Mrs K Peerbux

Carlton House

Inspection report

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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

About the service
Carlton House is a residential care home providing personal and nursing care to eight people aged 65 and over at the time of the inspection. The service can support up to ten people.

People's experience of using this service and what we found
People living at Carlton House were happy and well cared for. People felt safe and were encouraged to be independent with all area of daily living. Staff provided support in line with people's diverse needs. People received their medicines as prescribed and systems were in place to ensure these were administered according to best practice guidelines.

Staff were kind and caring and promoted positive relationships with people within the environment. Staff understood their roles clearly and knew what was expected of them. People were treated with respect and dignity and were also supported to maintain their safety and wellbeing. Relatives spoke positively about the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us they were able to spend time in a way they chose to. staff understood the importance of supporting people to be socially included and prevented from social isolation.

The registered manager knew people well and staff felt supported in their role. Quality assurance systems in place, monitored the service effectively and drove improvements when they were needed.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk

Rating at last inspection;
At the last inspection this service was rated Good, (published 06 January 2017).

Why we inspected;
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Carlton House

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
One inspector visited the service.

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

The service had a manager registered with the CQC. 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 spoke with other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with three members of staff including, the registered manager, deputy manager, and

care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection.

Good

Is the service safe?

Our findings

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

This meant people were safe and protected from avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.
- People and their relatives told us the service was safe. Comments included, "I like it here, I am safe", "I have peace of mind knowing my relative is well cared for and safe" and "This is the safest place I have felt."
- Staff understood what action to take to ensure people were safe and protected from harm and abuse.

Assessing risk, safety monitoring and management
- Risks to people were managed appropriately and reviewed on a regular basis.
- Records related to managing risks were present and completed within care plans. There was information available for staff, where people had specific health conditions and how to manage risk associated with them.
- Staff understood specific risks to people and provided support in a pro-active way to reduce these risks.
- The environment and equipment were safe and well maintained.
- Fire safety was managed effectively. Staff attended fired drills' and knew how to safely evacuate people from the premises.

Staffing and recruitment
- Staff were recruited safely; appropriate checks were carried out to protect people.
- Staffing levels were consistently maintained. Contingency plans were in place to cover staff absence at short notice.

Using medicines safely
- Medicines were managed safely.
- There were safe systems in place for the ordering, checking, storing and disposing of medicines. Records were fully completed and showed people received their medicines as prescribed.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.

Preventing and controlling infection
- The provider had systems in place to prevent and control the spread of infections. Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help

prevent the spread of infection.

Learning lessons when things go wrong

● The provider had systems in place to review and analyse accidents and incidents. These were used as learning opportunities with staff during team meetings to embed lessons learnt.

Good

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
● Care plans and risk assessments provided staff with information to meet people's basic care needs.
●People's needs had been assessed and had been reviewed periodically to make sure care and support was delivered appropriately.
● Staff we spoke with had a good understanding of the potential risks to people and how to mitigate them, for example, staff ensured people who were at risk of pressure damage had the appropriate equipment in place and received regular pressure area checks.
● Best practice guidance was used to ensure people's diverse needs were assessed and recorded.

Staff support: induction, training, skills and experience
● People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training program.
● Staff felt supported by the registered manager and received regular supervision meetings to develop their practice.
● Records showed the provider had an ongoing training plan and staff were required to attend, so that they were up to date with current practice.

Supporting people to eat and drink enough to maintain a balanced diet
● Information about food choices was not always accessible to people. We discussed with the provider improvements around displaying the menu and offering choice to people that would be beneficial to people living with dementia.
● People received a healthy, balanced diet which met their needs and took into consideration their preferences and any special dietary needs
● People said the food was good and they enjoyed socialising and chatting to each other in the dining room. Comments included, "The food is lovely", "We are all fed well, the food is really good" and "I enjoy the food, there is always plenty and we can have more if we like."
● People were supported to maintain their independence with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People were supported to access health care professionals as and when needed. Referrals were made to a

range of health and social care professionals when required to support people's changing health care needs.
● Records of professional visits were recorded, outcomes of these visits were reflected in people's care plans.
● Staff understood people's health needs and knew how to access additional support if this was needed.
● People's changing needs were communicated with their relatives.

