

M D Homes

Carrick House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Carrick House Nursing Home is a care home providing personal and nursing care for up to 27 people. The service provides support to older people who live with dementia and/or physical disabilities. At the time of our inspection there were 27 people using the service. Accommodation was provided across 2 floors with a communal lounge and dining areas on the ground floor.

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

People were kept safe and were looked after by enough staff that knew them well. Systems for managing and administering people's medicines were in place and regularly reviewed. Risks to people's health, and environmental risks were assessed and monitored.

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 supported this practice.

Systems were in place to ensure people were protected from abuse and treated with respect and dignity. The registered manager monitored incidents to make sure any lessons were learned to improve outcomes for people. We saw positive engagement between staff and people. People told us that staff were kind and looked after them well.

Staff received the training, guidance and support they needed to do their job well and to effectively meet people's needs. The manager was approachable and provided staff with leadership and direction.

The registered manager and staff worked in partnership with other health care professionals to deliver an effective service. There were up to date systems in place to monitor the quality of the service and any learning was identified and acted upon.

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

Rating at last inspection and update

The last rating for this service was good (published 29 October 2020). At our last inspection we recommended that the provider seek further advice and guidance from a reputable source, about the function and purpose of fluid and pressure area monitoring charts and the importance of them being accurately completed. At this inspection we found improvements had been made.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe, effective and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carrick House Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect. We may inspect sooner if required and if we receive any concerning information.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our effective findings below.

Carrick House Nursing 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.

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.

Inspection team

The inspection was carried out by 1 inspector and 1 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

Carrick House Nursing 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. Carrick House Nursing Home is a care home with 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 since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people using the service, 4 family members, the registered manager, managing director, 1 care staff, 1 nurse, the chef and the domestic staff. We reviewed a range of records which related to people's individual care and the running of the service. These records included 3 people's care files, 3 staff files and medicine administration records and protocols. We also looked at a variety of records relating to the management and quality assurance of the service including policies and procedures and a range of audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were as far as possible kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- One person told us, "People around me are good and that's why I feel safe," and a family member said, "My [relative] is safe here, they are getting constant care."
- There was a consistent approach to safeguarding. The registered manager dealt with concerns promptly and worked with people, their families and external agencies to promote safety and prevent abuse.
- The service had effective safeguarding systems, policies and procedures in place and staff had up to date training in safeguarding.

Assessing risk, safety monitoring and management

- Risks to people were assessed, documented and reviewed to ensure their safety and well-being.
- People had individual care plans in place which provided staff with information on risks that had been assessed and the measures put in place to ensure people received support in a safe and consistent way.
- Staff managed the safety of the living environment and equipment used to support people well through checks and actions to minimise risks. One staff told us, "Before we use the equipment, we need to make sure that it has been checked and that we have been trained to use it."
- The registered manager carried out regular health and safety audits and environmental checks to monitor the safety of the service. Where risks were identified appropriate risk assessments and plans were put in place to minimise the occurrence.

Staffing and recruitment

- There were enough staff deployed to meet people's needs in a timely manner.
- One person told us, "There are enough people to look after me and if I need help there is a bell I will ring it and sometimes they come immediately." A family member told us, "There is enough staff and there is no high turnover in staff, the same people all the time which is nice."
- The provider had completed comprehensive background checks on staff before they were employed. For example, the provider had ensured staff had DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Recruitment and induction training processes prepared staff for their role. Staff members were supported to undertake training, learning and development and had regular ongoing periodic supervision from the registered manager.

Using medicines safely

- Medicines were managed safely. Regular checks were completed on the medicines stock and records. We reviewed these records and we found people had their medicines administered safely and in line with the prescribing instructions.
- Medicines were administered by trained staff. Staff received regular observations of their practice to help ensure medicines were administered safely.
- There was an up-to-date medicines administration policy in place which guided staff to protect people against risks associated with the management and handling of medication. During the inspection we observed nursing staff using the procedures such as storage and administering medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visits to the service were carried out in line with current government guidance.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well. Staff were aware of the reporting procedures for any accidents or incidents that occurred.
- One staff member told us, "The manager meets with us on a daily basis and here we have the opportunity to discuss what is happening in the service and reflect on any incidents or complaints."
- The registered manager held debriefs with staff following accidents and incidents. Information from the debriefs were analysed and learning was shared with the wider staff team to help prevent similar incidents from happening again.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection we recommended the provider seek further advice and guidance from a reputable source, about the function and purpose of fluid and pressure area monitoring charts and the importance of them being accurately completed. At this inspection we found the provider had made improvements.

