

Jiva Healthcare Limited

Carlton House

Inspection report

44 St. Aubyns
Hove
BN3 2TE

Date of inspection visit:
30 September 2022
06 October 2022

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30 December 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Carlton House is a residential care home providing accommodation with personal care for up to 20 people. The service mainly provides support to older people, people who have dementia and people who require support due to their cognitive needs. At the time of our inspection there were 18 people using the service. Accommodation is provided over 4 floors in a quiet residential area.

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

Building safety and hygiene risks were not effectively identified or well managed. We were not assured about some aspects of infection prevention and control. Fire and building risks were not regularly assessed or tested to ensure everyone was safe.

Governance systems and oversight were not in place to ensure risks and standards were being managed effectively. There were no overall assessments or audits of the quality of care and no plans in place to address issues or ensure service improvements.

Staff were not always appropriately trained or supported to carry out tasks. The service experienced long term staff vacancies which meant the registered manager and care staff were also stretched to carry out cleaning and housekeeping tasks.

People were not always supported to have maximum choice and control of their lives when the service did not have enough staff, this affected people's choices about going out, being active and being supported with meaningful activity. However, staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and staff were kind, caring and respectful of people's needs and wishes. Staff built supportive relationships with people, and their relatives felt welcome and well informed about people's care.

The registered manager worked closely with people's health and mental professionals to ensure changes to their needs and risks were monitored and responded to effectively.

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

Rating at last inspection

The last rating for this service under the previous provider was good, published on 4 May 2020

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.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to building safety, staffing and governance at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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 not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Carlton House

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 visiting the service and 1 assistant inspector seeking feedback by telephone.

Service and service type

Carlton House 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. Carlton House 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 on the first day, we announced the visit for the second day.

What we did before the inspection

The provider was not asked to complete a provider information return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 12 September 2022 to help plan the inspection and inform our judgments. We reviewed information we had received from and about the service since it was registered under the new provider. We sought feedback from the local authority.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who lived at the service. Not everyone was able to communicate their views to us so we observed interactions between people and staff over two days of visits. We spoke with 6 staff including the registered manager, senior care staff and care staff including agency staff. We spoke with 3 relatives during our visits. We received feedback about the service by telephone, this included 6 relatives of people who lived at the service, 2 staff members and two visiting health professionals. We reviewed a range of records including 3 staff files and 4 people's care and support records. We reviewed a range of records relating to the building, staff training and governance.

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 registered service under the new provider. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Some building risk assessments had not been carried out to ensure the environment was safe. The annual fire safety assessment was last carried out in March 2021 and the provider had not ensured that fire related risks had been reviewed.
- Routine Legionella Disease testing and portable appliance testing (PAT) had not been carried out to identify risks within the building.
- Regular evacuation drills and evacuation training was not in place for staff to understand safe responses in an emergency.
- Maintenance risks had not been monitored and there was no maintenance plan in place to ensure the environment was safe for people. We found loose cables attached with plastic tape along stairways which had become a trip hazard and dimly lit stairs which increased the risk of falls.
- There was no regular cleaning schedule in place to ensure good standards of hygiene were being monitored and maintained. Some areas of the home required a deep clean, including floors and carpets. High touch areas, such as some doors and banisters, were visibly unclean.

The provider had failed to ensure the premises was properly maintained, standards of hygiene upheld, and health and safety risks assessed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There were not sufficient staff employed or trained to ensure risks in the environment and hygiene was safely managed. Use of agency staff had increased to cover some long-term gaps in staffing but there were still shortfalls for cleaning and social support for people. The registered manager sought regular staff from the agency to provide consistency to people, but this was not always possible.
- Staff who were helping to clean the home had not all received appropriate training in infection prevention and control, COSHH (Control of Substances Hazardous to Health) or health and safety.
- Most staff were not up to date with safety related training, such as fire safety, first aid or food hygiene.

