Mrs K Peerbux

Carlton House

Inspection report

267 Hainton Avenue
Grimsby
DN32 9JX
Tel: 01472 360878
Website: info@carlton-house.org.uk

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Ratings

Overall rating for this service	**Requires improvement**
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**

Overall summary

This inspection was undertaken on 14 September 2015, and was unannounced. The service was last inspected on 28 January 2014 the service was compliant with the regulations that we looked at.

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. There is a car park, but this is not in use, street parking is available for visitors.

The registered provider is the registered manager for this service. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff had a clear understanding about their duty to protect people from abuse. Staff knew they must report concerns or potential abuse to the management team, local authority or to the Care Quality Commission [CQC]. This helped to protect people.

There were enough staff on duty to support people during our visit. Staff understood people's needs and were aware of potential risks to people's health and wellbeing. Staff received training in a variety of subjects, this was updated, as required to maintain the staff's skills and knowledge.

People's nutritional needs were assessed and monitored. Food provided was home cooked and

people's preferences and special dietary needs were catered for. Staff assisted and encouraged people to eat and drink with patience and kindness. Advice was sought from relevant health care professionals to ensure people's nutritional needs were met.

A visiting health care professional confirmed that the staff sought their advice, reported issues and followed their guidance to help maintain people's wellbeing.

People who used the service were supported to make their own decisions about aspects of their daily lives. Staff followed the principles of the Mental Capacity Act 2005 when there were concerns people lacked capacity and important decisions needed to be made.

The service was undergoing a programme of refurbishment and internal redecoration. People's bedrooms were personalised. The pictorial signage was down where painting was taking place and this was to be replaced to help people find their way around. Staff helped guide people to where they wished to go. Service contracts were in place to maintain equipment so it remained safe to use.

Staff respected people's individuality, privacy and dignity. 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 so people could respond.

A complaints procedure was in place for people, relatives and visitors to use to raise concerns. This information was provided to people in a format that met their needs. Staff asked for people's views and they acted upon what was said. This helped to ensure people remained satisfied with the service they received.

The registered provider and senior staff undertook regular audits to help them monitor, maintain or improve the service provided. However, we found there were some issues to be addressed during our inspection; two fire doors were held open by inappropriate means and light cords required cleaning to maintain infection control. Night checks undertaken to help maintain people's wellbeing needed to be recorded in more detail by staff.

Summary of findings

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; two fire doors were held open by inappropriate means and light cords required cleaning to maintain infection control. Night checks undertaken to help maintain people's wellbeing needed to be recorded in more detail by staff.

Staff knew how to recognise the signs of potential abuse and knew how to report issues. This helped to protect people.

There was enough skilled and experienced staff to meet people's needs Staff knew about the risks present to each person's wellbeing.

People who used the service received their medicines as prescribed.

Medicine policies and procedures were in place to help guide staff.

Is the service effective?

Good

The service was effective. Staff effectively monitored people's health and gained help and advice from health care professionals to promote their wellbeing.

People's mental capacity was assessed and requests to the local authority had been made to ensure people were not deprived of their liberty unlawfully.

People's nutritional needs were met. They had access to health care professionals when required and in a timely way.

Staff undertook training to maintain and develop their skills.

Is the service caring?

Good

The service was caring. People were treated with dignity, respect and kindness.

Staff were knowledgeable about people's needs, likes, dislikes and preferences. Staff supported people to be as independent as possible which enabled people to live the life they chose.

There was friendly banter between staff and people living at the service. Staff listened to what people said and acted upon it.

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.

People's preferences for activities and social events were known by the staff. Staff spent time with people to keep them engaged.

An effective complaints procedure was in place. People were made aware of how to make a complaint.

Summary of findings

Is the service well-led?

The service was not always well led. The registered provider undertook audits which had not identified the issues that we found on inspection; two fire doors were held open by inappropriate means and light cords required cleaning to maintain infection control. Night checks undertaken to help maintain people's wellbeing needed to be recorded in more detail by staff.

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

Requires improvement

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 checked whether the registered 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 14 September 2015 and was unannounced. It was carried out by one adult social care 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.

Prior to our inspection we had asked the registered provider 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 looked at the notifications received and reviewed all the intelligence CQC held about the service to help inform us about the level of risk for this service and make a judgement.

