plans gave information about how people indicated they wanted time by themselves.
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people they cared for well and used this knowledge to provide personalised care. They were able to give a detailed history of each person, including likes, dislikes and the best way to approach and support the person.
- Care plans were person centred, up to date and accurate. They gave clear information how to support people in the way they preferred.
- People and relatives commended staff's ability to respond with patience and knowledge especially when people were down or upset. People and those close to them praised staff's person-centred care and understanding, which put people at ease and enriched their lives

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and took them into account when planning care.
- Care plans included detailed guidance for staff to help them communicate with people.
- Information was provided to people in a format most accessible to them, such as large print and pictorial versions.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to engage in social activities. For example, we saw a well attended game of bingo taking place during inspection.
- People were encouraged to engage in activities that interested them. People and relatives were involved in organising a summer fayre open to the local community.
- Staff supported people to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- The service had systems and processes in place for people to raise concerns and complaints.
- The management team kept a record of complaints and concerns they had received. These were responded to in line with the providers policies and procedure.

- Relatives knew how to make a complaint and told us the provider was approachable.

End of life care and support

- At the time of the inspection, the service was not providing care to people at the end of their lives.
- People's care plans provided evidence that people were encouraged to discuss their futures and end of life care wishes if they wanted to. This information was used to provide staff with guidance of how a person may wish to be cared for at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems and processes that monitored quality and safety. This included regular internal checks and audits and covered a variety of areas such as health and safety and medicines management. Where required improvements to the service had been identified through quality auditing, action was not always evidenced on the action plan.

We recommend the provider reviews their system and processes for capturing and recording actions identified through quality audit monitoring.

- Staff were clear about their roles and responsibilities. Staff had allocated areas of responsibility and systems were in place to make sure daily tasks and checks were completed on each shift.
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- The provider supported the registered manager through regular visits to continuously develop their own knowledge and skills.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted a positive culture focused on person-centred care. Staff described an open and honest culture where people and relationships mattered.
- Staff understood the values of the service to keep people safe, promote independence and support people to live meaningful lives. We observed good rapport between people and staff.
- There were systems in place to evidence feedback from people, relatives and staff.
- Morale within the service was good and the culture was open and relaxed. We observed positive interactions between people and staff.

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 registered manager was committed to providing good quality care to people.
- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised. One person said, "I feel respected and

listened to and have no reason to believe that would be different if I did have a complaint."

- Staff told us they felt listened to and that the registered manager was approachable. A staff member said, "[Registered Manager] is very approachable, they just listen, we [staff] are not on edge, they are understanding and they are always prepared to help."

Working in partnership with others

- The registered manager worked closely with several community health and social care professionals to ensure people maintained their health and wellbeing.
- People benefitted from partnership working with other local health professionals. For example, GPs, community nurses and a range of therapists.