Care Quality Commission

Jeeves Care Homes Ltd

# Carrington House Care Home

## Inspection report

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## Ratings

| Overall rating for this service | Good |
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|---|---|
| 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

This unannounced inspection took place on 23 and 24 October 2017. Carrington House Care Home is registered to provide accommodation for up to 28 people, some of whom are living with dementia, who require support with personal care. On the day of our inspection 26 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

People felt safe in the service and staff understood their responsibility to protect people from the risk of harm or abuse. Risks to people's health and safety had been assessed and were kept under review. When incidents had occurred at the service measures were implemented to reduce the risk of reoccurrence. There were sufficient numbers of staff to meet people's needs in a timely manner and safe systems were in place to support people to take their medicines.

People were supported by staff who received relevant training and felt supported. People were asked for their consent before support was provided and people who lacked capacity to make certain decisions were supported in their best interests in accordance with legislation. People were supported to eat and drink enough and were supported to maintain good health. Referrals were made to health care professionals for support and guidance if people's health changed.

People were supported by a caring staff team who communicated with people in a friendly and supportive way. Staff offered people explanations and provided them with information in order to promote choice and independence. Staff supported people to maintain their privacy and dignity.

People's needs were responded to by staff who knew people well. Care plans were in place which provided information about the care people required although these had not always been updated when people's needs had changed. However, the registered manager took immediate action to rectify this. People were encouraged to raise any concerns or complaints they had about the service and records showed that complaints had been responded to appropriately.

People and their relatives commented positively on the atmosphere and the management of the service. People's views about the quality of the service they received were actively encouraged and records showed that suggestions about improvements had been acted upon. Effective systems were in place to monitor the quality and safety 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.

People felt safe and staff understood their responsibility to protect people from the risk of harm or abuse.

Risks to people's health and safety had been assessed and were kept under review. When incidents had occurred at the service measures were implemented to reduce the risk of reoccurrence.

People were supported by sufficient numbers of staff and safe systems were in place to support people to take their medicines.

### Is the service effective?

**Good**

The service was effective.

People were supported by staff who received relevant training and felt supported.

People were asked for their consent before support was provided and people who lacked capacity to make certain decisions were supported in their best interests in accordance with legislation.

People were supported to eat and drink enough and were supported to maintain good health.

Referrals were made to health care professionals for support and guidance if people's health changed.

### Is the service caring?

**Good**

The service was caring.

People were supported by a caring staff team who communicated with people in a friendly and supportive way.

People were provided with explanations and information by staff in order to promote their choice and independence.

People were supported by staff who  maintained their privacy and dignity.

## Is the service responsive?

Good

The service was responsive.

People's needs were responded to by staff who knew people well and activities were provided which reflected people's interests.

Care plans were in place which provided information about the care people required, although these had not always been updated when people's needs had changed. However the registered manager took immediate action to rectify this.

People were encouraged to raise any concerns or complaints they had about the service and records showed that complaints had been responded to appropriately.

## Is the service well-led?

Good

The service was well led.

People and their relatives commented positively on the atmosphere and the management of the service.

People's views about the quality of the service they received were actively encouraged and records showed that suggestions about improvements had been acted upon.

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

CareQuality Commission

# Carrington House Care Home

**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 23 and 24 October 2017 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 type of service.

Before the inspection, we asked the provider to complete 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 this information in addition to other information we had received from and about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority, who commission services from the provider.

During the inspection we spoke with five people who were living at the service and spoke to three relatives over the telephone. We spoke with two senior care workers, two care workers, the cook, the registered manager and the owner. We looked at the care records of three people who lived at the service, medicines administration records, staff training and the recruitment records of three staff as well as a range of records relating to the running of the service, such as audits. We also spoke with two visiting healthcare professionals.

We observed care and support in communal areas of the service and 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.

Good

# Is the service safe?

## Our findings

People told us they felt safe and would speak with the staff or the registered manager if they had any concerns about their safety. One person told us, "If I was worried about something I would speak to the manager straight away." People's relatives also felt that people were safe living at the service and that staff would check they were safe. One person's relative told us, "Staff are always coming around to check on the residents to see if they are okay."

