Mr David Hetherington Messenger

# Carson House Care Centre

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

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|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

This inspection was carried out over two days on 31 May and 1 June 2016. Our visit on 31 May was unannounced.

We last inspected Carson House on 4 February 2014. At that inspection we found the service was meeting the regulations we assessed.

Carson House is situated in the Stalybridge area of Tameside and is registered to provide accommodation for up to 45 people who require nursing and personal care. All rooms provide single accommodation and 43 rooms have en-suite facilities. Bedrooms are located over two floors and can be accessed by stairs or passenger lift. Communal bathrooms and toilet facilities are available throughout the home. The home is divided into four units, two on the ground floor and two on the upper floor; each unit consists of a lounge, dining area and small kitchen facilities. One unit is dedicated to providing general nursing care, one unit provides specialist mental health nursing for men who have challenging behaviour and the other two units provide mental health nursing for men and women in separate units.

The laundry and main kitchen are located in the lower ground floor. There is an enclosed patio area at the rear of the building that is accessible to people who use the service.

At the time of our inspection there were 43 people living at Carson House.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to infection control, cleanliness, safety of the environment, medication and good governance. You can see what action we told the provider to take at the back of the full report.

We have made one recommendation for the registered manager to ensure handover notes are improved around information and legibility.

People, their relatives, and staff spoke highly of the service; one person's relative told us, "This is a good place. Visiting professionals were also complimentary of the service and one professional told us, "They are very committed staff".

During this inspection we found that there were enough staff available to meet people's needs and the registered manager had worked closely with local health services to formulate safe staffing and nursing levels.

The staff files we looked at showed us that safe and appropriate recruitment and selection practices had been used to ensure that suitable staff were employed to care for vulnerable people.

Staff we spoke with were aware how to safeguard people and were able to demonstrate their knowledge around safeguarding procedures and how to inform the relevant authorities if they suspected anyone was at risk from harm.

Documentation at the home showed that people received appropriate input from other health care professionals, such as dentists and podiatrists, to ensure they received the care and support they needed from community healthcare services.

People looked well cared for and content during our visit and we saw that people were given choices and consent was sought before care was given.

Care files we looked at showed comprehensive plans and risk assessments documenting people's specific care and support needs. These were detailed plans outlining how people needed to be cared for in an effective, safe and personalised way. The plans included a photograph of the person and detailed information around their preferences. Additionally, we saw that these care files were regularly reviewed in a comprehensive way; meaning that information in the files was current and up-to-date to ensure people received the correct care and support.

During our initial tour of Carson House on the first morning of our inspection, we saw that some areas of the home were not clean and we identified issues with infection control; there were no paper towels available to dry hands after washing and we evidenced unsafe practices around storage of laundry. We found a number of concerns with the general home environment, such as stained carpets, broken sinks and cracked window panes.

A number of periodic safety checks carried out by external companies had been allowed to run past their recheck date for example, checks on mechanical equipment such as bath lifts and riser beds The registered manager was fully aware of the shortfalls in the environment and safety rechecks and had reported these issues to the provider. The registered manager and director told us the provider had been experiencing some difficulties with finances, but the home was transferring to a new provider and financial issues were being addressed. We saw evidence that new equipment and furnishings had been ordered and equipment safety checks arranged.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Errors were identified regarding the proper and safe management and administration of medicines.

The home was not always clean and we found risks associated with infection control.

Some equipment safety rechecks were overdue.

Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

Comprehensive and individualised risk assessments were in place.

Staff spoken with demonstrated a good understanding of safeguarding procedures and the types of abuse that people may be at risk from.

### Is the service effective?

**Good**

The service was effective.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialists, dieticians, dentists, chiropodists and the person's own General practitioner (GP).

People were involved in decisions made about their care and support.

Staff were supported in their role through induction, training and regular supervision.

### Is the service caring?

**Good**

The service was caring.

People and their relatives told us they were well cared for at Carson House.

People were involved in and made choices around their daily care and support needs.

People were treated with dignity and had their privacy respected.

Staff were kind and attentive in their approach

## Is the service responsive?

**Good**

The service was responsive.

Care plans were comprehensive, up-to-date and reflected people's choices, preferences and interests.

Complaints were effectively managed.

People had input into how their service was delivered.

