Mrs K Peerbux

Carlton House

Inspection report

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Tel: 01472360878

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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

The inspection took place on 22 November 2016 and it was unannounced. The last inspection of this service took place on 14 September 2015, no breaches of regulation were found and an overall rating of requires improvement was achieved.

The service had a registered manger in place, who is the registered provider. 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.

People we spoke with and their relatives were positive about the care and provided at the service.
A health care professional we spoke with was complimentary about the service and they had no concerns to raise.

Staff understood they had a duty to protect people from harm and abuse. Staff knew how to report abuse and confirmed they would report any issues straight away. This helped to protect people.

People living at the service had their needs met by adequate numbers of skilled staff. People told us they felt safe living at the service. People lived the life they chose and were supported by caring attentive staff. End of life care was provided at the service.

People living at the service were provided with home cooked food. Their fluids and food intake was monitored to make sure people's nutritional needs were maintained. People who required prompting or support to eat were assisted by patient and attentive staff. Staff gained help and advice from relevant health care professionals which helped to maintain their wellbeing.

People's privacy and dignity was respected. People were involved in making their own decisions, about their care and treatment. People made decisions about what they wanted to do and how they wanted to spend their time. Staff reworded questions or information to help people understand what was being said. This promoted people's independence and choice.

Medicine systems in operation were robust which helped to protect people's wellbeing.

People's views were sought along with those of their relatives. Information received was listened too and acted upon. There was a complaints procedure in place.

The quality of the service was monitored by the registered manager and staff to make sure the service met people's needs and people remained happy living there. Regular audits of the service were undertaken which helped to monitor, maintain or improve the quality of service provided to people.

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.

People told us they felt safe living at the service.

People were safeguarded from abuse. Staff understood their role in reporting concerns.

There were enough skilled and experienced staff to meet people's needs.

Staff understood potential risks present to people's health safety and knew how to reduce these.

Staff knew what action they must take in an emergency.

Is the service effective?

Good

The service was effective. Staff monitored people's health and wellbeing.

Staff were provided with training to maintain and develop their skills.

People's mental capacity was assessed to ensure they were not deprived of their liberty unlawfully. This helped to protect people's rights.

People nutritional needs were met.

Is the service caring?

Good

The service was caring.

Staff were knowledgeable about people's needs, likes, dislikes and preferences.

Staff supported people to live the life they chose.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff responded to people's needs, they listened to what people said and acted upon it.

A complaints procedure was available to people and their relatives.

Is the service well-led?

Good

The service was well led.

People living at the service, their relatives and staff were asked for their views and these were listened too.

Audits were undertaken to help identify issues so that they could be corrected.

Staff felt supported by the management team.

Carlton House

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 unannounced inspection took place on 22 November 2016, it was carried out by one adult social care inspector.

Carlton House is registered with the Care Quality Commission [CQC] to provide care and accommodation for up to ten people who may be living with dementia. Accommodation is provided over two floors with a secure garden at the rear of the service and situated close to local amenities, street parking is available for visitors.

Before the inspection, the registered provider was asked to complete a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We considered this information during our inspection. Prior to our inspection we looked at the notifications we held on file and reviewed all the intelligence the Care Quality Commission (CQC) had received to help inform us about the risk level for this service. This information was reviewed to help us make a judgement. We also spoke with the local authority and the safeguarding team about this service.

We used a number of different methods to help us understand the experiences of people living at the service. The Short Observational Framework for Inspection (SOFI) was used to help us understand the experiences of people who were unable to tell us their views.

During our inspection we undertook a tour of the building. We used observation to see how people were supported in the communal areas of the service. We inspected the medicine systems in operation and observed lunch. We looked at a variety of records; this included two people's care and medicine records, as well as records relating to the management of the service such as; policies and procedures, maintenance records, quality assurance documentation and the complaint information. We also looked at staff rotas and

two staff files which included training, supervision and appraisals and information about staff recruitment.

We spoke with the registered manager and two staff. We spoke with all the people living at the service and with three relatives by phone. We also gained the views of a health care professionals who was visiting the service during our inspection.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe living at the service. One person we spoke with said, "I'm safe here." Another person said, "Yes, I am safe with the staff. I feel safe here. I get the care I need."

All the relatives we spoke with told us the service was safe. One said, "My relative is safe and well looked after." Another relative said, "I feel [Name] is safe. He could not be anywhere better."

We observed the staffing levels provided ensured people received their care and support in a timely way. Staffing rotas showed that the number of staff the registered manager had assessed as being required were provided to meet people's needs. Staff we spoke with said; "There are enough staff, we have quality time to spend with people. There are three staff, one cleans one cooks and one carries out activities after we have helped people get up," and, "There is enough staff. I love it here, it is a small place and we have time to spend talking with residents." And, "I love it here, It is a small place we have time to spend talking with residents. It is cosy and homely." The staff confirmed they spent quality time with people.

