

## Carolton Care Care Home Service

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**Type of inspection:**

Unannounced

**Completed on:**

17 October 2019

**Service provided by:**

Carolton Care Ltd

**Service provider number:**

SP2003907686

**Service no:**

CS2004081848

## About the service

Carolton Care has been registered with Care Inspectorate, or previous regulatory organisations since 2005. The service is registered to provide a care home service for up to 20 older people, and is owned and operated by Carolton Care Ltd.

Carolton Care Home is located in a large Victorian house in Nairn. The premises, which are located over two floors have been extended and converted. There is a stair lift to support access to the upper floor. There are 16 single bedrooms and two double rooms, all of which are en suite (in eight bedrooms this includes bathing facilities). The premises includes two communal sitting rooms, as well as a number of quiet seating areas. There is also a pleasantly appointed dining area which looks out over a well maintained garden.

The aims of the service includes :

" To provide all service users with a standard of excellence which embraces fundamental principles of good care practice and " Staff shall be responsive to the individual needs of service users and will provide the appropriate degree of care to assure the highest quality of life within the home".

There were 18 people living in the service at the time of the inspection.

## What people told us

We were accompanied at this inspection by an Inspection volunteer, who was able to speak with eight people who live in the care home, and with two relatives.

We also obtained some feedback about the service from questionnaires which were submitted to us before the inspection.

People spoke highly of the standards of care and support that they or their relative friend received, and spoke well about the staff team who delivered their care.

Specific comments included the following :

"My relative appears to be quite happy to stay within the house. The back garden is well tended and completely safe. I have seen some being taken out in wheelchairs. (Leadership )extremely good. Is extremely happy to be so well looked after".

"relative is very well looked after, staff understand her needs and are kind ,thoughtful and cheerful. She is always clean, comfy and well dressed. She has said she likes where she lives, and now calls it home. The staff team are all motivated, friendly, sensitive to needs".

"Home is well maintained as are the gardens, new carpets etc and there is never a smell when you go in".

"Most staff are ok. I would like to be able to have a 1-1 carer all the time".

"I am confident I could raise a concern if I needed".

"Everything is jolly well".

There were some areas for improvement identified by individual relatives or residents .  
These included :

Concerns about other residents being able to freely enter people's rooms .  
Items of clothing sometimes not returned from laundry.  
Not being sure what entertainment/games /interaction they (residents) do have.  
Would like their relative to have more opportunities to exercise and more opportunities to speak.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

|  |              |
|--|--------------|
| How well do we support people's wellbeing? | 4 - Good     |
| How good is our leadership?                | not assessed |
| How good is our staffing?                  | 4 - Good     |
| How good is our setting?                   | not assessed |
| How well is our care and support planned?  | 4 - Good     |

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**4 - Good**

We assessed that this service demonstrated good standards in terms of how well they supported people's wellbeing. We saw that staff cared for people in a kind and caring manner which demonstrated respect and dignity towards each person. Staff got to know people well, and had a detailed understanding of both preferences and needs. Staff showed compassion, and spent the time necessary to offer reassurance when individuals felt distressed or anxious. These factors contributed positively to individual experiences, supporting people to feel more relaxed, or to manage any concerns that they might have. Interactions were positive, and we saw that the whole staff team, including housekeeping and kitchen workers, were proactive in chatting to people, and appreciated how important it was for people to have meaningful conversations about things they were interested in.

We saw that people looked well cared for. Personal care supports were discreetly managed so that dignity and comfort was being upheld. Individuals were being supported to maintain their previous preferences in terms of dress and grooming. There was an attention to detail evident, for example, in supporting people to wear jewellery, and have hair and nails done in accordance with individual preferences. All these factors made a positive contribution to overall wellbeing.

People should get the most out of life. We saw that there was an understanding of the importance of meaningful activities within the service, and we have also taken on board progress that had been made with this, particularly through the appointment of a part time activity co-ordinator. We heard that this had already enhanced individual opportunities for both outdoor and indoor activities, and entertainments. Care staff aimed to arrange some activities when the activity worker was not present, and during these times there were some opportunities made available which we observed were being enjoyed. It was, however, also apparent that there were often occasions when staffing constraints, or competing demands on staff time, made this difficult to achieve, resulting in missed opportunities to spend quality time alongside people. This sometimes resulted in people spending significant periods without quality stimulation or diversion. We therefore concluded that while progress was evident, resulting in the previous area of improvement being considered met, this was an area that the manager, staff team and the activity co-ordinator should consider within the service improvement plan and work on collaboratively so as to enhance individual experiences further.

People's health should benefit from their care and support. We were satisfied that individuals were being well supported with health needs, and that this enabled people to keep as well as possible.

