

Sanctuary Care Limited

Carlton Dene Residential Care Home

Inspection report

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Date of inspection visit:
25 October 2019
28 October 2019

Date of publication:
22 January 2020

Ratings

Overall rating for this service	Good ●
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

About the service

Carlton Dene is a residential care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 42 people.

The care home accommodates people across four units, each of which has separate adapted facilities.

People's experience of using this service

People were not always protected from the risk of infection as we found out of date cheese and undated drinks in one fridge within one unit of the building. However, the home was clean and tidy during our inspection and people confirmed this was always the case. People's care plans did not always contain enough detail about their health conditions or their religious needs. The provider was conducting care record audits, but had not had the time to identify these concerns.

People's risk assessments were clear about the level of risk and what actions were required to mitigate risks to their health and safety. The provider learned lessons when things went wrong and met their duty of candour responsibilities. The manager and care workers understood the requirements of their roles. People were protected from the risk of abuse. People were supported to express their views and be involved in decisions about their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People, their relatives and staff were engaged in the running of the service.

Accidents and incidents were reported and investigated and people's medicines were being safely administered. There were enough suitably qualified and supported staff in place to support people and the premises were clean and tidy on the days of our inspection.

People were given the support they needed with their nutritional needs. The provider assessed people's care before they moved into the home. People's privacy and dignity was respected and promoted and they were given appropriate end of life care when this was needed. People were fully supported with their social and recreational needs.

We have made recommendations about incorporating personalised details into people's care plans and infection control.

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 was requires improvement (published 3 June 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Carlton Dene Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by four inspectors on the first day and a single inspector on the second day.

Service and service type

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

The service had a manager who was in the process of registering with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as the last inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took this into

account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and one relative about their experience of the care provided. We spoke with 10 members of staff consisting of the manager, the deputy manager whose last day was on the first day of our inspection, the registered manager of another home run by the provider, an activities coordinator, the chef, a member of the domestic team, three care workers and one senior care worker. 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 talk with us. We reviewed nine people's care records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We liaised with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The provider did not always take reasonable action to prevent the risk of infection. We found undated milk and juice in the fridge within one unit as well as some out of date cheese. These items were removed and disposed of immediately.

We recommend the provider conducts robust checks of food available in all fridges within the home.

- People told us the premises were usually clean and we found this was the case during our inspection. Care workers had received infection control training and gave us examples of how they maintained good levels of hygiene and we observed them following this practice. For example, one care worker told us "We wear gloves and aprons and change these after use."

- The provider had a clear infection control policy and procedure in place. This stipulated the provider's responsibilities to maintain good infection control and conduct infection control audits.

Assessing risk, safety monitoring and management

- At our previous inspection we identified some minor discrepancies in risk assessments we reviewed. At this inspection we found the provider appropriately assessed and mitigated risks to people's health and safety. The provider completed various risk assessments in areas such as people's risk of sustaining a pressure sore or their risk of falling. We saw the level of risk was recorded along with advice for care workers in how they were supposed to mitigate this.

- People had clear Personal Emergency Evacuation Plans (PEEPs) in place. PEEPs are 'escape plans' for people who may not be able to reach a place of safety without assistance. PEEPs included details about the nature of the risk to people in the event of an emergency along with advice for care workers about how they should support them.

- Care workers we spoke with understood risks to people's health and safety and they gave us examples of how they would support people safely.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the safe management of people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(g).

- At our previous inspection we identified concerns in relation to medicine management. At this inspection we found medicines were administered to people safely. Staff kept written records when they administered medicines and we saw these were accurate. We observed staff supporting people with dignity and they

knew how people preferred to take their medicines.

- Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.
- All medicines were available to be administered and there had been no out of stock items since the start of the current cycle. There was a system of reporting and recording medicines errors and action was taken to resolve individual errors. Staff were trained and deemed competent before they administered medicines, and regular checks ensured people received their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse. People told us they felt safe using the service. Their comments included "I feel very safe here." Care workers also understood what to do if they suspected abuse was taking place and gave us examples of the signs of abuse to look out for.
- The provider had a clear safeguarding policy and procedure in place. This stipulated the provider's responsibility to investigate and report all safeguarding matters.

Learning lessons when things go wrong

- The provider took reasonable action to learn lessons when things went wrong. We reviewed the provider's accident and incident records and found a record was made when an accident occurred and this included a description of what had happened as well as what action had been taken in response to this and any ongoing action to mitigate future risk. Further to this we found accidents and incidents were analysed on a monthly basis to determine whether there were any trends and if so, how this could be managed.
- Care workers were knowledgeable about incidents that had occurred in the past and gave us examples of these along with what further actions they were required to take to mitigate risks. One care worker gave us an example of an incident that had occurred between two people using the service and told us they were now living on separate units and being monitored individually.
- The provider had an accident and incident policy and procedure in place which stated the provider's responsibility to investigate and learn from matters. We found staff were aware of their duties to report incidents.