Staff were provided with regular training about safeguarding vulnerable adults. There was a whistle blowing [telling someone] policy in place to help advise the staff. The registered provider had effective procedures in place for protecting people from abuse. Staff we spoke with understood the types of abuse that may occur and knew what action they must take to help protect people. A member of staff we spoke with said, "I would definitely raise safeguarding issues with either the registered manager or senior staff. If I felt they were not dealing with it I would go to the safeguarding team at the local authority myself."

The registered manager told us they reported safeguarding issues to the local authority for their consideration and said they worked with them to resolve any issue. This was confirmed by the local authority.

We inspected two people's care records. Information was present about the risks to people's health and safety in the form of individual risk assessments. These covered the risk of falls, prevention of skin damage due to immobility and the risk of choking. Staff we spoke with understood people's care needs and were able to tell us about the support each person needed to receive and the risks present to their wellbeing.

We saw that as people's needs changed health care professionals were asked for their advice. One health care professional told us, "The staff are very approachable and I am sure they act in people's best interests to maintain their wellbeing."

Staff were knowledgeable about the equipment needed to maintain people's wellbeing. For example hoists for moving and handling people. We saw people had been assessed to ensure the correct equipment was used. Information was in place about people's abilities and the assistance they needed in an emergency. This information was contained in personal evacuation plans which ensured staff and the emergency services were fully informed.

The registered manger undertook monthly audits of accidents and incidents that occurred. They looked for patterns and considered what corrective action should be taken to prevent further incidents occurring. This helped to maintain people's health and safety.

There was a secure door entry system in place to help to prevent unauthorised people gaining entry to the service. Sanitising hand gel was present for visitors and staff to use. Staff were provided with gloves and aprons to help maintain effective infection control at the service.

Systems were in place to maintain and monitor the safety of the premises. Audits were completed regarding the general environment and servicing required to maintain a safe environment. Regular fire safety checks were undertaken. Staff received fire training which helped them prepare for this type of emergency. General repairs were undertaken and maintenance contracts were in place which helped to ensure the home remained a pleasant and safe place for people to live.

We inspected the medicine systems in operation, this included how medicines were ordered, stored, administered, recorded and disposed of. People's medication administration records [MAR] contained their photograph to aid identification. Allergies were recorded to inform staff and health care professionals of any potential hazards. People's medications were stored securely. Staff who had received training in the safe handling of medicines dispensed medicines. We observed a member of staff asking people if they needed medicine for pain at lunchtime. They told us how they assisted people with their medicines and they appeared to be skilled and competent. We checked the controlled medicines at the service and these were correct.

Good

Is the service effective?

Our findings

People we spoke with said the service was effective at meeting their needs. We received the following comments; "There are enough staff, they look after me," "Staff know my needs. I'm happy here," "The food is changed regularly, with popular choices provided that are always cooked well. Drinks are given often and snacks. They are not mean with drinks or food, they are very generous."

Relatives told us the service was effective at supporting people. We received the following comments; "In this home, which is a smaller residential home. [Name] get's more attention due to the staffing ratios and the staff know him very well. The food always looks good," "The environment is clean and well kept. It is a 'home from home'. Outside issues, regarding a wall that needed mending has not impacted on Dad's care. The kitchen is always clean. The staff are knowledgeable." And "Staff spend time with him to encourage him to eat and drink. All the staff know him inside out."

We observed staff supporting people in the communal areas of the service. Staff understood people's likes, dislikes and preferences for their care. They encouraged people to be as independent as possible, whilst providing support as necessary.

Staff we spoke with confirmed there was plenty of training provided for them to complete. Training was provided for staff in a variety of mandatory subjects; these covered areas such as moving and handling, first aid, fire safety, food hygiene, safeguarding people from abuse and the Mental Capacity Act 2005, Deprivation of Liberty Safeguards, and end of life care. A member of staff said; "Training, you can never have too much. Our yearly training is due now. I have just done my medicine training so I am sorted with that for another year." Staff confirmed there were effective systems in place to inform them training updates were due to be undertaken. This helped to maintain the staff's skills and knowledge. The staff confirmed their training was kept up to date.

New staff undertook a period of induction training where they worked with senior care staff and their skills were assessed and developed. The care certificate (a nationally recognised training programme) was utilised. The registered manager had a programme of supervisions and appraisals in place for all staff. This allowed discussion to be held about their training needs and their performance.

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. The application procedures for this in care homes are 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 were being

met.