We observed mealtimes for residents at different times of the day. Residents enjoyed their meals, and monitoring of nutritional needs was being well supported by the staff team. Staff monitored individual weights, and acted responsively when changes noted. People told us that the food was good, and this was our own experience when our inspection volunteer joined residents for a meal. We found that the dining room was nicely set out, and was a pleasant and calm environment in which to enjoy a meal. We observed good practice in prompting people to eat and drink, encouraging independence, yet balancing this with supporting a good diet. We viewed staff to be patient and attentive to the needs of people whose nutritional needs were at risk of being compromised through the impact of dementia.

This service seems to be very well supported by their local health colleagues, with whom they work co-operatively to ensure good care. We were very satisfied that this joint working with local nurses and doctors supported good practice and helped people to keep as well as possible. Proactive support from community nurses ensured monitoring, responsive clinical treatment, and direction to care staff in key areas such as skin care, palliative care needs, and pain management. Care staff worked well to quickly seek professional support when this was required. It was also evident that having staff who got to know people well, meant that changes were noted, and effectively communicated to medical colleagues, which we saw helped to ensure that health and wellbeing was being well attended to.

Administration of medication followed good practice. This meant that people received the right support to take their medicines. There was good oversight of this area, with good record keeping, and safe storage. We saw some instances where administration records for creams and ointments could be improved. We saw that overall they had now established a satisfactory system and we concluded that this would be better addressed through the organisation's quality monitoring checks.

We have continued to consider that further work remains outstanding in how they work to prevent, and manage, falls and fractures. We saw that there was a positive approach to retaining independence and mobility, with people being encouraged to retain existing abilities and preferences as regards moving around the home. We were satisfied that prompt action was always taken to ensure health or medical supports were accessed timeously. However, we concluded that further development of individual falls risk assessments, including how they review falls or accidents, could support improved practice. **(See area of improvement).**

We also highlighted in relation to this the necessity of ensuring that appropriate notifications were made to Care Inspectorate of certain categories of accidents or incidents.

## Areas for improvement

1. The service should have clear guidance for staff to follow to prevent and to manage falls and fractures to ensure people are supported to remain active and the risk of falling is minimised. The arrangements put in place should include the way staff identify, plan, test and implement lasting improvements to successfully manage and prevent falls and fractures and support a person's wellbeing.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state " I experience high quality care and support based on relevant evidence, guidance and best practice". ( HSCS 4.11)**

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

**4 - Good**

We assessed that the staff team at Carolton House was good, and evidenced important strengths in how they supported people living in the service.

Importantly there was good continuity and stability within the staff team. This meant that people were receiving support from people whom they had an opportunity to get to know, and who had developed good understanding of their individual needs, and how they liked their care to be delivered. There was a good sense of team work, and new staff were being included and supported into the team.

We considered that the team received proactive support from their supervisors and team leaders. Guidance and direction was supportively provided within the staff team, and less experienced staff were supported and coached into their role. Training, relevant to the work that they carry out, was being provided. We highlighted individual supervision opportunities could be enhanced, so as to ensure that staff were offered regular opportunities to reflect on their practice. There was evidence of very good monitoring of staff registration, and there was clearly robust practice evident in terms of recruitment of new staff.

At a previous inspection we made an area of improvement recommending that the provider implement robust and transparent methods for planning staffing levels. The provider has now implemented use of a dependency level assessment tool. This is a positive, although relatively recent, development, which, alongside observation and feedback could support them to accurately assess and plan staffing requirements. We will continue to look at how they use these findings to inform staffing levels so that people were continually supported by the right numbers of staff. We also concluded that relevant to this was the continued development of a service improvement plan, and quality audit system, to identify and take forward any action points related to staffing levels.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

4 - Good

We assessed that the service demonstrated good standards and practice in relation to how they planned care and support.

We concluded that this good practice was underpinned from the outset by a robust assessment prior to admission so as to ensure that the service would be sure that they could offer the right level of care and support to meet the person's needs. This also supported any initial preparation and planning that needed to be considered prior to admission.

We sampled a number of care plans. We concluded that care plans reflected people's needs, and would direct staff to provide care in the way that is most effective and acceptable to the person. This supported a continuity of care for the person, and by offering staff details regarding preferences helped people to have their own wishes acknowledged and followed.

We saw that people, or where appropriate, their representatives were included in personal planning discussions. Similarly review practice was good, meaning that people had regular opportunities to discuss their care and reflect on any aspects that they would like to change. It was positive to see that action points raised were recorded, and subsequently addressed.

In some care plans we identified instances where updating was required so as to reflect changes that had occurred. We would suggest that the most appropriate method of addressing these will be through regular use of the care plan audits that they have now commenced. We also highlighted, and this is also of relevance to the points made regarding falls prevention and management, that some elements of risk assessment could be improved or strengthened. This would be so as to ensure that they remained up to date, offered a detailed and considered evaluation of the key risks, and clearly set out the strategies implemented to reduce the likelihood of harm.