People were kept safe by staff who knew how to respond to any concerns or allegations of abuse. The staff we spoke with were able to describe the different types of abuse and the action they would take such as reporting concerns to the registered manager or external agencies if needed. One member of staff told us, "I would report to the manager. I know she'd do it (make a referral to the local authority) straight away. I would ring the (local authority) safeguarding team if needed, the numbers are on display." The local authority are responsible for investigating allegations of abuse and we saw their contact details were on display in the service.

Staff told us they had received training in safeguarding adults and the records we looked at confirmed this to be the case. This meant that staff had received training which the provider had identified as being mandatory to keep people safe. Records also showed that the registered manager had made safeguarding referrals to the local authority when needed.

Risks to people's safety had been identified, assessed and measures were in place to reduce the risk of harm if required. People's care plans contained appropriate risk assessments in relation to risks associated with moving and handling, skin integrity and nutrition. For example, records showed that one person had been assessed as being at risk of choking. In response to this risk the person had been assessed by a speech and language therapist (SALT) whose recommendations were included in the persons care plan and followed by staff. Another person was at risk of developing a pressure ulcer and we saw that equipment and measures were in place to reduce the risk, such as a pressure relieving cushion and staff support to regularly change their position to relieve pressure.

Records showed that regular safety checks had been carried out as required, for example in relation to fire safety, water temperature and equipment. When falls had occurred at the service, the registered manager had considered whether further safety measures were needed. Where specific safety measures had been identified, for example a bed rail to stop a person falling out of bed or additional locks on a door to prevent unsupervised access, these had been implemented. In addition, we found that checks were in place to ensure the measures were effective. Information was available to staff about the support people required to evacuate the building in the event of an emergency, such as a fire. The information about the support one person would require was not correct, however, this was rectified immediately by the registered manager when we brought this to their attention.

People and their relatives told us they were supported by a sufficient amount of staff to keep them safe. One person told us, "There is usually enough staff on duty." People's relatives told us they had observed a

sufficient amount of staff in the service. One person's relative told us, "There always seem to be enough of them (staff) on duty and they respond very quickly, not just with my relative, but I have observed that with everyone."

The staff we spoke with also said that there were enough staff to keep people safe and meet their needs. One staff member told us, "There are enough staff. [The owner] will listen if we think we need more staff." The registered manager told us they regularly discussed staffing levels with the owner and that staffing levels were adjusted in accordance with people's needs. They told us that night time staffing levels had recently been adjusted to ensure they had enough staff to meet people's needs and the staff we spoke with confirmed this to be the case. During our visit, we observed there were enough staff to provide timely support to people at the time it was required.

People could be assured that safe recruitment processes were followed. Staff had a Disclosure and Barring (DBS) check carried out prior to commencing work at the service and were asked to provide references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. Records confirmed that these checks had been carried out prior to staff working at the service.

People received the support they needed to take their medicines as prescribed by their doctor. We observed a staff member providing support and encouragement to a person, giving an explanation of why they needed medicines and observing the person taking them.

Information was available to staff to help ensure the administration of medicines was safe. People's medicines administration records (MARs) contained a photograph of the person, details of their doctor and a record of any allergies they had. We did identify one occasion when a medicine had been given and not signed for. A member of staff told us this would be raised with staff to ensure records reflected that medicines had been given. People had protocols in place to provide staff with information about medicines which had been prescribed as required (known as PRN) and bottles and external ointments had been dated upon opening to ensure medicines were being used at their most effective.

People's medicines were stored securely and safely. Temperature checks were carried out to ensure that people's medicines were stored at the correct temperature and appropriate action had been taken when temperature levels had risen above the recommended amount. Records confirmed that staff administering medicines had received training and had their competency assessed.

Good

# Is the service effective?

## Our findings

People were supported by staff who were competent in meeting their needs. One person told us, "The physical support is adequate," whilst a person's relative commented, "95% of the time they (staff) know what they are doing." During our inspection, we observed that staff supported people effectively, for example when supporting a person to change their position or take their medicines.

The staff we spoke with told us they received an induction when they commenced working at the service which prepared them sufficiently to undertake their roles. One staff member described their induction which consisted of learning about policies and procedures, fire safety and evacuation and working alongside an experienced member of staff. All of the staff we spoke with told us they received regular supervisions and an annual appraisal with the registered manager during which they had open conversations about their development and performance.

Staff were complimentary of the training they received. One member of staff told us, "(Training is) really good. I learnt a lot from it. There is always something new and the manager will tell staff when training is due." Records showed that staff had completed a wide range of training which the provider had identified as being mandatory in areas such as diabetes, first aid, falls and moving and handling.