We found the registered manager had a good understanding of their role and responsibilities regarding MCA and DoLS. Staff had completed training about mental capacity and they were aware of how the DoLS and MCA legislation applied to people who used the service. Capacity assessments had taken place for people and there was evidence in place to record the decision-making process to ensure care was provided in people's best interests. The registered manager had submitted applications to the 'Supervisory Body' for authority to deprive specific people of their liberty. One person living at the service had an authorised DoLS in place a further four applications were awaiting authorisation. One person had authorisation in place from the Court of Protection. Information was provided at the service to people and their relatives about advocacy services that could be provided locally to help protect people's rights.

People had their nutritional needs assessed and monitored. People's dietary needs, their preferences and food allergies were recorded so staff were aware. Special diets were catered for including diabetic meals, soft and fortified foods (food with extra calories added to help reduce weight loss). We observed lunch, we saw this was a social occasion. People were asked for their views about the food and they were offered different sized portions and second helpings. We saw the staff supported and encouraged people to eat and drink, where necessary. Adapted crockery and beakers were provided to maintain people's independence with eating and drinking. Those who required their dietary needs monitored had food and fluid charts in place and relevant healthcare professionals were involved in monitoring their dietary needs, where necessary. This ensured people's dietary needs were met.

We saw during our inspection the communal areas of the service were clean and homely. Pictorial signage was provided to help people find their way around. There was a stair lift provided so people who were unsteady on their feet were able to access the first floor. The bedrooms were numbered and some people had photographs on their doors to help them find their bedrooms were set out as people wished. Where equipment, such as hoists were needed to be used the bedroom furniture was arranged to ensure staff had enough room to use this.

The front garden had a wall repaired and tree roots which had affected the paving had been dealt with to improve access to the services front door. The service had a rear garden with an artificial lawn and shrub borders. The garden was accessible by means of a ramp. At our last inspection we had noticed a window at the side of the ramp was broken, during this inspection we saw it had been removed and the void had been bricked up.

Good

Is the service caring?

Our findings

People we spoke with said the staff were kind. We received the following comments from people and their relatives; "The staff are very caring," "We are lucky to have found a place where the staff are so kind," and, "All the staff are fantastic, they really do care." We saw that people looked relaxed in the company of staff.

We observed staff spent time with people in the communal areas of the service. They asked people how and if they needed anything. The staff took their time when speaking with people; they sat with them and gained good eye contact which helped people communicate. We saw staff rephrased questions and gave people time to respond. Feedback received from people was listened too and acted upon by the staff. For example, a person said they were thirsty staff immediately offered a range of drinks for the person to choose from.

Staff were attentive and they offered help and assistance to people where this was required. For example, a person needed encouragement and support to eat their lunch. A member of staff sat by this person and talked with them to gently encouraging them to eat. People were encouraged to live the life they chose, for example one person wanted to remain in bed, another wanted to sit in the dining room and talk to staff.

The registered manager told us it was important for people to feel at home. This sentiment was shared by all the staff we spoke with. The staff told us they felt it was not like being at work because the service was small and family orientated they told us they treated people living at the service as their 'extended family'. Advocacy information was available for people and their relatives at the service.

We observed the staff addressed people by their preferred names and knocked on people's bedroom doors before entering, which protected people's privacy. Staff closed people's bedroom and bathroom doors when they provided personal care which maintained people's dignity.

During our visit we spoke with staff who said they enjoyed working at the service. A member of staff said, "There is a lovely atmosphere it is so nice caring for the people here. They are like family."

The registered manager told us visitors were made welcome and they could attend at any time. Visitors were invited to stay for meals so they could share quality time.

End of life care was promoted at the service. The registered manager and staff told us that they asked people and their relatives about their preferences for their care at the end of their life. This ensured people's individual needs could be provided. A visiting health care professional told us they felt people living at the service benefitted from effective end of life care because the registered manager and staff were passionate about this.

Good

Is the service responsive?

Our findings

During our visit people we spoke with told us the staff responded to their needs. We received the following comments; "The staff look after me. I choose when to join in with activities. I would complain if I wanted to," and, "It is nice here. I have no complaints. The staff painted my finger nails yesterday, they are good at that."

Relatives we spoke with confirmed they were kept informed of changes in people's needs or condition. They said they were invited to social events and could stay for meals. One relative told us, "I am very happy with the service. The staff keep me informed and I am invited to reviews. I would raise any issues." Another relative said, "Dad has been quite poorly recently. I don't think he would still be here if he was not looked after the way he is. The staff keep me informed and I am fully involved. If I had a complaint I would raise the issue. I have never had any complaints."

