

Carlton House Rest Home Limited

# Carlton House Rest Home Limited

## Inspection report

15 Barton Court Road  
New Milton  
Hampshire  
BH25 6NN

Tel: 01425612218

Date of inspection visit:  
19 May 2021  
26 May 2021

Date of publication:  
06 July 2021

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Carlton House Rest Home Limited is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

Overall, improvements had been made to the systems in place to monitor the quality and safety of the service provided. However, further improvement was required to fully embed these systems to ensure that people were consistently kept safe from harm.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed. However, medicines prescribed 'as and when required' (PRN) were not recorded correctly, which resulted in unaccounted for medicines. This was rectified straight away and a new electronic medicine system was put in place.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills. However, we did find that more robust procedures for checking full employment histories were required.

The home was clean and measures were in place for infection prevention and control. However, record keeping was not always as robust as it should be.

People felt safe living at Carlton House Rest Home Limited and they were very much at the heart of the service. We received positive feedback from people and their relatives about the care provided.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

The risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies and fire safety checks were carried out.

People were supported with their nutritional needs. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

Staff received regular support and felt valued and listened to by management.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 29 January 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

The inspection was prompted in part due to concerns related to pre-assessment care plans and food and fluid charts. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern.

Please see the safe, effective and well led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlton House Rest Home Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?

**Requires Improvement** ●

The service was not always 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 well-led?

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Carlton House Rest Home Limited

## **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 completed by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Carlton House Rest Home Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 registered with the Care Quality Commission. This means that they 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. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. 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 3 people who used the service and 8 relatives and 1 friend about their experience of the care provided. We spoke with members of staff including the provider, registered manager, 2 senior staff, head housekeeper and 4 care staff.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### 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 spoke with 3 health 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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- Following the last inspection all windows were made safe and water safety measures were now in place.
- A health professional told us they managed risks well and said, "I would say the home does this very well and effectively, especially during the pandemic. They conduct COVID tests on myself before every visit. They also have installed a temperature sensor/alarm sensor, which is very effective".
- Staff understood where people required support to reduce the risk of avoidable harm. One staff member told us, "I feel risks are managed safely and care plans provide the information to be aware of risks and help keep people safe, they are always evolving as the needs and capabilities of our residents change". Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency. This had been updated to include COVID-19 contingency plans.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Individual personal emergency evacuation plans (PEEPs) were in place to guide staff to keep people safe during an evacuation.

### Using medicines safely

- During the inspection we checked some PRN 'as required' medicines stock against the MAR chart. For some medicines that were checked, some medicines were unaccounted for. This was due to an administration error when transferring records of stock from the previous month. The service had already signed up for an electronic medicine system to ensure medicines management was more robust and this was due to be started the following week. On the second day of the inspection the new system was being

prepared with new stock to ensure medicines were safe.

- Relatives felt medicines were administered safely. One relative told us, "The staff make sure that she takes her medication and the District Nurse comes each day to check her insulin levels and administers her injection". Another relative said, "She always gets her medication on time which is important". A health professional told us, "I have never noted any concerns about the administration of medications. I think it is a safe and well-run care home".

- Since our last inspection the service had introduced labels for the application of topical creams with opening and expiry dates.

- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when medicines had been given. These medicines were correct and matched people's records.

- Medicines were administered in a safe and respectful manner and staff, supporting people to take their medicines, did so in a gentle and unhurried way. They explained the medicine they were giving in a way the person could understand and sought their consent before giving it to them.

### Staffing and recruitment

- Recruitment processes were followed so that staff were checked for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, records of employment history showed years not months, so it was not always possible to be assured that a full employment history had been taken as required by schedule 3 of the Health and Social Care Act 2008.

- People and relatives felt staffing levels were sufficient. One relative told us, "It is difficult to judge staffing levels because they are always moving about being busy. New residents bring challenges. The staff never rush a job, they do it properly". Another relative said, "I do think they have enough staff in the home".

- We observed that staff were not rushed and responded promptly and compassionately to people's requests for support. Staff felt staffing levels were sufficient.

- Staff rotas were planned in advance and reflected the target staffing ratio which we observed during the inspection.

### Preventing and controlling infection

- During our inspection the home appeared very clean and since COVID-19 they had increased the housekeeping hours to ensure cleaning is maintained daily. However, cleaning records were only in place for bathrooms and toilets and not people's rooms or other communal areas. We spoke to staff and the head housekeeper who assured us all areas were being thoroughly cleaned as well as regular cleaning of high touch points. However, with records not in place they could not be assured this was being completed in line with latest government guidance. On the second day of the inspection this had been implemented.

- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons. However, during the inspection we observed some staff with false or painted nails which is an infection control risk and not in line with current infection control guidance from Public Health England and government guidance relating to COVID-19. We raised our concerns with the registered manager who took immediate action to ensure staff were aware of the risks and updated their policies. On the second day of the inspection we observed that no staff had false or painted nails.

- People and relatives, we spoke with were happy with the cleanliness of the home. One person told us, "They (staff) keep it very clean". One relative told us, "The home is very clean, in fact it is immaculate". Another relative said, "The home is very clean and tidy, and everything is well maintained".

- Relatives we spoke with were happy with the COVID-19 arrangements. One relative told us, "We try to visit



her every other day. They now have a visitor's room. We have a COVID test before visiting and then have to wear PPE to meet them in the room". Another relative said, "She tested positive for COVID on the 21st Jan and they took immediate action. They moved her to a downstairs room to isolate her. We were then able to visit her via a window visit. She has now returned to her old room and able now to visit once a week face to face in the visitor's room wearing PPE. We also write to one another each week".

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- People and their relative told us they felt safe. One person told us, "I feel safe here, as safe as you can be anywhere. Not worried about anything". One relative told us, "I do believe she is safe in the home and the staff are caring". Another relative said, "I do think my relative is safe in the home. She appears to be happy in the home. She is mobile and spends her day in the lounge and only goes to bed to sleep. She likes the company". Another relative said, "Yes I do think she is safe in the home. When I talk to her she is not worried about anything. She speaks well of the home".
- Staff were required to complete safeguarding training as part of their induction. Safeguarding policies and procedures were in place to protect people from abuse and avoidable harm.

Learning lessons when things go wrong

- The registered manager had systems in place to monitor incidents and accidents to ensure that there had been an adequate response and to determine any patterns or trends.

# 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 good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Due to COVID-19 it was not always possible to visit someone before they came from hospital to carry out a pre assessment, which the provider would normally do. Assessments were now carried out by telephone and email.
- We spoke to staff and asked them if they felt they had information to support people with their care. One staff member told us, "I feel they do especially the new versions, along with the pre-assessment from family and the adult services assessment when provided there is adequate information. We also know via handovers information on new residents and we are all trained to understand that needs change and residents may behave differently from when they were at another setting and there is regularly a settling in period".
- The service carried out an ongoing assessment of people's needs over a few weeks, so they got to know the person and their likes and dislikes before writing a full care plan. We spoke with staff involved in assessments who informed us they were looking at introducing more information quicker and were looking at electronic care plans to help support this.
- Support plans were in place for people's oral care in line with best practice guidance. However, we found one person's oral care plan required more information to support staff, as their denture care was not very clear.

Staff support: induction, training, skills and experience

- One relative told us, "The staff are well trained and know exactly what they are doing. They show compassion for the people they are caring for". Another relative said, "The staff are very well trained and experienced. Given the time he has been in the home, the staff have really got to know him and understand how he likes to live his life". Another relative said, "The staff do know what they are doing. They are certainly well trained and experienced. A number of the carers have been at the home for years".
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Records showed staff had received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support,

assurances and learning opportunities to help them develop.

- People were supported by staff who had completed a wide range of training to develop the skills and knowledge they needed to meet people's needs and to understand their roles and responsibilities.
- Staff were offered the opportunity to complete national vocational qualifications in health and social care.

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

- People and their relatives enjoyed the food. One relative told us, "She is eating and enjoys the food and finishes all her meals. There is a good choice and if she fancies something different then the Chef will accommodate her wishes". Another relative said, "My relative seems to enjoy the selections of food on offer. She likes her tea and biscuits in the morning and the afternoon. She has maintained her weight which is good".
- Relatives we spoke with also spoke very highly of the chef. One relative told us, "She thinks the Chef in the home is marvellous. If she doesn't like anything on the menu then he will make her something she does fancy". A friend told us, "The Chef has made a real effort to prepare Chinese food for him which I thought was a lovely touch". Another relative said, "The Chef is lovely and will prepare anything the residents' request. She really enjoys her food".
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room and the meal was unhurried. While we were observing the mealtime one person told us they had enjoyed their meal and pudding and that is was very nice.
- The service was not using food and fluid charts unless there was a health need. For example, a district nurse had requested a food and fluid chart for one person who was at risk of losing weight. However, this had now stopped due to the person's weight being maintained. Following on from a complaint earlier in the year, they had implemented food and fluid charts for people who arrived from hospital to monitor their nutrition intake. We saw plans for these but advised the service that more information was required to make them fully effective, which they told us they would implement.