People told us they were able to make their own decisions about how they spent their day. People told us they made their own decisions about when they got up, went to bed and what and when they ate. One person's relative informed us their relation was supported to make decisions by staff. They said, "My relative is able to make choices to a certain point. The staff take a lot from body language and if [relative] doesn't appear to like something (to eat) they will come back and offer something later."

During our inspection, we saw that staff offered people information about choices available to them and explanations to aid their understanding. For example, we saw that people were offered the choice to wear an apron during a meal by staff who explained it would protect their clothes. We observed another occasion when a person was supported by staff to decide what they wanted to eat. The staff member explained to the person the need to consider their medical condition which could be affected by what they ate. We saw that people were offered choices at mealtimes of food and drink and that people's choices were respected by staff.

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 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.

The staff we spoke with showed an understanding of the principles of the MCA. The staff were able to describe how they supported people to make their own decisions and acted in people's best interests in the event they lacked capacity. People's care plans contained details of people's capacity to make decisions

and  where people had been assessed as lacking the capacity to make certain specific decisions, an appropriate best interest decision had been made and recorded.

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. 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 MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Records showed that a number of applications had been made to the local authority if people were identified as potentially being deprived of their liberty and some of these had been authorised. The staff we spoke with were aware of which people had a DoL authorisation and described how the person should be supported in line with the authorisation.

People told us they got enough to eat but expressed mixed opinions on the quality and choice of food. Two people told us they got a choice of food at mealtimes however, one person commented, "Sometimes the food is not so good and it can be the same type of food all of the time." Despite this comment we saw that the menu choice for lunch was displayed in the service and some of the people we spoke with were able to tell us about the choices available.

The staff we spoke with were knowledgeable about people's dietary needs and preferences. For example, one member of staff told us which people required a modified diet to reduce the risk of choking and we saw that a record of people's specific dietary needs was kept in the kitchen.

We observed a mealtime at the service and saw that people were provided with the support they required from staff to eat their meal as described in their care plan. For example, we observed that one person was provided with adaptive cutlery and the support of a member of staff as required. Where people required support or prompts to eat their meal this was provided in an unrushed and supportive way. For example, we observed staff having conversations with people during their meal and providing encouragement such as, "Try a little sausage and let me know what you think."

The support that people required to eat and drink was recorded in their care plans. We found that when risks had been identified, such as the risk of not eating enough to maintain good health, measures had been implemented to reduce the risk. For example, one person's weight had been monitored regularly and support had been sought from a dietician when changes had occurred. The staff had followed the guidance of the dietician and the person was no longer losing weight.

Some people who lived at the service had health conditions which required monitoring. People's care plans contained information about people's healthcare conditions and what action staff should take in the event of deterioration in the person's health. The staff we spoke with were confident that the support of external healthcare professionals was sought when required and records confirmed this to be the case. We observed a person using the service commenting they felt sore on the first day of our visit and on the second day confirmed this had been discussed with a visiting healthcare professional

The visiting professionals we spoke with during our inspection told us that staff contacted them appropriately if they had concerns about people's health. They said that staff were knowledgeable about the people they supported, were conscientious and ensured that any advice given was passed on to all staff to ensure that people received the support they needed.

Good

# Is the service caring?

## Our findings

People were supported by caring staff. One person told us, "The staff are very nice, and they always speak to me," whilst another person said, "I have sore legs, but the staff are nice and put cream on them." People's relatives also described staff who were caring towards the people they supported. One person's relative stated, "Staff are very friendly and caring and welcoming and always ask how we are too."

We observed a friendly and caring atmosphere at the service. For example, we observed staff providing reassurance to a person who was staying at the service and saw that they made an effort to gain eye contact with the person and gave them information about their stay. They provided reassurance about when their family would be visiting. We also observed a meal time at the service and saw that staff engaged in friendly and encouraging conversations with people. One person was asleep during the first half of the meal and staff let the person rest but checked on them regularly. When the person woke they were supported to move into the dining room and eat their meal. In addition information was on display at the service which confirmed that the caring attitude of a particular member of staff had been rewarded by receiving the 'Dementia Carer of the year' award by a local paper.