## Is the service well-led?

**Requires Improvement**

The service was not always well led.

Comprehensive audits were actively and regularly carried out to identify any issues with the environment and building. However, the provider did not always act upon these.

The registered manager actively sought feedback from people and their relatives in order to improve the service.

The registered manager kept up to date with current regulations.

Documentation was up to date and well organised.

Feedback from people who used the service was fed into service delivery.

# Carson House Care Centre

**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 31 May and 1 June 2016 and day one was unannounced. The inspection was carried out by two adult social care inspectors on day one and one inspector on day two.

Before we visited the home, we checked information we held about the service including contract monitoring reports from the local authority and notifications sent to us by the provider. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service.

On this occasion, we had asked the service to complete a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This form was completed and returned to us with the relevant information.

We walked around the home and looked in all communal areas, bathrooms, the main kitchen area, store rooms, medication rooms, activity room and the laundry. We also looked in several people's bedrooms and outside the building; in the garden and patio area.

During the two days of inspection, we reviewed a variety of documents, policies and procedures relating to the delivery of care and the administration and management of the home and staff; including four people's individual care records, the administration of medication records and five staff personnel files to check for information to demonstrate safe recruitment practices, training and regular supervision had taken place.

As part of the inspection process we observed how staff interacted and supported people at lunchtime, teatime and throughout the two days of our visit in various areas of the home. We spoke with three people who use the service, two relatives and one visiting health care professional. We also spoke with the

registered manager, the deputy manager, one company director, the laundry assistant and activity co-ordinator, two kitchen staff, one nurse and two care staff members.

Requires Improvement

# Is the service safe?

## Our findings

During our tour of the home, we looked at how the laundry system was managed and spoke with the laundry assistant. We found that there was no dirty and clean flow, which meant that clean laundry coming out of the dryer was carried past the dirty laundry waiting to be loaded into the washing machine and we found this area was not clean. The deputy manager told us they would re-arrange the system to provide a clean flow through as there was space in the laundry room to do so. There were facilities for washing and drying hands, however, the laundry assistant was not wearing the required personal protective equipment (PPE) necessary to carry out these duties. We spoke with the laundry assistant about this and they immediately put the correct equipment on. This meant that unsafe infection control practices by staff members were putting people at risk of cross contamination by not wearing appropriate, disposable protective equipment.

We looked around the home and found that items of used and soiled laundry were not stored appropriately and posed a risk of the spread of infection. We found that uncovered laundry containers displaying soiled clothing were being stored in communal bathrooms rather than in the appropriate bags and stored safely in specific areas of the laundry room before washing. We found that sluice rooms were not locked. This meant that harmful substances, such as chemical cleaners, and soiled items were accessible by people who live at the home, some of whom live with dementia and mental health conditions.

We found throughout the tour of the home that disposable gloves and blue aprons were available, however; other basic requirements such as wipes, paper towels for hand drying, and white disposable aprons were not accessible to staff or people who lived at the home. Infection control guidelines indicate that providers should have different colour aprons for different tasks, for example, at Carson House; white aprons were used for providing personal care only. Staff did not have access to the necessary white aprons. Every paper towel dispenser was empty. This meant that people and staff were not able to safely wash and dry their hands to minimise the risk of spreading infections. The deputy manager told us they were awaiting a delivery of these items and they were delivered and distributed during our inspection.

The above examples demonstrate a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We looked around the home and found that it was not always clean and we found multiple examples of rooms, furnishings and equipment throughout the home that required a thorough clean. There were a number of carpets that were heavily stained and required replacing, cracked window panes where they had been repaired using tape, and a broken sink unit in one bathroom. We asked one visitor about their relative's room and they told us that they felt that the cleanliness was fine, but the window seals were broken and were draughty. We found that communal bathrooms were not clean and were being used to store a number of unsuitable items, such as a dirty mop, a fish tank filter, a wheelchair footplate and also lacked shower curtains to provide privacy for people. People's bedrooms were not always clean and we found one person's en-suite room to be particularly untidy and unclean. One staff member we spoke with told us, "The cleanliness could be better" and another staff member told us, "It needs a deep clean". Some

of the home's décor and furnishings looked tired and worn and required replacing. Bathroom fitments and showers were not always clean and the lift over the bath on the male only mental health unit had not been tested for safety and was not currently in use by the home. We found on the challenging behaviour unit the only communal bathroom contained a height-adjustable reclining bath that was out of operation and this meant that people who lived on that unit had to visit an alternative unit within the home to have a shower or bath.