During our inspection we undertook a tour of the building. We used observation to see how people were cared for whilst they were in the communal areas of the service. We watched lunch being served and observed a medicine round. A selection of records including three people's care record and risk assessments and Medication Administration Records, [MARs] were looked at. Records relating to the management of the service; including policies and procedures, maintenance and quality assurance documentation and complaints were also reviewed. We also looked at staff rotas, staff training, supervision and appraisal records and recruitment information.

We spoke with the registered provider and deputy manager and we were introduced to everyone living at the service. Three people who used the service and their relatives were spoken with. We interviewed four staff. We asked a visiting health care professional for their views. People told us they were satisfied with the service they received.

Most people living at the service were living with dementia, and were unable to tell us about their experiences. We used a number of different methods to help us understand the experiences of the people who used the service including the Short Observational Framework for Inspection [SOFI]. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. This confirmed that people were supported appropriately by staff and provided us with evidence that the staff understood individual's needs and preferences.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. A person said, "I like it here and I feel safe." Another said, "I love it here. I am content here."

Relatives we spoke with told us they felt the service was a safe place for their family member. One relative said, "It is the best thing they [talking on behalf of all the family] have ever done to move here."

A health care professional we spoke with said they had never seen anything which had worried or concerned them whilst visiting the service. They said they would report any concerns immediately if they did observe anything untoward.

Staff knew what action they must take to protect people from abuse staff we spoke with could name the different types of abuse and the action they may take to report this. They undertook training about safeguarding vulnerable adults and a whistleblowing policy was in place. A member of staff said, "I have completed my safeguarding training." We inspected the services safeguarding policy and found the safeguarding policy needed to be updated to reflect that Criminal Records Bureau checks had been replaced by disclosure and barring check to ensure potential staff were suitable to work with vulnerable people. This was discussed with the registered provider who informed us they would update this policy. At the time of our inspection the registered provider did not have a policy in place for the use of bed rails to help guide staff. This was completed and sent to us following our inspection.

We inspected three people's care records. Potential risks to people's health, such as the risk of falls, choking or receiving tissue damage due to immobility, were in place. Staff we spoke with could tell us about the risks present for each person using the service. They knew what action they had to take to protect people's wellbeing. We saw that people's risk assessments were updated as their needs changed. For example, a person had been seen by a health care professional to make sure they were not at risk of choking. This information was shared with all the staff and suggestions to prevent choking were immediately implemented.

The registered provider and senior staff undertook monthly audits of accidents and incidents that occurred. They said that they observed to see if there were any patterns to these incidents which may help them prevent issues reoccurring. Help and advice was sought from relevant health care professionals, as required.

Information was available for staff to refer to in the event of an emergency. People had personal evacuation plans in place which informed staff about the help people needed to receive in the event of a fire. However, there was no review date recorded, we discussed this with the registered provider. They told us they would review the information to ensure it was still current. We saw evidence that confirmed regular checks were undertaken on the emergency lighting, fire extinguishers and fire alarm systems. Staff received fire training which helped them prepare for this type of emergency.

The service had a designated infection control champion identified we saw that throughout the service there were hand washing facilities and sanitising hand gel available for staff and visitors to use. Staff were provided with personal protective equipment such as gloves and aprons. We saw some light cords in communal bathrooms were dirty. This was discussed with the registered provider who had them cleaned and then ordered plastic covers to go over the light cord to prevent them from getting dirty.

We saw whilst being shown round the premises that the light in the ground floor hallway was flickering, this made the hallway dark at times. The registered provider ensured that this light was fixed during our inspection. Communal areas of the service were free from obstacles or trip hazards. Corridors and bedrooms were arranged so people could walk freely or to ensure that staff had space for wheelchairs or for equipment that was required to help people.

We saw that a person who was asleep in their bedroom had their bedroom door wedged open by a soft toy being placed under the door to prevent the door from closing. The dining room door was also held open by a metal weight. When we spoke with the registered provider about this the soft toy and weight were removed to reduce the risk posed to people if a fire occurred.

Downstairs some areas were being redecorated and the pictorial signage had been removed temporarily. This work had not been completed and the registered provider told

Requires improvement

Is the service safe?

us this signage would be put up as soon as the redecoration had been completed to help people find their way around. People were being supported by staff to find their way around.

The registered provider informed us that the rear garden had been cleared this year and a new patio area with garden furniture had been created for people to enjoy. This was accessible to people by a ramp down to this area. We saw a cracked pane of glass was present in a window which had been boarded up from the inside. The cracked glass could have posed a risk to people if they ran their hand over this area whilst walking down the ramp to the garden. The registered provider told us this glass had been broken for quite a long period of time, they said would address this issue.