The provider had failed to ensure there were sufficient staff, with appropriate safety training to carry out their role. This placed people's safety at risk. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had been safely recruited to the service. Employment histories and references were checked to ensure people were suitable to work in a social care role. Disclosure and Barring Service (DBS) checks were made prior to staff starting to work. DBS checks provide information including details about convictions and

cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 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.

Visiting in care homes

Visitors were welcomed to the home in line with current government guidance. PPE and hand hygiene was promoted.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Most staff had not undertaken the provider's training about safeguarding people from harm. We spoke with the registered manager about this and he started to address these staff training needs following our inspection. The staff we spoke with understood what abuse and neglect were and were confident to raise concerns to the manager or senior staff.
- The provider's policies for safeguarding people from abuse and whistleblowing had not been reviewed in over 2 years, staff had not all seen the policy.
- Relatives we spoke with had confidence about how the registered manager and staff kept people safe from the risk of abuse. Relatives were updated about incidents and accidents and were assured about actions taken to prevent further issues.

Using medicines safely

- People's medicine was safely administered by competent staff. Staff ensured people were offered their required medicine and that records were accurate. Staff not administering medicine were not always trained in basic medicine awareness, the registered manager started to address these staff training needs following our inspection.
- We observed medicine administration by staff who were discreet and respectful when offering medicine. Staff were patient when people declined medicine and returned to offer medicine later. Advice was sought from health professionals about any medicine concerns.
- The registered manager worked closely with health professionals to monitor people's health and wellbeing. Medicine was reviewed regularly, and staff informed health professionals about changing symptoms to ensure prompt diagnosis and treatment.

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 registered service under the new provider. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Most staff did not have the training they required to most effectively support people. Staff had not undertaken training for working with people at risk of falls, people with diabetes or people receiving care at the end of life. Not all relevant staff had up to date training about medication.
- There was no specialist training in place to ensure staff effectively understood working with people with dementia or cognitive impairment.
- Staff did not receive a formal induction or supervision and no records were kept about staff performance or development needs.
- At the time of our visit the provider had not ensured staff had access to appropriate training, in a timely way, to remain up to date with knowledge and skills.

The provider had failed to provide staff with appropriate support, training, appraisal and supervision to carry out their role. This placed people at risk of receiving care and support which was not effective. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised concerns about training with the registered manager during our visit. Immediately after the inspection the registered manager took steps to address staff training needs with the provider. We were given evidence that some steps had been taken to support staff to undertake the training they needed.

- The registered manager had organised some learning support with the local dementia team which staff found helpful in relation to specific people who used the service.
- Staff felt personally well supported by the registered manager. Staff told us they felt respected and encouraged to work with people's strengths, however, training and learning was not formalised or monitored.

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

- The home was not decorated to a consistent standard and was not always homely. Some communal areas, such as stairwells, were worn down and with paint missing or paintwork which had been drawn on or marked.
- Some areas were poorly lit and narrow, such as the steps down to the dining room and basement corridor. These presented safety challenges, for example during busy mealtimes, if people had visual impairments and if several people wanted to move through the area at different pace.

- The front lounge was not laid out well for people to have social contact or to enjoy the TV. Armchairs were set out in rows with one row of chairs having its back to another and people could not always see each other's faces. This gave the feeling of a waiting room rather than a residential lounge.

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 and choices had been assessed and reviewed. The registered manager and staff understood people's needs; however the service was not sufficiently staffed to ensure everyone's social and emotional needs were being met.
- People received the support they needed with meals and drinks. Where people required specific practical support at mealtimes, this was provided in a dignified way. People took their meals where they preferred.
- People's care and support plans were person-centred and reflected what they needed and what their individual preferences were when being supported.

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

- The registered manager and senior staff ensured people had referrals and reviews from health and care professionals when required.
- Where people had complex or multiple health needs, these were understood by the registered manager and senior carers. Health professionals' advice and guidance was sought and followed.
- People's needs were reviewed regularly. Relatives told us they were kept up to date about changes and referrals for medical and health appointments.