This was a breach of Regulation 12 (2) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We found that the main kitchen area was clean and had appropriate records and audits for ensuring cleanliness and food safety. The Food Standards Agency had conducted an inspection in August 2015 and the home was awarded the highest outcome of level 5.

People who live at Carson House and their relatives told us they felt safe. One person told us that they had a buzzer to call for assistance and staff came quickly, we saw during our inspection that call bells were answered in a timely manner. This person told us that they were happy and felt safe at the home; they told us, "This is a good place". One relative told us, "Dad is safe; he wouldn't be here otherwise".

We examined records of accidents and incidents and saw that any incidents were clearly recorded, completed and acted upon where required. The home used a tracker system that analysed the information in several ways on a monthly and annual basis. Accident and incident information was reported in several formats, such as, an analysis of what happened, what times and on an individual basis. All recording sheets were detailed and completed and we found evidence in the file to show that action had been taken where required, for example, a new risk assessment completed. This showed us that the registered manager recognised, analysed and acted to minimise any further risk of accidents and incidents.

Suitable arrangements were in place to help safeguard people from potential abuse. There was a safeguarding policy and procedure in place and when asked, staff spoken with were fully aware of this procedure and demonstrated a good understanding of the subject. They were able to tell us about the different types of potential abuse and what steps to take to report any concerns they might have. One staff member told us that if they ever saw or heard anything that could be potential abuse they would go straight to their team's nurse or the registered manager to discuss. We saw evidence that staff had received training in safeguarding vulnerable adults. Staff had a good understanding of whistleblowing; this meant staff were knowledgeable around reporting concerns to the appropriate organisation if they felt that appropriate action was not being taken by management.

We looked at staffing numbers at Carson House to ascertain if safe and appropriate levels of care and nursing staff were on duty during the day and night. The registered manager told us that they worked closely with their local health team for mental health services to calculate overall safe staffing levels and this was confirmed to us by a visiting mental health nursing professional. They told us that they believed that the home had a good level of staff numbers. During our observations, we saw several staff attending to people, chatting and providing care. We did not observe any periods where people were left unattended in communal areas. Staff told us they thought there were enough people to keep people safe and one relative told us that they thought there was enough staff and said, "Staff attend quickly to requests for help and I regularly see one to one care being given to people if needed". We looked at staff rotas for periods prior to our visit and found that during the time periods we reviewed safe staffing levels had been maintained.

During the inspection we looked at five staff personnel files to check that safe recruitment practices had

been undertaken. Staff files included evidence of interviews, photographic identification checks, application forms, health declarations and suitable references, one from their previous employer. Each staff member had also had the relevant disclosure and barring service (DBS) pre-employment check. This meant that the registered manager had received satisfactory assurances and that robust and safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people.

We looked at the way in which medicines were managed at Carson House to check that people get their medicines in the right way at the right time. There was a medication policy in place and a PRN protocol; PRN medications are to be used "when necessary", for example, analgesia for when someone experienced pain. We reviewed documents that confirmed that both the registered general nurses (RGN) and the registered mental health nurses (RMN) were registered with the Nursing and Midwifery Council (NMC). The NMC ensures that registered nurses keep their skills and knowledge up to date and uphold professional standards.
We saw that the treatment room was untidy and disorganised with boxes of rubbish and several full sharps bins waiting to be collected. There were charts for recording the required room and medication fridge temperatures; we found that these records were not fully complete and had gaps in the recordings. This meant that medications were not being stored safely as too high or too low temperatures can compromise the quality of the medicines.