Staff were knowledgeable about the people they supported. All of the staff we spoke with described getting to know people by talking with them about their lives and reading their care plans. One staff member said, "We get to know people by talking to them. Information (about how people like to be supported) is included in their care plan. We have time to talk to people." The staff member went on to describe people they supported including their likes, family relationships, hobbies and magazines they liked to read. People told us they received support at the time they needed it and we observed that people's requests for support and call bells were responded to in a timely manner.

We observed that staff made sure that people were comfortable. For example we saw that people were asked where they would like to sit, whether they wished to have their legs elevated and whether they wanted to sit in a position from where they could watch the television. Information was also available to staff and contained within care plans if people were prone to low moods and what action they could take to help alleviate this, including interaction, reassurance and engaging in activities with the person.

People's care plans contained information about how they communicated. This included what the person liked to talk about and the importance of clear communication and the need to seek consent from the person prior to delivering care. We observed numerous examples of staff providing information and explanations to people to aid their understanding and promote choice. For example, we observed several instances of staff ensuring people used mobility aids correctly by giving clear instructions. People were also given explanations of their medical conditions and why it was important they took their medicines.

The registered manager told us in their provider information return (PIR) that, 'All care plans are completed with the resident, family and friends.' The registered manager described staff members sitting with the person and their family members to gather information about how they wished to be supported and a staff member confirmed this was the case. We found evidence within people's care plans that they had

consented to aspects of their care and that information specific to them was included in an 'All about me' document.

People had access to independent advocacy. The registered manager was aware of local advocacy services and had utilised the services of an advocate in arranging regular meetings to discuss any concerns that people using the service had. Although contact details for local advocacy providers were not on display within the service on the day of our visit, we received confirmation from the registered manager following our inspection this had been done.  An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

People were supported by staff who respected their privacy and dignity. One person's relative confirmed, "Staff treat the residents respectfully, they kneel at their side and talk to them." The staff we spoke with were able to discuss strategies they used to ensure that people's privacy and dignity were maintained. These included asking people whether they had a preference about being supported by a male or female staff member and knocking on people's bedroom doors before entering, asking consent and providing explanations. When describing these strategies one staff member commented, "This is how we do it every day. We work for them (people who use the service."

Our observations confirmed what staff had told us. We saw that staff knocked on people's doors before entering and ensured people's dignity was maintained when supporting them to change position. We also observed a staff member taking a call regarding a person who lived at the service during which they moved away from a communal area of the service before giving information. This meant that the staff member respected the person's privacy.

The registered manager told us in their PIR that, 'We have an open door policy to the home, which means friends and family can visit as the resident wishes.' We observed this to be the case during our visit.

Good

# Is the service responsive?

## Our findings

People could be assured that an assessment of their needs was carried out prior to their admission to the service. The registered manager told us told us that a plan of care was produced following this assessment within four weeks of the person being admitted. We found that people's care plans were personalised and contained information specific to the person such as their preferences for how they wished to be supported. For example, one person's care plan contained information such as their favourite colours, times they liked to get up and food they liked to eat and the specific toiletries they liked to use.

The staff we spoke with displayed a very good knowledge of the needs and preferences of the people they supported. For example one staff member told us how a person using the service needed to be provided with information in advance so they could plan their day. This reflected the information provided in their care plan. Another staff member described the support they provided to a person with their personal care and talked about how the person liked to be supported, which again reflected the information contained within their care plan. This meant that people received personalised care with reflected their preferences.

The care plans we viewed had been reviewed regularly but had not always been updated when people's needs had changed. For example, one person's care plan contained information about a specific piece of mobility equipment and the need for thickened fluids to reduce the risk of choking. Records from healthcare professionals confirmed that the person was no longer safe to use the mobility equipment and did not require thickened fluids. Whilst staff were aware of these changes and followed the advice of healthcare professionals, their care plan had not been updated to reflect the changes. Another person's care plan also contained information about the specific equipment the person required and referred to thickened fluids. We were told that due to recent changes this information was no longer correct. This meant that whilst care was being provided which met people's needs this was not always clearly recorded. The registered manager updated relevant care plans during our visit and put measures in place to ensure that people's care plans were reviewed following visits from healthcare professionals and updated with any changes.

Records were kept to show that people had received care as outlined in their care plan. For example, to show that people had been supported to change their position to relieve pressure or that people had been weighed at the interval specified by their care plan.