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

- Relatives were happy with the support provided to access healthcare when required. One relative told us, "Her local GP is making regular checks on her and the District Nurses see her every day". Another relative said, "My relative has needed an Optician and the home arranged for one to visit my relative in the home".
- Healthcare professionals we spoke with raised no concerns and thought the service worked well with them. One health professional told us, "I have always found the staff to be caring, diligent and professional. They are reliable in raising concerns about patients". Another health professional said, "My experience is the care staff are compassionate with dealing with residents. A very important skill along with good knowledge of the individual health/mental conditions and need of the residents".
- People were supported to access healthcare services when needed. Records showed people were seen regularly by doctors, district nurses and chiropodists.

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

- People and their relatives told us they were happy living at the home, and all felt it was homely and comfortable.
- The environment had been decorated and accessorised to provide a positive and suitable environment for people who lived there.

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.

- The registered manager had ensured that these authorisations had been applied for where necessary and these were reviewed when required. One relative told us, "She is currently undergoing a DoLS assessment because she is at risk of walking out of the home. They have spoken to me by phone to reassure that she is safe but that they will have to put in place some measures".
- We observed staff seeking consent from people before providing care and support. Staff showed an understanding of the MCA. They were aware people were able to change their minds about care and had the right to refuse care at any point.
- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the registered manager had not always assessed, monitored and mitigated risks relating to health, safety and welfare of service users and others who may be at risk. This was a breach of regulation 17 (Good Governance) 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 17.

- At this inspection we found improvements had been made, however, work was still needed to ensure all audits were being assessed and monitored to provide positive outcomes for people using the service in line with Regulation 17.
- The governance arrangements needed to be strengthened and developed. For example, for one person who were having behaviours that challenge. When incidents of behaviour that challenged others occurred with one person, staff recorded these and sought advice from relevant health professionals. However, more information would support staff what measures could assist staff to make the person less anxious. It would also aid reviewing if these were recorded on a separate record to make it easier to monitor and review. While speaking to the registered manager and staff they clearly knew the person well and told us the measures they were using to keep them safe.
- There were a number of systems and processes in place for monitoring the quality of care. The registered manager completed monthly audits which covered health and safety, the environment, infection control, medicines, accidents and incidents and complaints. However, records could be improved, for example, recruitment files and food and fluid charts.
- People and relatives praised the management. One relative told us, "The manager tries to be all things to all people. She moved into the home at the start of COVID to ensure people were kept safe. She is a very caring person". Another relative said, "The manager is amazing. She is very strict on the regulations and rules and I would have no problem recommending this home to anyone". Further comments included, "The home have been really helpful in setting up the care. I think the manager really understands my situation which I find helpful", and "I know I can speak freely with the manager, as she is always ready to talk to

relatives".

- Staff felt supported by the registered manager and found them approachable and caring. One staff member told us, "The manager and owner are very open to improvement suggestions and take on board concerns and act on them when required".

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

- People and their relatives were happy with the service. One relative told us, "We are very happy with the care that is provided at the home and cannot think of anywhere better". Another relative said, "I am definitely happy with the home; in fact, I am more than happy. They have done a fantastic job during COVID". Other comments included, "I am very happy with the care and support my relative gets at Carlton House, and would have no problem recommending it to anyone", and "I would not want my relative to have to move as this is the right place for her spend her final years in".
- People received person-centred support and care delivery ensured people were enabled to maintain skills and independence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People we spoke with were happy at the home and felt engaged and involved in their care.
- Relatives informed us they were updated about their family members. One relative told us, "The home keeps us informed during the COVID crisis and regular updates". Another relative said, "My relative's Key Carer always keeps me up to date with my relative's time in the home". A person's friend said, "I think my friend is happy with the care he receives and has no complaints. The office gives me regular updates with his progress".
- Staff felt supported and expressed no concerns about the leadership of the home. Prior to the COVID-19 pandemic, staff meetings had been held but now staff were provided with updates and information in small groups or individually. One staff member told us, "I always receive support, always, I was given emotional support to deal with the stresses when Coronavirus hit our home and I am offered training and guidance whenever I require". Another staff member said, "We haven't been having team meetings due to COVID but as a senior keyworker I have a lot of contact / discussions with the management and staff".
- To support staff during COVID-19 an infection control questionnaire was sent out after having an outbreak in the home asking about cleaning and PPE to ensure staff felt supported and if any improvements could be made. The registered manager also carried out individual appraisals with each staff member to support staff with COVID-19. Results seen were good and no concerns were raised. Staff we spoke with told us that staff pulled together as a team to support their colleagues, people and their families.
- The service worked in partnership with the local doctor's surgeries and community health teams. Feedback from health professionals supported this and no concerns were raised.

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

- There was an open and transparent culture in the home. The previous inspection report and rating was displayed prominently in the reception area.
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.