We checked the medication administration record (MAR) sheets for a sample of six people's cream applications and we found that information was not recorded comprehensively. This meant that we were not able to ascertain whether people had received their creams when necessary and within the prescribed directions. We also conducted a boxed medication count for four people; this is where we check balances to ensure that people have received the right amount of medication. We found inaccuracies in medication numbers in three of the four boxes. This meant that either people had not received the correct amount of medication or that recordings were inaccurate. We saw that a monthly audit of medication had been completed; however, no shortfalls had been identified during the last audit. We found that one person had been prescribed a thickener for drinks; however, their charts showed a large number of gaps in the records as to whether their drinks had been thickened. Thickener is prescribed for a person by a medical practitioner and each person receives their own prescription. If drinks had not been thickened as prescribed, the person was at risk of the complications associated with swallowing. We discussed this with the registered manager and the deputy manager and they told us that the gaps in recording were an administrative error only and people would have received their medication in the prescribed way.

The above examples demonstrate a breach of Regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Personal care plan records showed that individual risks were identified, assessed, managed and reviewed to ensure any risks to people who used the service were minimised. Risk assessments were relevant and personal to each person. Examples of these risk assessments included; nutrition, manual handling, falls, bed rails, pressure care and continence. This meant that specifically identified risks were pertinent to each person and these had been fully reviewed. We reviewed one person's care files that included specific, personal risk assessments for mental health and psychological state. We saw that risk assessments had been updated regularly where changes in the person's care needs had been identified. We could see that where people were identified as requiring additional monitoring, such as, for pressure area care or fluid charts, these were fully implemented and up to date. This meant that current information was available to staff in people's care plans, and this enabled them to provide correct and safe care.

Carson House had a fire safety records book detailing essential, regular safety checks, such as, fire drills, fire

system weekly checks, emergency lighting and fire fighting equipment. We saw that fire safety signage was in place, fire doors were clear and alarmed and staff had received fire safety training. We evidenced in individual care files that people who lived at the home, had an individual personal emergency evacuation plans (PEEP). This is an escape plan specifically designed for an individual who may not be able to reach a place of safety unaided in an emergency situation, such as a building fire. This meant that risks had been assessed regarding the safe evacuation of people who use the service in the event of an emergency and appropriate measures identified to ensure people were safe and supported.

Other safety check systems for the home, such as, lift maintenance, water safety and gas boiler checks, were in place and mostly up to date. However, we found that some safety checks were overdue; these were checks on slings, the lift over the bath, riser beds and electrical testing. We informed the registered manager that these items must not be used until they had undergone the required safety checks.

This is a breach of Regulation 12 (1) (2) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

We saw that the home had an up to date business continuity plan. This plan sets out what plans are in place if something significant occurs to affect the running of the care home, for example, a building fire, an outbreak of influenza or financial insolvency of the provider. This means that robust systems were in place to protect the health and safety of people who used the service in the event of an emergency situation.

Good

# Is the service effective?

## Our findings

We reviewed five care staff personnel files looking for evidence of a robust system of induction, regular supervisions, development and a comprehensive training schedule. We found evidence of induction, supervisions and personal development in these individual staff files. Staff supervision records were kept in a separate folder and here we found evidence of regular and effective supervisions held to discuss staff development or any issues that staff may like to bring to the attention of the management team. Staff told us that they received regular supervisions and one person told us they found this worthwhile and they could air any concerns they may have and they told us that any ideas were taken on board and actioned. One staff member told us, "I feel supported and I can question practice" and "I feel motivated…I want to make sure people are looked after and everything is right". Another staff member also confirmed they received regular supervision and they had a good, supportive team; they told us, "I feel supported…it's never a problem to ask". This meant that staff were regularly supported to discuss any concerns regarding people who used the service, and their own development needs.

On our request, the deputy manager produced for us an up to date training matrix, this showed us what training staff had undergone and when refresher training was due. We saw that staff had undergone the required training for care workers, for example, first aid, moving and handling, food hygiene and safeguarding. One staff member told us that they had undergone lots of training and support since they had worked at the home and another staff member told us, "Training is good". Some staff had also benefitted from additional training, such as, dignity and respect, activities for people with dementia and communication.

There were several people living with dementia and mental health needs who lived at Carson House, some of whom live with enduring mental health conditions. The home had a no-restraint and a verbal de-escalation policy in place. Staff told us that although they had undergone specialist training around restraint known as citrus (Creative Intervention Training in Response to Untoward Situations), they had never been involved in or witnessed any restraint of people; the manager confirmed that they had never used restraint at the home. The registered manager told us that all staff read people's care plans and risk assessments so they are aware if someone may express challenging behaviour and know the individual plans and can employ specific ways of de-escalation. This meant that staff had the required knowledge and enhanced awareness of people and their potential care and support needs, including what steps to take when someone displayed challenging behaviour, whilst living at Carson House.