People were provided with activities at the service. One person told us, "We have entertainers now and again and play bingo. It's a very good atmosphere." Another person said, "We do word searches, arts and crafts, jigsaws and play bingo." People's relatives also told us that activities were provided. One relative informed us that the provision of activities at the service was improving and stated, "We have had Halloween activities and visit from the Church. A really good PE instructor visits and he gets the residents doing activities. There is music and sing alongs with a karaoke machine."

We observed that information about activities for the coming week was provided at the service and that group activities were provided during our inspection, such as karaoke and exercise with a ball. These were well attended by people living at the service and staff supported people with limited mobility to join in.

People were also supported and encouraged to pursue their interests, such as playing scrabble or completing a crossword. Once again, staff ensured that people had the support they needed to participate. For example, we observed one staff member asking a person, "Would you like your crossword book? Let me get you your glasses and a table to lean on. Does your pen work?"

People and their relatives were actively encouraged to raise any concerns or complaints they had. The people we spoke with told us they felt comfortable talking to staff if they had any concerns and we saw that information about how to make a complaint was on display in the service. In addition, an independent advocate visited the service on a regular basis to discuss if people had any concerns and a regular residents meeting was chaired by a relative. The registered manger told us this was because they felt people may be more likely to talk openly to an individual who was not a member of staff.

People's relatives told us either they had no concerns or complaints or that when concerns had been raised they had been dealt with appropriately. One person's relative confirmed, "I had a recent concern and spoke to (registered manager and owner). They responded very well, and the issue was dealt with immediately." We reviewed complaints which had been received at the service since our last inspection. Records showed that appropriate action had been taken and that complainants had been responded to.

Good

# Is the service well-led?

## Our findings

People and their relatives were positive about the atmosphere of the service. People's relatives told us, "I would recommend this home to anyone," and, "There is a good atmosphere." Another person's relative commented, "There had been a lot of change over the last three years. Over the last nine months there had been a complete turnaround in the home. I am very impressed with the new manager and the owner."

People and their relatives were complimentary of both the registered manager and the owner of the service. We also received positive feedback about the running of the service from the staff who we spoke with. Staff confirmed that both the registered manager and the owner were visible, approachable and responsive. One staff member told us, "[Registered Manager] is here Monday to Friday and will cover at weekends if needs to. (They) will always be on the end of the phone. We can also ring the owner." The staff member told us they felt confident to speak freely and raise any issues with either the registered manager or the owner and were confident these would be responded to.

People, their relatives, staff and visiting professionals were given the opportunity to comment on the service provided by completing a quality assurance questionnaire. Actions had been identified from people's responses and acted upon. For example, a family and friends questionnaire had identified the need for a weekly activities planner and allocation book which ensured people were appropriately supported to have a bath or shower. We checked and found both of these measures had been implemented. In addition, a residents survey had identified the need for more board games to be available at the service, and we observed people playing board games during our visit. This meant that people's feedback was sought regarding the running of the service and acted upon to help drive improvements.

The service had a registered manager in place who understood their responsibilities to monitor and seek to continuously improve the service provided. They were responsive to our feedback during inspection and took swift action to improve care planning and review systems. Providers are required by law to notify us of certain events in the service. Whilst we had received notifications for most events, we had not been notified of two safeguarding incidents which had occurred at the service. Whilst we were assured that appropriate action had been taken to keep people safe following these incidents we should have been notified of these events. The registered manager told us this was a misunderstanding of the guidance and provided assurance we would be notified of these events in the future.

Staff told us they received regular feedback on their performance. They told us they received regular supervisions, an annual appraisal and had regular staff meetings. One staff member described staff meetings as a place where staff could talk openly and freely and that the registered manager asked if they had any problems. They told us that staff had made a suggestion about cleaning materials which had been acted upon by the registered manager. The staff member also told us that communication about important information and changes was good. They told us "The manager will speak directly to staff if care plans have been updated or there are new policies." The staff member told us the communication was effective in ensuring they knew what was expected of them.

People could be assured that the provider was committed to delivering a quality service. The registered manager completed quality checks on a regular basis such as bedroom checks, complaints and training. In addition audits were carried out in areas such as medicines, infection control, falls and incidents. The actions taken as a result of any falls and incidents in the service were clearly recorded, measures had been implemented and trends analysed. We checked a recent medicines audit and infection control audit and found these had been effective in identifying and acting on issues, such as tears in the fabric of seating. It was recorded that a plastic covering had been ordered so that these could be sealed. This meant that governance systems were effective in identifying and acting on issues.