Staffing and recruitment

- The provider ensured there was a sufficient number of suitable staff in place to meet people's needs. The provider conducted appropriate pre-employment checks to ensure candidates were safe to work with people. We saw evidence of employment histories, at least two references, a check of the candidate's right to work in the UK as well as criminal record checks. Where people did not have experience of working within health and social care, we saw the provider conducted risk assessments to assess their suitability and criminal record checks were repeated every three years in line with best practise.
- The provider had enough staff working to support people. We observed there were enough staff during our inspection and people told us this was the norm. One person told us "They do have enough staff around." We reviewed the provider's rotas for the week of our inspection and these confirmed the numbers of staff we observed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to live healthier lives, access healthcare services and support

- The provider supported people with their healthcare needs and ensured they had access to treatment when needed. We saw people's records contained information about their medical histories and specific conditions. However, we did not always see enough written detail about how these affected people and whether they affected people's care needs.
- Care workers demonstrated a good understanding about people's healthcare needs. They gave us examples of people's medical histories, their current conditions and how these affected their day to day needs.

We recommend the provider seeks advice from a reputable source about incorporating personalised details into people's care plans.

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

- Care was delivered in line with standards and legislation. Care workers received annual training in relevant subjects to ensure they had current knowledge in relevant areas. The provider also had clear policies and procedures in place which reflected current guidance and legislation.
- People's needs and choices were assessed prior to their coming into the home, but people's care records did not always contain enough information about these for care staff. We saw there was not always enough information recorded about people religious needs and sometimes there was not enough information about their health conditions.

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

- People were appropriately supported with their nutritional needs. People's care records included details of their dietary requirements, including whether they had received advice from a specialist such as a speech and language therapist (SALT) and their advice was incorporated. People's weight was monitored and their risk of dehydration or malnutrition was assessed. We reviewed two people whose diets were supplemented. Care staff were aware of their needs and one person's weight had increased as a result.
- At our previous inspection we received mixed reviews about the quality of food and found people were not always appropriately supported during mealtimes. At this inspection people gave positive feedback about the food. One person told us "I love the food here. It's really nice." We observed the support people received during lunch and found people were given the support they needed. People's care records included details of people's likes and dislikes in relation to food and people told us they liked the food available at the service.

- We spoke with the chef and found they were aware of people's specific needs and ensured these were met. We sampled the food on the first day of our inspection. We found the food to be appetising, of a good portion and served at the right temperature.

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

- At our previous inspection we found the premises appeared tired and in need of redecoration and refurbishment. At this inspection we found some redecoration had been conducted to improve the appearance of the building. The service was designed and laid out to meet people's needs. There was step-free access to the building and the corridors were wide enough to accommodate wheelchairs. People had personalised their rooms to meet their needs.

Staff support: induction, training, skills and experience

- The provider ensured staff received the support they needed to do their jobs well. Staff received a comprehensive induction when they first started working at the service, which followed the principles of the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of health and social care workers. Care workers confirmed they found these useful to their roles. One care worker told us "It was really good and I felt ready to start work at the end."
- Care workers told us they felt supported in their jobs. Supervisions were conducted every two months and care workers said they felt they received enough supervision sessions to do their jobs well. One care worker told us "They are pretty regular and I definitely feel supported to do my job."
- Care workers received comprehensive training in their roles on an ongoing basis. This was for subjects such as safeguarding adults, medicines management and moving and handling.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to provide consistent, timely care. People's care records included details of other healthcare professionals who were involved in people's and we found their advice was incorporated into their plan of care. For example, we saw records that demonstrated advice had been received from district nurses and their instructions were followed.

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 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the provider was working within the principles of the MCA.

- The provider ensured mental capacity assessments were conducted to demonstrate whether people had the capacity to consent to their receipt of care. These were conducted as part of the pre-admission

assessments on people's files. Where people did not have capacity to consent, this was recorded and decisions were made in their best interest. Where people required a DoLS for their own safety, applications were made to the local authority as required and any conditions associated with these were met.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- At our previous inspection we witnessed an incident that did not demonstrate that people who used the service were always given choices in relation to their care. At this inspection we found the provider ensured people were supported to express their views and were involved in their care. People told us they were asked for their views in relation to their care and we observed staff speaking to people at a reasonable pace, waiting for their responses and acting on these.
- We found people's care records included examples of people's views and demonstrated their involvement in decisions about their care. People's records included details such as their preferences regarding their food, their daily habits and activities they enjoyed among other matters.