At feedback we highlighted that the provider should consider the future use of the shared bedrooms in the home. This should be considered in the light of the **Health and Social Care Standards (HSCS 5.26)**

## What the service has done to meet any areas for improvement we made at or since the last inspection

### Areas for improvement

#### Previous area for improvement 1

The service should improve people's opportunities, care and support to enable and empower them to get the most out of life and to maintain and develop interests and activities that are meaningful to them.

**This is to ensure care and support is consistent with the Health and Social care Standards which state " I can choose to have an active life and participate in a range of recreational, social, creative, physical and learning activities every day , both indoors and outdoors " ( HSCS1.25)**

**This area for improvement was made on 12 December 2018.**

#### Action taken since then

This area of improvement has been taken forward and will not be continued into this report. This was because tangible progress had been made with regard to how activity provision was delivered. The service should, however, continue to develop this within their own service improvement planning so as to maximise the opportunities available to each person. See Key Question 1 – How well do we support people's wellbeing?

#### Previous area for improvement 2

The service should have clear guidance for staff to follow to prevent and to manage falls and fractures to ensure people are supported to remain active and the risk of falling is minimised. The arrangements put in place should include the way staff identify, plan, test and implement lasting improvements to successfully manage and prevent falls and fractures and support a person's wellbeing.

**This is to ensure care and support is consistent with the Health and Social Care Standards which state " I experience high quality care and support based on relevant evidence , guidance and best practice " ( HSCS 4.11)**

**This area for improvement was made on 12 December 2018.**

#### Action taken since then

This area of improvement will be continued in this report. See Key Question 1 – How well do we support people's wellbeing?

#### Previous area for improvement 3

The provider should use robust and transparent methods for planning staffing levels throughout the 24 hour period which takes account of a range of measures including people's experiences and outcomes, people's needs, staff skills and the layout of the building. The provider should ensure the number of staff is sufficient to support people's needs well, enhance people's wellbeing and protect people's safety.

**This is in order to ensure that staffing is consistent with the Health and Social care Standard 3.15 which states that "my needs are met by the right number of people".**

**This area for improvement was made on 12 December 2018.**

#### Action taken since then

This area of improvement has been considered met. Although in early days of implementation, dependency assessments are now in use. We will look at future inspections at how findings from these, from quality assurance checks, and from feedback from people, are taken into account in planning staffing levels that are required.

#### Previous area for improvement 4

The provider should ensure :

- a)) that they have effective quality assurance systems and assessments in place, to assess the quality of the service they provide and to improve the quality of the experience for people using the service.
- b) the quality assurance system links to the development of a service improvement plan
- c) suitable arrangements are in place to plan and carry out improvement work and to check that the action has been effective in improving the outcomes for people using the service.

This is to ensure care and support is consistent with the Health and Social Care Standards which state :  
"I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes". (HSCS 4.19)

This area for improvement was made on 2 October 2017.

## Action taken since then

This area for improvement has been considered as having been taken forward. This continued to be an area of ongoing development so that the quality assurance system becomes embedded into the overall management system. Similarly the improvement plan should now translate into specific action points within which we would suggest a continued focus on activities, falls management and staffing levels.

## Previous area for improvement 5

Staff need to follow good administration and recording practices and ensure specific information is included in people's care plans relating to :

- a) emollients and creams as part of their planned care
- b) medication via transdermal patches
- c) medications on an "as required basis

This is to ensure care and support is consistent with the Health and Social Care Standards which state:  
"My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices."(HSCS1.15)

This area for improvement was made on 2 October 2017.

## Action taken since then

We saw that people did have topical medication charts in place to support them with the administration of preparations to prevent and treat skin conditions. While we observed examples of where adjustments, or improvements, were necessary to ensure the efficacy of these records we concluded that these were best monitored through the service carrying out regular audit checks. This area of improvement will therefore be considered met.

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

|   |               |
|---|---------------|
| How well do we support people's wellbeing?            | 4 - Good      |
| 1.1 People experience compassion, dignity and respect | 5 - Very Good |



|  |          |
|--|----------|
| 1.2 People get the most out of life                      | 4 - Good |
| 1.3 People's health benefits from their care and support | 4 - Good |

|   |          |
|---|----------|
| How good is our staff team?   | 4 - Good |
| 3.3 Staffing levels and mix meet people's needs, with staff working well together | 4 - Good |

|  |          |
|--|----------|
| How well is our care and support planned?                                    | 4 - Good |
| 5.1 Assessment and care planning reflects people's planning needs and wishes | 4 - Good |

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