We saw records of general maintenance that was undertaken, contractors' records were in place and service contracts were running to maintain the equipment at the service. Water temperatures and cleanliness of the water was monitored. Phone numbers for staff to contact contractors in an emergency were provided to staff. The deputy manager and registered provider were on call and could be contacted at any time by staff for help and advice.

The registered provider monitored staffing levels. They told us they ensured staff were on duty with the right skills to be able to support people. Staff we spoke with told us there were enough staff provided to meet people's needs.

We inspected the medicine systems in operation in the service. We spoke with the deputy manager who was responsible for operating this system. They told us about the ordering, storing, administration, recording and disposing of medicines. A monitored dosage system was in place, the pharmacy pre prepared people's medicine into blister packs which helped staff dispense people's medicine safely. There was a photograph of each person in front of their medication administration record [MAR] this helped staff identify people. People's allergies to medicines were recorded on their MAR which helped to inform the staff and health care professionals of any potential hazards.

We observed a medicine round. The member of staff was competent and had undertaken training about how to carry this out safety. We saw that they correctly checked the medicines to be given; the people's identity and stayed with them until their medicine was taken.

We checked the balance of some medicines at the service, these were found to be correct. There was a medication fridge available. It was not in use because no one currently had medicine prescribed that required cold storage. The temperature of the room used for storing medicines was monitored. There were no controlled medicines being used at the service. We were unable to inspect the medicine return book because we were informed it was with the pharmacist. A weekly audit of the medicines in the service was undertaken. Lloyds pharmacy had undertaken a full audit of the medicine systems in place on 04 June 2015. Issues raised had been acted upon by the registered provider.

Good

Is the service effective?

Our findings

People we spoke with told us they got the help they needed. They said they were looked after well. One person said, "They [staff] look after me." A relative said, "I cannot fault the home." We asked people and their relatives for their views about the food and received the following comments: "I think the food is good, very good." "They get good home cooked meals." and "The food is well cooked."

We saw evidence which confirmed that people were assessed to ensure the staff could meet people's needs before they were offered a place at the service. A member of staff we spoke with said, "We carry out an assessment before people come in." Information was provided to people and to their relatives about what could be provided for them which helped to inform all parties.

Care records reviewed were seen to contain information was about people's likes, dislikes and preferences. We observed how staff delivered care and support to people in the communal areas of the service, staff knew people's preferences. For example, staff called people by their preferred names, they knew what hobbies and interests they liked and spoke with people about these. People were supported to remain as independent as possible. For example, one person who had previously fallen but still wanted to walk up the stairs to their bedroom was assisted by staff. We saw another person was given a plate guard for their meal so they could remain independent at feeding themself. This promoted people's independence.

The care records that we inspected confirmed that relevant health care professionals were asked for help and advice to promote people's health. Advice was sought as people's needs changed and on an on-going basis. We saw evidence that confirmed people were visited by GPs dentists, opticians, chiropodists, speech and language therapists, and dieticians. People attended hospital appointments and were supported by staff or relatives which helped to maintain people's wellbeing. However, we found that night checks undertaken by staff to help maintain people's wellbeing were not recorded in detail by staff, a general comment in the night report was made. The importance of recording these checks in more detail was discussed with the registered provider. A new night check record sheet was produced for staff to use.

Staff confirmed they undertook regular training in a variety of subjects which included; moving and handling, medicine administration, safeguarding, first aid, infection control, dementia, The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The staff told us training was on-going and had to be completed to maintain their skills. A member of staff said, "We receive yearly training in first aid, infection control, health and safety, fire safety and food hygiene. There is lots of extra training provided such as; dementia awareness and safeguarding training for managers, enablement, food safety nutrition and wound care training." We saw that a programme of supervision and appraisals was in place for staff. This enabled them to speak of any issues or request further training.

The Care Quality Commission [CQC] is required by law to monitor the operation of the Deprivation of Liberty Safeguards [DoLS]. People had their mental capacity assessed and where necessary the registered manager gained advice from the local authority to ensure they acted in people's best interests and did not deprive people of their liberty unlawfully. Staff were aware about least restrictive practice. The registered provider had made applications to the local authority for their consideration regarding people who may be deprived of their liberty. We saw the registered provider had appropriate policies and procedures in place to help to guide the staff. Advocates could be provided locally for people this helped to protect people's rights.

People had their nutritional needs assessed on admission and this was on-going. This information was available to staff who were aware of people's special dietary needs and preferences.

