

Carlton House Rest Home Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a focused inspection on 06 March 2018 in response to concerning information about poor and unsafe care and treatment relating to poor manual handling techniques, concerns about medicines administration, lack of staff deployed resulting in people getting up to early and poor hygiene practices. This report only covers our findings in relation to the key questions, 'Is the service safe?' and 'Is the service well-led?'

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

Carlton House Rest Home accommodates 40 people in one adapted building. Accommodation at the home is provided 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. At the time of the inspection 33 people were using the service.

There was 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 and associated Regulations about how the service is run.

People felt safe living at Carlton House Rest Home. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

There were arrangements in place for managing medicines. However further work was required on the recording of the administration of 'when required' (PRN) medicines.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

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.

There were arrangements in place for managing medicines. However further work was required on the recording of the administration of 'when required' (PRN) medicines.

People and their families told us they felt safe living at the home and risks were managed appropriately. Recruiting practices were safe.

Staff had a good understanding of infection control procedures and people told us the home was kept clean.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke highly of the registered manager, who was approachable and supportive.

There were systems in place to monitor the quality and safety of the service provided.

The service had appropriate policies in place.

Carlton House Rest Home Limited

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.

The inspection took place on 06 March 2018 and was unannounced. The inspection team consisted of one inspector 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 kind of service. We previously carried out an unannounced comprehensive inspection of this service on 13 and 16 March 2017. Following this inspection in which we rated the service as good.

We received concerns relating to poor manual handling techniques, concerns about medicines administration, lack of staff deployed in the morning resulting in people getting up to early and poor hygiene practices. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to these issues. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlton House Rest Home Limited on our website at www.cqc.org.uk.

Prior to the inspection, we reviewed the previous inspection report and information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with eight people living at the home and four family members. We also spoke with the registered manager, registered provider, cleaner, four care staff and two visiting health professionals. We observed staff providing care and support to people in the lounges and looked at five care plans and associated records for

people living in the home. Staff duty records, four recruitment files, medication records, policies and procedures and quality assurance records were also viewed.

Is the service safe?

Our findings

We carried out a focused inspection as we had received information which raised a number of concerns. These were people receiving poor manual handling. Poor medicine practice, where staff signed for medicines before people were offered their medicines and leaving the medicines trolley downstairs. Lack of staff on duty resulting in staff having to get people up for breakfast in the early hours of the morning. Concerns had also been received about a general lack of care provided which resulted in people being left in wet pads and wet beds all day. This inspection found these concerns were unfounded and that the legal requirements were being met.

We found no concerns with people being made to get up very early in the morning, we observed no poor manual handling practice and the medicines trolley was taken to each floor to administer medicines. Medicines were recorded only when staff knew they had been administered. The home was very clean and no malodours were present. All the people and their relatives confirmed this and raised no concerns about the care at Carlton House Rest Home during this inspection.

People and their families felt safe living at the home. One person told us, "I have been in here for about four weeks and I feel very safe here." Another person said, "I like a bath and although I can do it on my own, it's good to know there's someone nearby if I need help. I like the staff because they are very helpful." A family member told us, "The staff here are brilliant; they can't do enough for my Mum. I live away but I know my Mum is safe, warm and well fed." A health professional told us, "Staff are very conscientious, listen and do take on board advice. They will do what is advised".

People were supported to receive their medicines safely. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines. There were up to date policies and procedures to provide guidance and help support staff to manage medicines in accordance with current regulations and guidance. However, on some medicine administration records (MAR) there were missing signatures for prescribed medicines and topical creams. Staff administering medicines are required to confirm the person had received their medicines. We checked stock of medicines which showed people had received their medicines but this was not always recorded when this had taken place in people's records. We spoke to the registered manager and medicine lead and they were going to speak to the staff involved and ensure records were recorded appropriately.

Medicine administration records (MAR) and care plans contained supporting information about a person's medicines needs, such as allergies, ability to communicate and how people liked to take their medicines. Where people had been prescribed medicines to be given 'when required' (PRN) some care records gave clear information on when these were required; however, this was not consistent. These protocols give additional guidance to staff about when these medicines might be needed. Some clarity was required in medicine administration records as to the administration and effectiveness of these medicines.

Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it

to them.