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 made 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. The application procedures for this in care homes are called the

Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

We looked at whether Carson House was working within the requirements of the MCA and DoLS. We found that DoLs applications had been submitted to the local authority by the registered manager for relevant people living at the home and were awaiting approval. The registered manager held a tracker document that showed information on applications and approvals so that they could see at a glance, which people had a current DoLS in place and when a new application needed to be made. We saw that staff had received training on MCA and DoLS and were able to explain to the inspection team what this meant for people living at the home. One staff member told us, "People here are always asked consent before care is given" and another staff member told us, "I would always ask people…even if they cannot speak".

During our observations we saw that people were asked their consent before providing care and support. The care files we reviewed during the inspection showed us that people had signed consent forms to show that they had been involved in, or agreed their plan of care. They also contained information around choices, preferences and detailed information in one section titled consent and capacity. We found that mental capacity assessments had been completed and reviewed and where someone had been found not to have mental capacity; best interest meetings had been held. A best interests meeting involves people who know the person who lacks capacity, social care representatives and health care professionals. These meetings are usually held when a decision needs to be made about someone's care and where the person's lack of capacity has been established through assessment.

During this inspection we reviewed people's personal care files to check if people were supported to maintain their health and well-being. One visiting health care professional told us, "They pick up on early signs of illness." It was documented in professional visit records that people received regular visits from their own GP and one relative told us, "They phone the doctor all the time…I can go home and not worry about anything". Records showed us staff at Carson House supported people to have assistance from other health care professionals, such as, dentists, opticians, dieticians, podiatrists and specialist nursing teams. This meant that people were receiving care and support to access additional health care services to meet their specific health needs.

A visiting health care professional told us that Carson House was very good at using their early warning observation system, known as CHEW. This system is used to prevent unnecessary hospital admissions and involves a series of observations of a person's health over specified time periods. This was used effectively at the home to ensure people received medical care when necessary or were able to avoid an unnecessary hospital admission.

People's relatives told us they were made to feel welcome and one relative told us, "It is open visiting; we are always made to feel very welcome". Another relative told us, "You can come and go whenever you want". We spoke with two relatives both of whom told us the manager and staff at Carson House kept them up to date if there were any changes to their relative's condition and involved them in any decisions about their care. One person told us visiting was open and visitors could come whenever they wanted. One relative told us, "Staff are in regular contact and keep us fully informed of anything."

As part of our inspection, we looked at the menus and food choices available to people living within the home. The home had recently started using a local supermarket for regular deliveries; the deputy manager told us that this was because they had more options and deliveries that are more regular meant that food

was fresh. The chef told us there was a two week rolling menu and that people were regularly consulted on what was offered. People were given choices every day from the menu and the chef and kitchen assistant went around the home every afternoon to ask people what they would like the next day. Hot meals were taken to each unit on heated trolleys to keep the food warm in transit. We observed one tea-time and saw that people, who were able, came to the food trolleys to choose what they would like from two main meals, two side dishes and a pudding. The mealtime was relaxed and social; people were chatting and smiling, and the food was nicely presented and looked appetising.

We spoke with the chef and one kitchen assistant and looked at information kept in the kitchen area to inform them of people's preferences and specific dietary requirements. We found that there was specific and detailed information around how food should be prepared for some people who had input from the community dieticians or speech and language therapy (SALT) team. A whiteboard on the kitchen wall documented how people need to have their food prepared to a prescribed consistency or if food needed to be suitable for diabetic people.

People with certain health conditions require their food to be prepared in a specific way to ensure they can eat their food comfortably and safely, for example, a stage two diet means that food needs to be pureed. In addition, people who had been prescribed a fortified diet had their food enriched with high calorie additions, such as cream, each meal time. The kitchen staff were knowledgeable around how food should be served and the various different pureed stages of food. This meant that staff were aware of how to prepare and serve food in such a way as to minimise the risk of the person choking or losing weight. However, we found that despite having knowledge and information around people who were diabetic, the kitchen staff did not provide alternative meals specifically for people who were diabetic. The only alternative pudding available during our inspection was diabetic ice cream. Although the numbers of people who were diabetic were very low and no-one living at the home had a problem controlling their diabetes, this meant that some people had a very limited choice around diabetic options. We spoke to the chef and registered manager who agreed that more alternatives should be available for people with diabetes.