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.

- Most staff understood when people lacked mental capacity to make decisions and what support they needed to participate as much as possible in decision-making. However, most staff were not up to date with information about working with mental capacity or dementia.
- The registered manager monitored applications under DoLS and ensured people were referred back to the local authority when required.

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 registered service under the new provider. 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

- Staff treated people with kindness and used respectful and caring language.
- Staff understood people's individual and diverse needs within the home. The registered manager and staff were committed to understanding and respecting each person's unique life and what was important to them. One relative told us, "I feel staff treat [my relative] as a person. He is looked after as a person: they're not trying to fit him into the dementia category."
- The registered manager and staff knew when people's needs changed and ensured they shared this information with each other and relatives when required. People's relatives told us they felt informed by staff and the registered manager about important changes.

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

- Staff asked people their views and preferences and paid attention to what they wanted. Staff listened to what people wanted to say and watched people for their responses.
- Staff knew people well. We observed kind and caring interactions from staff and the registered manager towards people. It was clear that people's needs and behaviours were well known and respected.
- Relatives we spoke with had confidence that staff understood how to work with people and had built respectful and caring relationships. One relative told us, "[My relative] knows he can speak with the registered manager if there are problems." Other relatives said, "They are fantastic. The ones I've got to know are great.", and, "The staff I have spoken to, and the manager, and they all come across as nice."

Respecting and promoting people's privacy, dignity and independence

- People's relationship with their relatives and health professionals were respected and promoted. The registered manager and staff understood and valued these relationships. Relatives told us they felt welcomed to the home when they visited.
- Staff promoted people to be as independent as possible with decisions about their care and support needs. We observed staff offering encouragement and options with decisions about meals and drinks and where they had these. People told us their privacy was respected.

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 registered service under the new provider. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's social and emotional goals and interests were not always enabled and achieved. Although people's strengths, interests and wishes were known, the service was not able to meet everyone's social needs due to staffing constraints.
- People's individual and community-based interests were often not facilitated. When there were not enough staff, people's care and support needs were met at home but people were not supported to go out and there was a lack of staff time to support people's preferred pastimes.
- Most people's social needs and interests were met in a limited way due to lack of staff. We found that most people did not receive regular support to go out or make use of local community or recreational facilities they enjoyed. Most social activities in the home were limited to groups of residents gathering in the lounge to watch the TV, listen to music or sing along to music.
- Staff and the registered manager told us they were stretched to ensure people's care and support needs were being met. This meant some people were often unstimulated and bored.
- There was no dedicated activity coordinator or individual plans for all residents to enjoy social interests or pastimes they liked. Staff and the registered manager told us they were stretched to ensure people's care and support needs were being met, this meant there were not always staff available for quality social support.

The provider had failed to ensure there were sufficient staff deployed to meet people's needs. This placed people at risk of receiving care and support which was not responsive. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with the registered manager about plans to improve people's support with social activity and meaningful pastimes. At the time of inspection, there were vacancies in several staff roles through the home including care staff, activity staff and cleaning staff. This meant current staff were stretched to complete a range of tasks alongside their support roles. The registered manager was trying to recruit to vacant posts and had highlighted these concerns to the provider.

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.

- People who had specific communication needs had these noted in their support plans. Where people required visual aids to receive information, we saw these were actively used by staff.
- The registered manager and staff spoke with people according to their level of understanding and communication needs. We saw friendly and meaningful exchanges between people and staff.

Improving care quality in response to complaints or concerns

- People and their relatives were asked what they thought about the service. There had been a recent survey which identified people's views about how meals, dining area, activities and the environment could be improved. The registered manager was keen for improvements to be made and had approached the provider for an action plan.
- People appeared to be confident approaching the registered manager and staff with questions and queries. We observed staff to be interested in what people said and to respond respectfully.
- Relatives told us they knew how to contact the registered manager or senior staff if they had questions or concerns. Concerns were listened to and dealt with promptly by the registered manager.