Adapting service, design, decoration to meet people's needs
● People had free access to secure outside spaces and enjoyed spending time in the garden. Dementia-friendly signage aided people's orientation around the home.
● The service was very homely, with photographs portraits of the people living at the service proudly displayed on the walls. People's rooms were individual and demonstrated their personalities, likes and interests.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
● We saw people were offered choices about their daily routine such as what time they got up or where they sat in the home.
● Staff asked for people's consent before supporting their needs.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were happy with the care provided and they praised the staff. Comments included, "The staff are lovely, they look after me well", "I am happy here, there is someone to help you when you need it" and "I like it here, we are like a family, we all look out for each other."
- People were cared for and supported by staff that were kind, patient and respectful.
- Staff in all roles were highly motivated to provide a person-centred culture within the service. Staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- People were valued as individuals and staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- Interactions between staff and people were natural and showed positive relationships had been developed.

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

- People were involved in planning areas of care delivery. Contact with people's relatives was maintained to them informed of their relative's wellbeing. One relative told us, "We are always involved in meetings and the staff are good at letting us know how our relative is."
- People were empowered to make their own decisions. These included decisions about when to get up or go to bed and what they would like to do on a day to day basis.
- Where possible people were supported to take part in their care reviews. People were supported in their reviews by their family members, or advocates.
- Staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in a polite and respectful way to offer assistance.
- People's families and friends could visit without restriction. One relative told us, "There's no set time to visit, staff always make you feel comfortable."
- Care records were kept securely, so confidentiality was maintained.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- Care plans were person-centred and were reviewed on a regular basis. Care plans contained detailed, personalised information that assisted staff to provide care and treatment that people preferred.
- People were supported by staff who provided individualised care and support to them. They spent time with people and their relatives to find out what was important to them. This was communicated to the whole staff team to ensure people received the correct support.
- People were supported to maintain relationships with their family and friends. There were no restrictions on visiting at the service and friends and relatives were able to join in activities.

Meeting people's communication needs

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

- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had developed friendships with others living at the service.
- People were encouraged to access activities which supported them to spent time doing what they wanted, this included gardening and socialising with others.
- The service provided a range of activities and entertainment for people which was planned and facilitated mainly by staff. People told us, "There's always something going on to keep us busy" and "We spend a lot of time together doing all sorts, sometimes just chatting about ourselves."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise concerns and were confident these would be addressed appropriately.
- Where complaints had been made, they were responded to in line with company policy.

End of life care and support

● The service was not currently supporting anyone with end of life care.
● People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.

Good

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager worked collectively with all staff to demonstrate a positive culture and promote a high standard of person- centred care and support for people.
- People and their relatives spoke positively about the management of the service. Comments included, "The management is good", "I know the manager really well" and "The management do a fantastic job, I love it here."
- Staff were happy in their work and felt supported by the registered manager and provider.

Regular supervisions and meetings were completed continuously to promote staff development.

- The registered manager was clear about their vision for the home and used the home improvement plan to plan and drive forward improvements to support good outcomes for people.
- The registered manager had submitted notifications as required by duty of candour legislation.

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

- The registered manager was clear about their roles and responsibilities; they were well supported by an experienced deputy manager.
- The registered manager completed quality assurance checks. This enabled them to collate information to show how the service was performing.
- Governance systems drove improvements in the quality of the service. Detailed action plans were completed from these to ensure the quality of the service was maintained.

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

- Regular meetings took place for people, relatives and staff to keep them up to date and fully involved in the running of the service.
- Everyone we spoke with told us the manager was approachable and staff enjoyed working at the home. Staff spoke about how the registered manager had supported them at work to support their personal lives.

Continuous learning and improving care; Working in partnership with others

● Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.
● Lessons learnt were communicated to the staff and used as learning opportunities to drive improvements in the service.
● The registered manager worked closely with other agencies to ensure good outcomes for people.