The registered manager was able to provide us with many instances where people had been consulted about food within the home. In one person's care file and in one of the feedback forms shown to us, one person had requested kippers for one meal and also mushy peas as an accompaniment. We could see clear evidence that this request had been incorporated into the menu. Kitchen staff told us that it was no problem to make an alternative meal for people if they did not want what was on the menu that day. We also saw in the kitchen area that staff had put up a list of everyone's birthdays and staff made a personalised cake for each person on their special day.

Good

# Is the service caring?

## Our findings

People who lived at the home told us they felt respected and cared for at Carson House. One person we spoke with told us that they preferred to stay in their room and staff respected that, they told us, "I can do what I want." They also told us that they got on well with staff and told us, "I am very happy here…the staff are nice." Another person told us, "I like it here, they look after me and I can put whatever I want in my room."

Visitors we spoke with told us they felt their relative was well cared for at the home. One relative told us, "We are very happy with the care…all care needs are met." Another relative told us they felt their relative was treated with dignity and respect and said, "I have no concerns about the care." They told us that although their relative needed to have their food served as a pureed texture, this was served on a plate with the items separated in the same way non-pureed meals were served. This showed us that people were treated with dignity when serving these meals.

We observed throughout the visit that staff talked kindly to people, were chatting and laughing together. It was clear through observations that there were established, positive relationships between staff and the people who lived at the home.

There was nice and friendly atmosphere at Carson House and we saw that people smiled often and looked cared for in their appearance. We observed particularly caring relationships on the women's unit where staff and people chatted about things that were important to them, such as, television, family and food preferences. The home's administrator came on the unit where we observed friendly chatting about what people had been doing and how people had had their nails painted.

We observed that people were given choices throughout out visit. People we spoke with told us they were always given choice, for example, one person we spoke with told us they were particular about what they wore and always chose their clothing. This person talked about the importance of what clothes they wore, we saw a number of conversations between this person and staff that showed us staff knew the person well.

The chef and kitchen assistants visited all the units each afternoon to discuss with people their meal preferences for the next day. To help people choose photographs of meal options available were shown. It was clear that the chef and kitchen assistant knew the people and their likes and dislikes. Both staff members were friendly, chatty and knelt down to eye level when talking with people who were sat down. This meant that people were involved in and made choices around their daily care and support needs.

Staff were attentive and responded to people in a sensitive, kind and caring manner. We observed positive interactions; including laughing, chatting and we saw one person always liked to greet staff with hugs and kisses.

We saw that one person had their trousers unfastened whilst sat in the lounge on the men's challenging behaviour unit. Staff discreetly spoke to the person and asked them if they wanted to return to their

bedroom to fasten their trousers. The person refused and a little while later the staff member again discreetly asked this person to attend to their trousers. The person did not fasten their trousers during our visit on the unit and the staff member later told us that this happened sometimes and there was a plan in place to help maintain this person's dignity. This involved periodically gently encouraging him to attend to his trousers without making the person upset or agitated.

As part of our inspection we spoke to staff and asked them how they felt about the care delivered at the home. One staff member felt that they have good relationships with people and told us, "We are unit based so we get to know people very well; all their likes and dislikes… the atmosphere is relaxed and choice is always given." Another staff member told us how much they enjoyed being with the people at the home and commented, "I love it here."

We asked staff how they ensured people maintained their privacy and were treated with dignity and respect while providing care and support. One staff member told us they would always close the curtains and ensure that someone was covered up whilst assisting them to wash and dress. Another staff member told us they would always ask people what they wanted and would explain what they were doing, even if the person could not communicate. One staff member talked to us about knowing people well, especially people who found communication difficult. They told us they were able to respond to cues, such as, facial expressions, body language or certain sounds if the person was unable to speak.

Good

# Is the service responsive?

## Our findings

Each person had a personalised care record which outlined to staff how they liked to be supported. We looked in a number of these care records and found that each file contained photographs and comprehensive information about the person that covered all aspects of care their needs. These included health needs, support needs, risk assessments, spiritual and cultural needs and personal preferences.