The home was holding medicines that required stricter controls called controlled drugs. A spot check of these drugs showed the medicines corresponded with the controlled drugs register which two staff had signed when medicines had been given in line with current legislation. Homely remedies were available for people if these were required. These are medicines which can be bought over the counter at pharmacies and include medicines for pain relief, constipation and indigestion. These had all been reviewed and signed by the GP that they were safe to take with their other medicines.

Recruitment processes were followed which meant staff were checked for suitability before being employed in the service. Staff records included an application form and a record of their interview, two written references and a check with the Disclosure and Barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service. However, we found some employment gaps on some older staff recruitment files which hadn't been explored. The registered manager told us they had introduced a new format last autumn where they were recording any unexplained gaps, which we observed at the inspection. The registered manager said, as a result they will check all older staff employment files to make sure all files are up to date.

There were sufficient numbers of staff deployed to meet people's care needs. Staff rotas were planned in advance and reflected the target staffing ratio we observed during the inspection. During the inspection we saw that staff were not rushed and responded promptly and compassionately to people's requests for support. Staffing levels were determined by the number of people using the service and their needs. Absence and sickness were covered by permanent staff working additional hours. This meant people were cared for by staff who knew them and understood their needs. A staff member told us, "I feel we have enough staff here. We have office staff and [managers name] if needed".

People told us they felt there were enough staff and no one told us of having to get up very early to have their breakfast and were all happy with the care and support provided at breakfast time. One person told us, "I can have my breakfast brought up to my room if I choose". We spoke to staff on duty at the time of inspection who had no concerns about the time people were having breakfast in the morning. One staff member said, "I've not heard that residents get up early. Residents haven't said anything".

People were kept safe as staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. A safeguarding policy was in place and support staff were required to read this and complete safeguarding training as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risk of harm. Staff understood people's risk assessments which were monitored and reviewed monthly. These included environmental risks and any risks due to health and the support needs of the person. Risk assessments were also available for moving and handling, use of equipment, and falls. For example, we observed one person being assisted in a wheelchair; the staff member was able to choose a suitable wheel chair to use to move the person to the dining room. The home had a number of wheelchairs in varying sizes and the staff member explained that they needed a small wheeled chair with foot supports to do the job safely. This demonstrated that the staff are aware of the risks while moving people and took time to ensure people were in a safe position.

At the time of our inspection staff told us that nobody currently living at the home needed the use of a hoist. One staff member said, "We keep an eye on those who are mobile and ensure they are safe when moving about". All the staff we spoke to with stated that they felt they had adequate training to do their job. One staff member said, "I've never had any issues, all the equipment is fine". A health professional told us, "No concerns with any pressure areas or falls, lovely home. No concerns at all".

At this inspection we found people were happy with the cleanliness of the home. The home was clean and tidy and staff demonstrated a good understanding of infection control procedures. Staff followed a daily cleaning schedule and areas of the home were visibly clean. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons.

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 to 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.

Is the service well-led?

Our findings

People and their families told us they felt the service was well led. One person told us, "I think she [registered manager's name] is very nice". A health professional said, "Very knowledgeable of their residents, no concerns here. [Registered manager name] brilliant, knows her stuff. Interested and wants to learn and always got time."

At the last inspection we recommended the provider and registered manager commence regular staff meetings to enable staff to raise any concerns, discuss any changes and share good practice. However records showed there had only been one staff meeting since our last inspection. The registered manager agreed they had fallen behind and in consultation with staff were planning formal meetings every six months and had another meeting planned.

There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area. The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.

Staff were positive about the support they received from the registered manager and provider within the home. One staff member told us, "I feel supported in my role. I feel we have a good team". Another staff member said, "The provider has put a lot into the home". Other comments included, "[Registered manager name] they are great, supportive and happy to help". As well as, "The owner is very good, if I need some piece of kitchen equipment he'll get it for me".

A yearly questionnaire was sent to all staff and people using the service and their families. This had only just been sent out at the time of our inspection so we were unable to see any results.

The registered manager used a system of audits to monitor and assess the quality of the service provided. These included medicines, infection control, health and safety, accidents and near misses, complaints and concerns. Records showed that any issues were identified and implemented where needed. The registered manager maintained a visible presence in the home.

There were processes in place to enable the service to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open way when people came to harm. People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.