- People's needs were assessed and monitored by the service. Care plans were detailed and included people's healthcare needs and medical conditions.
- One family member told us, "My [relative] needs to be re positioned every 2 hours and the staff do maintain this and [person] has had no pressure sores. She is well looked after."
- Staff told us about people who were at risk of pressure ulcers. One staff member said, "We have people who are at risk of pressure sores, and we need to support them according to the risk assessment and make sure we reposition the person on a regular basis and monitor the areas in case there are any pressure sores emerging. We need to be vigilant."
- Care plans were reviewed every 6 months and sooner if needed. This was to reassess peoples needs to ensure that the right care was being provided.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- During the inspection we observed people's meals individually served on trays, tables were laid with cutlery, napkins and condiments. There were also cartons and jugs of water and juice for people to help themselves to.
- One person told us, "I enjoy the food, it is actually very nice. I enjoy both supper and lunch. We get enough snacks during the day, and I haven't lost any weight." Another person said, "I enjoy all the food, if there is something that I don't like I will explain to the staff, and they would get me something different."
- The registered manager conducted weekly audits at mealtimes to ensure people's needs were being met. The audits covered areas such as comments from people and staff, presentation, menus being accessible to people and special diets.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported.
- Staff were appropriately supported to fulfil their roles. New staff completed an induction, which included

shadowing experienced staff as well as training and assessments of their skills and knowledge.

- One staff member told us, "My induction was good and I shadowed more experienced staff who guided me very well, this helped me understand my role and gave me the confidence. They were supportive and I felt comfortable to ask questions."
- Staff teams held meetings and reflected on their practice to consider improvements in the care they provided and any additional training they needed.

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

- People were supported to have regular health checks, including an annual health check. An annual health check-up is where a person's health is discussed so problems can be identified early, and care and treatment can be provided.
- The service worked with external professionals to create individual health action plans for people. The plans identified people's health needs and the level of support each person required.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The environment was homely and stimulating. The registered manager had plans to renovate an area for additional storage. This would create more space in the communal areas for people to enjoy.
- One family member told us, "My [relative] likes it here, she has a nice big room with her personal effects in it."
- During the inspection we observed people using the accessible garden and enjoying activities such as gentle exercise, artwork and discussion groups.

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 and whether any conditions relating to those authorisations were being met.

- The service worked within the principles of the MCA.
- When people were unable to consent to their care and treatment the registered manager ensured that appropriate applications to the local authority for DoLS had been made. One family member told us, "My [relative] does not have capacity, so I am the Lasting Power of Attorney and involved in all aspects of her health and wellbeing, I am kept up to date about my [relative] from the staff."
- Staff had up to date training in MCA and DoLS to understand the relevant consent and decision making requirements of legislation and guidance.
- One staff told us, "You have to assume people have capacity but if they don't there needs to be a best interest meeting and evidence of this in their [person] file."

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the service they managed.
- People, relatives, and staff were positive about the way the service was managed. A relative said, "The manager, is a lovely person and very approachable, If I need to air any concerns to them or the staff, the issues are resolved."
- Staff gave us positive feedback about the registered manager's leadership style and how the service was run. One staff member told us, "It's a nice place to work and the manager is very knowledgeable, approachable and supportive."
- There were quality monitoring processes in place. These included checks in areas such as infection control, meal observations, medication, environmental checks and health and safety.
- There was an up-to-date quality system policy in place which detailed a clear structured approach and demonstrated accountability for continuously reviewing and improving the service.

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 understood their duty of candour responsibilities and was open and honest with people.
- People and their relatives said they were kept informed if things went wrong with their care and support and provided with an apology. This was enabled by the positive and proactive attitude of the management team and staff.

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 service had a culture of being person centred, engaging, open and inclusive.
- People received care and support from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. Staff told us they received relevant training and good support from management. A staff member told us, "We all work as a team and that includes the domestic and kitchen staff, we are all here to support the residents, so it makes sense."
- People and their relatives spoke positively about the care and support they received. Comments included, "They [staff] are very good here, I am very happy, it's a safe place, its small and personal, we are not a number, they know who [relative] is and they know us the family members."

- Throughout the inspection we observed people being included and empowered to make decisions about their care. For example, we saw staff asking people what they would like to do or what they would like to eat.
- The service had various ways of obtaining feedback from people, their relatives and staff. For example, yearly surveys, feedback forms, a care home review website and meetings, which then helped shape the service and make improvements.

Continuous learning and improving care

- The service improved care through continuous learning.
- The accidents, incidents, complaints and compliments system enabled the registered manager, staff and the provider to learn from and improve the service.
- One staff member told us, "We have a lot of time to meet as a team and address issues to improve on the care we give. For example we have daily meetings with the manager where we look at what is going well and what we need to work on."
- Performance shortfalls were identified by audits and progress made towards addressing them was recorded in an action plan and shared with the staff team.

Working in partnership with others

- The service worked in partnership with others.
- The registered manager and staff maintained links with services such as, mental health teams, dietitians, physiotherapists and other health care professionals.
- The provider worked in partnership with key organisations such as social care professionals and external agencies including local authorities. This approach enabled effective and well-coordinated care for people.