Specific information around people's preferences and how they would like to be cared for was prominent throughout the files. We found sections entitled; This is Me, My Preferences and Life Story; this showed us that care was provided in a way that was designed around the needs and preferences of the person rather than the requirement of the service. Staff members would be able to read the care plan and know detailed information about each person, such as, their clothing preferences and what type of soap the person liked to use. Each care plan also had an activities section which showed us what activities people liked to take part in and what they had done that week. We saw in one care plan that the person liked to go shopping and we could see that they were regularly accompanied to the shops. We saw people and their relatives were involved in drawing up their care plans and one visitor told us they were always fully informed and involved in discussions and reviews about their relative's care.

We saw evidence that personal care records and risk assessments were fully reviewed and updated on a monthly basis, or as and when any changes occurred. This helped ensure that care plans reflected the current care needs and information was up-to-date so that staff could provide the correct level of support and in a personalised way.

We looked at how people's current care needs were communicated between staff. Staff members told us they regularly looked in people's care files to keep updated and handover meetings were held each day during changeover of shifts. We looked at the home's records for handover notes and we found that these did not contain comprehensive information and some notes were illegible. We spoke to the manager and told them that the recording of these handover notes needed to be improved.

We recommend that the registered manager ensure that handover notes contain pertinent and legible information to ensure effective information exchange between staff shifts.

We looked in several bedrooms and found that people's rooms showed a high level of personalisation with their own bedding and soft furnishings. One person had filled their room with music CDs and DVDs along with a large television and games console. Another person's room was full of books and posters on the walls. Each of the mental health units for both women and men had their own laundry rooms with a washing machine and dryer and each person who lived on these units were encouraged to independently care for their own clothes.

During our inspection, we looked at the activities provided for people who live at Carson House. We found that although there was an activities co-ordinator in place and an activities programme, many of the activities were personalised and individual to each person. We saw that each person had an individual

record of their choices and participation in their care file. During our observations on the women's unit, we saw one person ask a staff member to telephone her hairdresser for an appointment; this was done and a date and time passed to the person.

We were told that there was no budget available for activities within the home; all money for the activities had to be raised by fundraising. We received mixed views from staff around the level of activities offered at the home. One staff member told us, "It has improved now we've got an activities co-ordinator, not a lot on a day to day basis, although it is hard for one person to do." Another staff member told us, "It has got better recently."

We spoke with the activities co-ordinator who told us that they were going on a training course that month specifically around providing activities for people who live with dementia. We learned of events that had taken place recently, such as, afternoon tea for Easter and a trip out to Chester Zoo. During our visit, one relative told us about the trip to the zoo and described it to us as, "A great success". The home provided a monthly newsletter and had booked a holiday to take four people, with staff support, to Center Parcs in June.

We spoke with the registered manager about complaints received at the home. We saw evidence that any complaints were responded to and acted upon. There was information displayed in the reception area informing people how they could complain about the service along with a suggestion box and we saw that there was a complaints policy in place. We reviewed the service's complaints file and saw that there were very few complaints made at Carson House. The registered manager kept a complaint register which including a running log at the front and a detailed monthly analysis chart for each month. This file contained comprehensive information around the recording of complaints, any investigations, any actions taken, the outcome and if the complainant was satisfied with the outcome. This meant that any issues were responded to seriously by the registered manager and acted on to improve the quality of care at the home.

One relative told us that they had not had cause for complaint, but would feel happy to do so, as the home manager was responsive and approachable. One visitor told us they are encouraged to raise any concerns and they did make a complaint once; it was dealt with to their satisfaction and they were happy with the outcome. Another relative we spoke with, told us they had never had cause to complain, but if they do want to say anything they feel it would be taken on board.

The registered manager told us that they regularly asked people for feedback about their care and the results were displayed in the home's reception area. We reviewed files that showed us these surveys were conducted every 6 months and looked at different aspects of the service provided at Carson House. The results showed that people were satisfied with the areas each survey covered and we could see where the registered manager had recorded the actions implemented in response to what people had said. We also saw that the home held 'Residents' weekly forum meetings', the minutes of these were available along with action plans showing us what had been implemented and when. This showed that the home manager valued people's opinions and wishes and acted to implement the requested changes.

