Carlton Hall (Lowestoft) Limited

Carlton Hall Residential Home

Inspection report

Chapel Road
Carlton Colville
Lowestoft
Suffolk
NR33 8AT

Tel: 01502513208
Website: www.carltonhall.co.uk

Date of inspection visit:
09 March 2017

Date of publication:
20 April 2017

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**

Summary of findings

Overall summary

This was an unannounced focused inspection carried out on 9 March 2017.

Carlton Hall residential home is registered to provide accommodation and personal care for up to 56 people. At the time of our inspection there were 50 people using the service. The service comprises a main residential home [which also includes a separate unit for people living with dementia], and a building external to the main residential home called "The Granary". People using the service were older adults whose needs were associated with physical disability, dementia or long term conditions.

The service also provides personal care to the owners of 25 purpose-built modern bungalows located within the grounds of Carlton Hall, if they require this.

There was a registered manager in post. 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.

Following the comprehensive inspection on 30 November 2016, we served a warning notice on the provider in relation to the staffing levels in the service which posed risks to people's safety. The warning notice included a timescale by when compliance with the legal requirements must be achieved.

We undertook this focused inspection to check that the provider had made improvements to meet the legal requirements in the warning notice, within the given timescale. This report only covers our findings in relation to the warning notice and those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlton Hall on our website at www.cqc.org.uk.

Other issues identified in the November 2016 inspection under the domain 'Safe' were not followed up at this inspection. We will review our rating for 'Safe' at the next comprehensive inspection.

The provider had responded promptly to our concerns regarding staffing levels. They had increased the number of staff during the day and at night across the service.

People's dependency levels were assessed against the number of staff available on each unit. New admissions were considered alongside the current needs of people using the service. This meant that the management team would be aware of any potential impact on the wider service.

Staff had been provided with training in dementia care, which included behaviours which may challenge staff.

Activity provision for people using the service had improved. The main activity co-ordinator had returned

from leave, providing more robust oversight of what was being delivered and ensuring that activities met the needs of all people using the service. Care staff were able to interact with people in a more meaningful way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Improvements had been made to ensure that staffing levels met the needs of people using the service.

People's level of dependency had been reviewed to ensure the service could meet the needs of new and existing people using the service.

Staff had received further training in dementia care, which included behaviours which may challenge staff.

Activity provision was improving. We observed people joining in with different activities during the day, across all parts of the service.

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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.

Following the comprehensive inspection on 30 November 2016, we asked the provider to take action within a given timescale to make improvements to ensure that staffing level arrangements were sufficient to ensure people's needs were met at all times.

We undertook this unannounced focused inspection on 9 March 2017. This inspection was carried out by one inspector, to check that improvements to meet legal requirements had been made by the provider.

We 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 speak with us, for example, people living with dementia.

During this inspection we spoke with six people using the service. We spoke with the registered manager, acting manager, two relatives and six care workers. We also observed the interactions between staff and people using the service.

Inspected but not rated

Is the service safe?

Our findings

At the last inspection on 30 November 2016, we found shortfalls with staffing levels across the service which did not ensure that people's needs were being met at all times. Staff were caring for people who were living with advanced dementia, and we were concerned that the provider had not fully considered the different levels of skills and competency required to meet those needs. The activity provision was not effective across all parts of the service and was not meeting the needs of all people. These issues constituted a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

The provider had acted promptly to increase staffing levels across the service (Main residential home, the Granary and dementia unit). This included during the daytime and at night. The management team told us how they had reviewed people's dependency scores, and calculated staffing levels from this. They had also considered the needs of existing people, alongside new admissions coming into the service. This meant they could decide whether people's needs could be fully met before accepting them into the service. They also reviewed the number of people who required two staff to attend to their needs, and calculated how many they could effectively support within each part of the service.

One staff member told us, "It [staffing] has drastically improved. Before I was considering leaving the service as we [staff] couldn't meet people's needs, but I'm staying now. The atmosphere is better, and we have more time with people, on a one to one basis, just for chatting". Another said, "Staffing is a lot better. I can answer call bells straight away, and the medication round is a lot easier, you don't get interrupted".

The acting manager told us how they had used agency staff at times to ensure the increased staffing numbers were maintained across the service. However, they had actively sought to recruit permanent staff, and therefore the use of agency staff was reducing. We confirmed this by looking at the staff rotas.

We spent time observing all areas of the service during our inspection. Staff were seen to be chatting to people, participating in activities with them, and were available throughout mealtimes. Staff in the dementia unit told us, "It's usually ok at mealtimes, but quite a few people need help with eating, so we may stagger lunchtimes so people aren't left waiting". We brought this to the attention of the management team for consideration when deploying staff during the lunchtime period.

Previously we found that call bell audits were not being produced for all areas of the service, specifically the Granary. At this inspection we found that all areas of the service were now being monitored. We sampled a call bell audit from 28 February to 9 March 2017, the majority of which showed improved response times. The acting manager told us that any call bells that are left for longer than three minutes are investigated so they can understand why this occurred. This approach will also assist the management team when they are allocating resources to particular areas of the service, or at particular times of the day when staff are in higher demand. One person said, "Before I could wait up to half an hour to have my call bell answered in

the morning. Now they [staff] are here straight away, or fairly soon after I press the bell". Another person said, "It has got better, there are sufficient staff now I think". A relative told us, "There is usually a member of staff visible if I need to speak to anyone".

In January 2017, 10 Staff had received additional dementia training to support them in caring for people living with dementia. These training sessions included the management of behaviours which may challenge staff. This helped staff to gain the skills and knowledge required to support people in the most effective way. We saw there was a further session booked for March 2017, where 14 staff were booked to attend. The management team had also contacted the Alzheimer's society and the local mental health team for additional training sessions.

The main activity co-ordinator had returned from a period of leave, and told us they were passionate about ensuring activity provision was meeting the needs of all people across the service. They had effective oversight of the activity plans (allocating activity to staff, and checking this was being delivered by means of people's activity logs) and had plans to enhance the activity provision overall. They were supported by two other members of staff who delivered activities to people in the service. One person told us, "I have been asked if I want to take part in this and that activity. It has certainly improved".

People had been asked what activities they were interested in, and following this, new groups were being set up, such as photography, cooking, and gardening groups. The activity co-ordinator told us, "I'm making sure that activities are inclusive. People from the different units are taking part and joining others in the main residential home if they choose to. One to one interaction has also improved for people who don't like large groups, or who are cared for in bed".

We observed one person from the dementia unit walking over to the Granary unit to take part in a darts match. In the main residential home we saw six people taking part in a game of Hoopla. In the morning on the dementia unit we saw the activity co-ordinator undertaking reminiscence and other activities with people. Staff were also involved with this. One staff member told us, "There are activities every day on here [dementia unit] now, it's definitely improved, and we [staff] have time to interact with [people]". We also observed staff in the main residential home spending time with people as they took part in activity. We heard one staff member saying, "I have a bit of time, so I'm going to go and paint [person's] nails".

The measures put in place to address the shortfalls found at the previous inspection, met the requirements of the warning notice we issued. This will need to be sustained and embedded to ensure staffing levels meet people's needs at all times, and in line with their individual preferences.