We saw evidence that confirmed if people were reluctant to eat or drink or if they had lost weight. health care professionals were contacted for advice and guidance. We observed that on the day of our inspection information had been received from a health care professionals visit which gave further instructions about how a person was to be encouraged and assisted with their meals. This new information was shared with the staff who acted upon it at lunchtime. This helped the person relax and enjoy their meal so they were able to eat more. Staff asked people in general discussion what different food they would like to add to the menu and suggestions received were incorporated to the menu.

Good

Is the service effective?

We observed the lunch time process and saw the dining room was set out so people could be sociable with each other or with staff. Food served was home cooked and looked appetising and people were provided with the portion size that suited their appetite. We observed staff prompting and encouragement people to eat and drink, this was carried out with patients and kindness. Adapted cutlery and crockery was used, to help people remain independent. Staff observed and recorded what people ate and drank. We observed that drinks and snacks were provided at set periods throughout the day as well as being provided spontaneously. People could choose where they wanted to eat. There was a lighter meal provided for tea and supper was available. This helped to ensure that people's dietary needs were met.

People were assessed for equipment such as hoists, walking aids or hospital beds with pressure relieving mattresses. People at risk of getting up unaided during the night who were at risk of falls, had pressure mats by their bed to alert staff that they had got up unaided. We observed that in the communal areas of the service staff were observant and were aware of risks to people's wellbeing.

The environment was homely, communal areas were bright and airy and corridors were free from obstacles. This allowed people to walk around downstairs. Each person's bedroom was personalised and numbered. There were some personalised prompts present to help orientate people and remind them where their bedroom was.

Good

Is the service caring?

Our findings

People we spoke with said they were well cared for. One person said, “The staff all care for us really well.” Another person said, “I like [name of staff] they are really kind.”

Relatives we spoke with said the staff were caring and they told us their relations looked well cared for. A relative said, “[Name of staff] is very caring.” Another said, “Staff sit with the residents and spend time with them.”

A visiting health care professional said, “The service is very homely and very caring. The staff are so nice they could not have been better to me or to the service users. I can’t fault them at all.”

We observed that staff offered help and assistance to people, whilst promoting their independence. For example, a person was walking about after lunchtime staff walked with them and chatted. The person lifted their hand and touched the member of staffs face then kissed their hand and smiled. The member of staff smiled back and told them how lovely they were.

We observed that the staff and registered provider constantly asked people if they were alright or if they needed anything. Staff listened to people’s responses and acted upon what was said. For example, a person said they would like a cup of tea, the member of staff immediately got this for them. We observed that care staff interacted with people with kindness and sensitivity. A carer was observed sitting with someone at lunchtime to encourage them to eat their meal. The person was unable to speak, but their facial expression showed affection when the care worker said, “I am going to miss you tomorrow, as it is my day off.” The person smiled and nodded.

People looked relaxed and happy in the company of the staff. Staff addressed people by their preferred name. We observed that staff knocked on people’s bedroom doors before entered their room, even if they knew the person was not present, this confirmed that staff respected people’s privacy.

The staff we spoke with told us they treated people as individuals. All the staff told us they would not want to work anywhere else. A member of staff said, “The service users get all our attention. We used to have uniforms now we are in normal clothes. The residents can talk to us better, it is more like a family. Normally we eat with the residents, so it is like a big family. I love it here.” Another member of staff said,” It is brilliant here. We get one to one time with the residents. I want to be here. Quality time is what people need and they get it.”

People were involved, where possible in care planning and everyone at the service had a life history book and information contained in this was used to help people reminisce about the people they cared for in their lives and family events.

Good

Is the service responsive?

Our findings

People we spoke with said that the staff responded to their needs. One person said, "They look after me." Relatives we spoke with confirmed this.

A health care professional we spoke with told us staff acted appropriately to make sure they were made aware of any problems or issues with people's health and wellbeing. They said, "Staff ask for advice they know what to do to make things better. I visited a week ago, gave advice, the staff followed this. People's paperwork is available. The lady in charge last time I visited was excellent, they had everything in place to ensure the service user's needs were dealt with."

We saw in people's care records that there was information such as hospital discharge letters and care plans from the local authority to help inform staff about people's needs. This information was used as a base line by the staff to start to develop people's care plans and risk assessments. As people's needs changed we saw people's care records were updated. Staff told us how they reviewed people's care needs with the person and their relative, where necessary. This helped all parties to be informed and ensured that people received the care and support they wanted to receive. A member of staff we spoke with said, "We update people's care records as their needs change. The care records contain phone numbers for doctors and district nurses, they are happy to come out or we take people to hospital. People get the care they need."