Requires Improvement

# Is the service well-led?

## Our findings

The home had a manager in post who had been registered with the Care Quality Commission (CQC) since July 2014 at this location.

A registered manager has responsibility under their registration with the Care Quality Commission to have regard, read, and consider guidance in relation to the regulated activities they provide, as it will assist them to understand what they need to do to meet the regulations. We found that the registered manager had knowledge and documentation that showed us they were aware of their obligations.

People, relatives, staff and the visiting professional were complimentary about the registered manager. Staff felt supported in their role and felt that any ideas or suggestion were acknowledged and implemented. We received comments from staff such as, "They're really nice and very approachable; they listen to you." One staff member also said of the deputy manager, "They are brilliant". The visiting professional was also very complimentary about the management of the home and the work done with people with poor mental health. They told us, "They've done a lot of work to improve it and the staff receive strong leadership from the deputy." Relatives we spoke with were very happy with management of the home, one visitor told us, "The manager is brilliant; we can have a laugh".

It was evident that the registered manager valued highly the feedback from people and their relatives about their views and experiences of living at Carson House. We saw evidence in a number of areas where people's opinions had been used and incorporated into how the service was run.

We saw that there were effective management structures and a programme of training and supervision. Staff documentation we reviewed showed us that staff received a good level of leadership and were aware of their responsibilities. It was clear that there was a strong and supportive staff network throughout the home that was led by the registered manager who was well thought of. We saw that regular team meetings took place and, memos to staff were issued to circulate current information. The registered manager told us about regular, ad hoc meetings that they held, known as flash meetings; where current and up to date information was relayed to staff on duty at that time. All these meetings were fully documented and actions were recorded.

Personal information around people who lived at the home was kept confidential and systems adhered to the Data Protection Act 1998. Personal information, such as, care plans, were secured away and kept in a locked room for which the staff had a key. This meant that this private information was kept secure and not accessible to anyone living at or visiting Carson House.

We found that documentation throughout the home was up to date and well organised. The registered manager was able to provide us with the information we requested during the inspection. Policies and procedures were in place. The registered manager held a quality assurance audit planner and this contained a number of audits and checks that were comprehensive, thorough and up to date. Checks we reviewed included; monthly medicines audits, infection control, care plan audits, equipment tests and fire

safety. The registered manager also periodically carried out night-time inspections, where they would come to the home during the night to check that good care and support was being delivered.

Despite these checks, we found that the environment was not always clean and safe. We found during our inspection that the registered manager had conducted monthly environmental checks and comprehensive infection control audits and had already identified the areas of improvement that we found during our initial tour of the home. For example, the issues with cleanliness and the need for refurbishment in some areas. The registered manager was also aware that some equipment safety checks had not been completed. We saw documentation that these issues had been identified and evidence that the registered manager had reported these issues to the provider, but the provider had not addressed them in a timely manner.

This is a breach of Regulation 17 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.Good Governance.

We spoke with one of the directors of the service and the registered manager; both confirmed that there had been some difficulties with finances. This had resulted in the lapse of annual checks provided by outside contractors, the problems with receiving stocks of items, such as, hand towels and the delays in the needed repairs and refurbishment. The director confirmed that the home was transferring to a new provider and financial issues were being addressed. The registered manager provided us with evidence of orders placed for new equipment, furnishings and equipment safety checks arranged. We were present on day one of the inspection when new supplies of paper towels and aprons arrived.

The auditing systems in place, the systematic analysis of information and regular communication with staff meant that the registered manager had an overview of how the home was performing at a number of levels. We spoke to the registered manager about what was their vision for Carson House. They told us they were keen to receive the help and support to ensure that the home aesthetics and environmental issues were resolved, that staff could benefit from more specialised training and engage the people even more in the running of the home.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>People who use services and others were not adequately protected against the risks associated with not preventing and controlling the spread of infections.<br><br>The provider had not ensured that the premises were clean and safe.<br><br>Essential, periodic safety checks were overdue.<br><br>Medication records did not accurately account for the safe and correct administration and storage of medicines. |

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Diagnostic and screening procedures<br><br>Treatment of disease, disorder or injury | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The provider did not address issues raised by the registered manager in a timely way. |