Before people were offered a place at the service an assessment of their needs was undertaken. People and their relatives were able to discuss the care and support required. We saw information from the local authority or discharging hospital was gained. This information was used as a base line by the staff to create people's care plans and risk assessments. The registered manager also considered if the person's needs could be met at the service and if they would fit in with the other people living there. People were invited to look round with their relatives to see if they liked the home before they were admitted.

Staff monitored people's care and support needs, their care records were personalised and they were reviewed and updated as people's needs changed. During our inspection we saw one person's care records were unclear about the frequency of the timings for their change of position to help prevent potential pressure damage to their skin. We discussed this with the registered manager who contacted the relevant health care professional and spoke with the staff to clarify this. They made this information clear in the person's care records to avoid any confusion.

Staff we spoke with told us they reviewed people's care with the person and their relatives. This was confirmed by relatives we spoke with. Staff told us they knew people well so realised quickly if they were not quite themselves. They said they contacted people's relatives to keep them informed and called relevant health care professionals to gain their help and advice.

People's nutritional needs were assessed on admission. If people were reluctant to eat and drink their nutritional intake was monitored by staff and advice was sought from relevant health care professionals. This ensured people's dietary needs were met.

Staff we spoke with told us they monitored people's health and wellbeing on a daily basis. Staff handover's between shifts occurred, information about people's health; dietary needs and emotional state were shared. This helped the staff to support people's current needs. Relatives told us they were offered meals if they were visiting at mealtimes.

The registered manager told us if people had to be admitted to hospital they and the staff visited to help

provide care and support. This helped people to feel less anxious and often speeded up their return to the service.

During our inspection we carried out a SOFI observation. We saw that staff were able to distract people's attention if they seemed unsettled or agitated. Staff talked with people and spent time with them to help reassure them.

Activities were provided at the service. We saw staff spending time reminiscing with people. There were photo displayed from activities that had occurred which people were seen to enjoy. Manicures were provided, quizzes took place and people were asked all the time what they would like to do so spontaneous activities took place which people wanted to engage in. Relatives told us they were e-mailed about some activities that were to occur so they could plan to attend if they wished.

There was a complaints policy in place. People we spoke with said they would complain if they wanted to but said they had no complaints to raise. Relatives we spoke with also confirmed this.

Good

Is the service well-led?

Our findings

People we spoke with told us they were satisfied with the service they received. One person said, "I am alright here." Another person said, "I am at home."

Relatives we spoke with told us the service was well-led. We received the following comments; "I have received a quality assurance questionnaire. I attend reviews every six months and I give my views. The owners and the deputy manager are open and honest. I am very happy with all aspects of the service," "It is a well-led service. I am happy with it." And, "The male manager is extremely pleasant, jolly jovial and professional. I feel everything is alright."

We saw the registered manager had an 'open door' policy so that people, their relatives, visitors or staff could speak with them at any time. Staff we spoke with told us staff meetings took place and they said they did not need to wait for a meeting to be held because they were able to speak with the registered manager about anything they wished, at any time. All the staff we spoke with told us their views were listened to and were acted upon by the registered manger. This helped the staff feel valued and supported. A member of staff we spoke with said, "The registered manager listens if I have any problems." Another said, "We can speak openly, it is good here." Quality assurance surveys were given to people and their relatives to gain their feedback, we saw the results of these were positive. Staff were also asked for their views.

Staff understood the management structure in place. The registered manager worked with staff and observed how they delivering care to people which helped them to assess the standard of care provide to people living at the service. The registered manager was supported by senior staff which made up the management team. They all worked together to monitor the service.

The registered manager and management team assessed the quality of the service by undertaking a variety of audits. These covered areas such as; infection control, care records and medicine management. We looked at the results of the audits that had been completed. We saw if issues were found an action plan was put in place to record how the concern was resolved. New policies and procedures were in place, these were currently being personalised to the registered providers needs and they were available for the staff to read.

The registered manager had detailed emergency business contingency plan in place. They detailed the action staff must take in events such as; a fire, gas or electricity supply issue to help to make sure the service could still run effectively.

General maintenance, servicing and repairs were undertaken as required to make sure the home remained a pleasant place for people to live in and to make sure equipment remained safe to use.

We saw compliments and thank you cards had been received about the service provided. These were available for staff and people to see. The registered manager and staff were passionate about the service they delivered to people and their relatives.

The registered manager told us they were always looking at how they could improve the service they provided to people. For example, since our last inspection they had implemented new documentation to help evidence that people were being checked during the night. Noise activated door guards had been fitted to bedroom doors where they had previously not been present and light pull cords in the communal bathrooms had been fitted with plastic sleeves to keep them clean to help maintain infection control.