We saw that [people were weighed on admission to the service. If their weight was assessed as being too low they were monitored and a referral was made to the general practitioner or dietician. Staff were aware of this information so they could supply people with fortified or finger foods to encourage them to eat when they felt like it.

Staff we spoke with told us how they monitored people's condition on a daily basis and reported changes in people's needs at the staff handovers between shifts. We attended a handover meeting and saw that information about people's health and wellbeing along with activities, dietary needs and their emotional state were discussed. Information about health care professionals that had visited was passed on so that staff were kept informed about how people's needs were met.

Staff confirmed equipment was provided to help maintain people's wellbeing. For example, we saw pressure relieving mattresses and cushions were provided for people who were at risk of developing skin damage due to being frail or immobile.

We saw the staff had a good understanding of the care and support people required. The registered provider attended handovers. They observed the support provided by the staff to people in the communal areas of the service and kept themselves up to date with any changes in people's needs.

We saw staff prioritised care, for example, we saw when a person was unsettled a member of staff attended to them quickly and spoke with them. They suggested that they bake a cake, as the person loved to bake. Later that morning the cake had been made and they told us they were going to have it for tea.

The registered provider monitored and analysed accidents and incidents that occurred. They told us they looked for trends or patterns and took corrective action to help prevent further accidents from occurring. The information was shared with the staff and they would access advice from health care professionals to reduce the risks to people's safety.

The registered provider did not provide an activity co-ordinator, care staff took on this role. We saw photographs of events that had occurred. Staff sat and reminisced with people, they were seen to know people's preferences for activities. An activity planner was displayed which informed people about the programme of activities that would be provided. We saw people receiving manicures and hand massage. In the afternoon chair based exercised were undertaken. Each person had an album of their life history staff showed us these and told us how this helped them to spend quality time with people to reminisce. People we spoke with said they went out shopping or out for meals. Relatives were encouraged to visit at any time and take people out.

A complaints procedure was in place this was available to people and their relatives. People we spoke with told us they had no complaints to make. Staff said they would deal with issues if someone wanted to make a complaint they said they would inform the senior staff. There had been no

Good

Is the service responsive?

complaints received since our last inspection. The registered provider had commenced a comments and suggestions book which was in the reception to try and gain more feedback from people.

Requires improvement

Is the service well-led?

Our findings

People we spoke with told us they were satisfied with the service they received. We saw that people's views were listened to by the registered provider and staff. One person said, "I love living here."

Relatives we spoke with told us they were happy with the service provided and were asked for their opinions about the service. A relative said, "It was the best thing they [talking on behalf of all the family] have ever done to move [name] here." They went on to say "all the staff were friendly."

The registered provider had an 'open door' policy so that people, their relatives or visitors could speak with them at any time. A deputy manager was in post and they made themselves available to people and to staff to gain their views. Staff we spoke with told us they felt the service was managed well and told us the management team always listened to any concerns. Staff meetings were held. A member of staff we spoke with said, "We raise our views at staff meetings, we discuss everything." Staff confirmed they discussed ideas and suggestions that might improve the service with the registered provider.

The ethos of the service was to encourage people to live the life they chose. We observed that the staff asked people and visitors for their views about the service provided The registered provider knew how the service was running because they attended handovers between staff and observed the care staff delivered to people. Staff understood the management structure of the service. They told us they loved working at the service and said they would not want to work anywhere else. Staff we spoke with told us the registered provider was approachable and they could raise any issues. The staff confirmed that the provider listened to and acted upon any issues.

Quality assurance surveys were sent out to people, relatives and staff. We saw a health care professional had completed a survey which said 'the staff were very friendly, the residents were well cared for and had individual attention if needed. They recorded this was an excellent care home'. The registered provider told us they tried to improve the service and were continuing to research information about models of best practice for people living with dementia.

The registered provider and senior staff assessed and monitored the quality of service provided by undertaking a full range of audits. The issues we found during our inspection regarding two fire doors being held open by inappropriate means, the safeguarding policy needing to be updated to reflect that disclosure and barring checks were now undertaken, people's personal evacuation plans needed to be reviewed and the cleaning of light switch cords and lack of recording the specific detail of the night time checks undertaken for people should have been identified and dealt with by the registered prior to our inspection. This demonstrated the quality assurance system had not been effective in these areas. The registered provider did take action to address these areas which were in need of improvement where these were pointed out, however these shortfalls should not have been present.