End of life care and support

- The registered manager was committed to ensuring people's wishes were known and respected if they needed emergency healthcare. ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) forms had started to be completed with and for people. These are records of people's wishes and preferences in case they are not able to express them in an emergency.
- At the time of our inspection, no one was receiving end of life support.

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 registered service under the new provider. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems, risks, performance and quality improvements were not recorded, audited or robustly monitored by the provider. The provider told us they had regular discussions with the registered manager about health and safety, infection control and service performance but there were no records of these. There was no service improvement plan in place.
- There were no records or audits of fire safety risks or actions and no fire safety assessment had been booked. There were no plans to address or mitigate risks of gaps in staff knowledge or training about fire and building safety.
- There were no records of infection prevention and control audits. Hygiene standards were not subject to quality assurance processes and there was no action plan to address risks or raise standards.
- There was no assessment of building maintenance risks. There was no robust plan to identify repairs or improvements and ensure there was schedule of priorities and actions.
- There was no record of quality assurance audits for people's care plans, staff training, delivery of care, recording or risk management.
- We found a statutory notification to the Care Quality Commission (CQC) had been missed. It is a legal requirement for providers to inform CQC, without delay, about serious injury experienced by people. The registered manager rectified this when it was discovered during our inspection, but it had not been picked up in any audit process. The registered manager understood their responsibilities for submitting notifications and told us this had been an oversight due to directly supporting people while the service was short staffed.
- The business contingency and emergency planning guidance had not been reviewed since April 2020 and did not have current information about COVID-19 or government guidance.
- The provider did not have governance of their IT or telecoms contracts. There was no robust plan in place to manage these requirements, ensure issues were resolved or to ensure the IT and telecom contracts met the requirements of the service.

The provider had not ensured systems and processes operated effectively to maintain governance of the service and compliance with their responsibilities. This was a breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were no robust drivers for monitoring or improving the service. The provider did not have a robust system for tracking and monitoring changes or for ensuring staff contributed to this.
- There was no robust system for staff support and development. Staff told us they were well supported by the registered manager and encouraged to develop their experience and responsibility. However, there were no mechanisms for formal appraisals, development plans or robust supervision processes to highlight good work or address performance concerns.
- People and their relatives had recently been asked for feedback about the service. Areas for improvement identified a lack of activities, cleaning and laundry concerns, limited meal choices and concerns with the upkeep of the environment. The registered manager was committed to making improvements but there were no robust plans or processes to drive and monitor changes.

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 and senior staff understood their duty of candour to inform relevant people if there was an incident which led to a person's death or prolonged harm.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- People and their views were valued by the registered manager and staff. We observed many interactions where staff paused what they were doing to listen to people, provide reassurance or make time for conversation.
- The registered manager and staff worked with community health and mental health professionals to monitor and promote people's wellbeing. External professionals praised the registered manager and senior staff for their individualised approach to supporting people and their responsiveness to advice.
- Relatives had confidence in the registered manager's approach and principles for delivering person centred care and support to people. Relatives felt the registered manager and staff were easy to approach and talk with about any concerns or ideas.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA RA Regulations 2014 Premises and equipment</p> <p>The provider had failed to ensure the premises was properly maintained, standards of hygiene upheld, and health and safety risks assessed. This placed people at risk of harm. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We have issued a warning notice to the provider to make improvements within a timeframe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured systems and processes operated effectively to maintain governance of the service and compliance with their responsibilities. This was a breach of regulation 17(1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

We have issued a warning notice to the provider to make improvements within a timeframe.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure there were sufficient staff deployed to meet people's needs. The provider had failed to provide staff with appropriate support, training, appraisal and supervision to carry out their role. This placed people at risk of receiving care and support which was not responsive. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations</p>

2014.

The enforcement action we took:

We have issued a warning notice to the provider to make improvements with a timeframe.