Ensuring people are well treated and supported; respecting equality and diversity

- The provider ensured people were well treated. People gave good feedback about their care and we observed good interactions between care workers and people using the service.
- There was a risk of people's equality and diversity not being respected and promoted as people's care records did not contain enough information about people's religious needs. We saw there was sometimes a written comment that people were religious, but there was no additional information about which religion they followed and whether they needed any support to follow their religion. Care workers had a good understanding of people's needs. The provider reviewed people's care plans and updated them with details shortly after our inspection.
- Care workers had a good understanding about people's religious needs and gave us examples of these.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. People told us care staff respected their wishes. One person told us "They do respect me." Staff gave us examples of how they supported people in a dignified way. One care worker told us "I keep things private and don't gossip about people" and another care worker said "I am very careful when I am giving people personal care."
- We observed staff approaching people in a respectful manner. We saw staff knocking on doors before entering people's rooms and we overheard staff speaking to people in a respectful way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider conducted appropriate assessments before people moved into the service. They received referral documentation from the local authority before people moved in and conducted further assessments to develop a clear plan of their care needs.
- People's care plans were not consistently personalised. We saw there was a lack of detail relating to their medical conditions and their religious needs. However, the manager confirmed that they had newly begun using a computerised system for recording people's care plans and they were in the process of developing these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the requirements of the AIS. We saw information was available in easy read for people who required this, including the provider's complaints policy. The manager confirmed that if people required information in a different format, they could arrange for this to be provided. At the time of our inspection no alternative requests, such as braille had been required by anyone using the service.
- The provider ensured people's communication needs were met. We saw staff speaking to people at a pace they could understand and their care plans contained information about how they expressed themselves. This included whether they could verbalise their needs and whether their conditions had affected their speech in any way.

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

- The provider ensured people were supported to meet their recreational needs. We saw people had activities care plans in place which included details of what they enjoyed doing both inside and outside the home. People's involvement in activities was recorded on their daily notes and their involvement in activities was monitored.
- The provider supported a range of activities which included quizzes and board games. A hairdresser attended the service regularly and the provider held their own in-house productions of plays that were video recorded and played within the home. On the second day of our inspection we watched the in-house

production of 'Robin Hood' which starred people who used the service alongside trained actors.

Improving care quality in response to complaints or concerns

- The provider ensured complaints and concerns were responded to appropriately. People told us they knew who to complain to in the event of a complaint and they felt comfortable doing so. One person told us "I don't need to complain about anything, but I could always talk to [staff member] if there was a problem."
- We reviewed the provider's complaint records and saw these were responded to promptly to the satisfaction of complainants.
- The provider had a clear complaints policy and procedure in place which stipulated the timeframes for investigations. We saw the requirements of the policy were met in practise.

End of life care and support

- The provider gave people appropriate support at the end of their lives. We saw people's care plans contained a 'wishes for the future' care plan which contained some information about how the provider could support them in the event of their death. This included information such as whether they wanted to be resuscitated in the event of a cardiac arrest or whether they had any specific funeral requests. The manager confirmed that end of life care plans were generated when people were approaching the end of lives, such as when they had been referred to the palliative care team. At the time of our inspection, one person was awaiting such a referral and the provider was due to write their care plan.
- The provider had a clear end of life policy and procedure in place. This stipulated the provider's responsibilities in relation to ensuring appropriate care plans were in place and that people's wishes were sought and acted on.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- At our previous inspection we found the provider had not taken effective action to improve the quality of the service. At this inspection we found improvements had been made to most aspects of the quality monitoring and work was in progress in other areas. The provider was conducting audits of medicines, infection control and care records among others. However, the care record audits had not identified the issues we found in relation to people's religious needs and health information.
- We discussed the matter with the manager and she confirmed that since the recent implementation of their new electronic care planning system, they had been reviewing people's care records, but had not had the opportunity to review all records. We were assured this work was continuing.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was met their duty of candour obligations. Notifications of significant events were reported to the CQC as required and the provider had clear processes to investigate and report when things went wrong.

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

- The manager had a clear understanding of her responsibilities to meet regulatory requirements and assess risk. Care workers were also aware of their obligations towards people they cared for. They gave us examples of their duties and we found their understanding was supported by the contents of their job descriptions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff members told us there was a positive culture within the service. One care worker told us "From the way things were and the way they are now, [the manager] has done her best and turned things around. Rome wasn't built in a day."
- People told us they were satisfied with the care that was provided and the provider achieved good outcomes for them. One person told us "It is good here."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider engaged and involved people who used the service, the public and staff. Annual surveys were

conducted in relation to people's experiences of care. We reviewed the results of the previous survey and saw questions were asked in relation to areas such as communication and the level of information provided. We saw the provider scored highly in all areas.

- The provider held regular staff and residents and relatives' meetings, which provided an opportunity for information to be shared and questions to be asked in relation to care provision and services provided.

Working in partnership with others

- The provider worked in partnership with other agencies as needed. We found evidence of joint working with social services teams, behavioural specialists and other healthcare professionals as needed.