# Ann Tuplin Care Services Limited

# Carseld

## Inspection report

Brickhills
Broughton
Brigg
South Humberside
DN20 0BZ

Tel: 01652650613

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22 November 2017

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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? | Requires Improvement |

# Summary of findings

## Overall summary

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

Carseld Residential Home is located on the outskirts of Broughton, close to Brigg. The service has benefitted from a refurbishment and can provide accommodation for up to 22 people. There are 18 single and two double bedrooms on the ground and first floor, some with en-suite, wet rooms or toilets. One bedroom is self-contained with a fully equipped wet room and kitchen area, enabling people to keep their independence following an illness or hospital stay. Communal areas are on the ground floor and includes two lounges, an orangery and dining room. The service has garden or countryside views. There is a small car park for visitors to use.

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). The inspection was undertaken on 17 and 22 November 2017.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC 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.

Staff protected people from harm and abuse and understood how to report concerns to the management team, local authority and CQC. This helped to protect people.

Staffing levels were monitored to make sure there were enough skilled and experienced staff on duty to meet people's needs. Staff undertook training in a variety of subjects to maintain and develop their skills. Supervision and appraisals were provided for staff to help identify any further training needs and allow discussion about their performance.

Staff recruitment procedures were robust. There were adequate infection prevention and control measures in place and general maintenance was undertaken. Accidents and incidents were monitored and emergency plans were in place to help to protect people's health and safety. Medicines were managed effectively. People received their prescribed medicine in a timely way and by staff who had undertaken training in how to administer medicines safely.

People's preferences for their care sand support was recorded and they were treated with dignity and respect. Care records were personalised and people's communication needs were recorded and understood by the staff. Risks to people's wellbeing were monitored and staff encouraged people to maintain their independence, where possible. Health care professionals were contacted for help and advice to help to maintain or protect people's wellbeing.

We looked at how the Mental Capacity Act 2005 was used to ensure if people were assessed as lacking capacity to make their own decisions, and if care and support was provided in their best interests. We found best interest meetings were undertaken with family and health care professionals to make important decisions on people's behalf. This helped to protect people's rights. People were treated with kindness and their diversity was respected.

Staff encouraged people to choose what they would like to eat and drink and their nutritional needs were met.

There was a confidentiality policy in place for staff to follow. Care records were stored securely in line with data protection legislation. A complaints policy was provided to people and issues raised were dealt with. Information was provided about advocacy services so people could gain help to raise their views, if they wished.

Visiting was permitted at any time and people were encouraged and supported to maintain their family and community contact. A programme of activities was available for people to attend, if they wished.

The registered manager was open and transparent. Quality assurance checks and audits were taking place to help to maintain or improve the service provided.

## 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.

Staff understood their responsibilities to protect people from harm and abuse.

There were sufficient staff provided to meet people's needs. Safe recruitment processes were followed.

Medicines management and infection prevention and control at the service was robust.

Audits and maintenance checks were undertaken to help to protect people's health and safety.

### Is the service effective?

Good

The service was effective.

People's rights were respected and care was provided with consent or in people's best interests. Staff understood the principals of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS).

People's dietary needs were met. Those who required assistance to eat and drink were helped by staff.

Staff were provided with training, supervision and a yearly appraisal to develop their skills.

### Is the service caring?

Good

The service was caring.

Staff were aware of people's individual needs and choices in relation to their care.

People were treated dignity and respect by staff.

People's privacy was respected.

### 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.

Activities were provided for people in the service and in the community.

A complaints procedure was in place, which informed people about how to raise any issues.

## Is the service well-led?

**Requires Improvement**

The service was not always well-led.

The provider did not submit the provider information return by the stated deadline which restricted the rating for this domain to 'requires improvement'.

The provider and registered manager had audits and checks in place to monitor the quality of the service provided. Feedback received was acted upon to maintain or improve the service.

The service was developing links within the community.

Statutory notifications were sent to CQC as required.

# Carseld

**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.

The inspection was undertaken on 17 and 22 November 2017, by one adult social care inspector.

The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report. Failure to submit the PIR by the date requested means that the quality rating for 'well-led' cannot be rated higher that 'requires improvement'.

We looked at the notifications we had received and reviewed all the intelligence we held about the service to help us assess the level of risk present. We also asked the local authority for their views before our inspection. We reviewed this information to help us make a judgement about the service.

During the inspection we spoke with four people who used the service, one relative and a visiting health care professional. We spoke with the registered manager and with four staff including the cook. We also observed the interactions that took place between people and staff whilst we were in the communal areas of the service.

We looked at a selection of documentation regarding the management and running of the service. This included three people's care records and medicine administration records (MAR), three staff files, supervision and appraisal records, staff training records and rotas, minutes of meetings with people who lived at the service, relatives and staff, quality assurance documents and audits, policies and procedures and maintenance records. We undertook a tour of the home and inspected maintenance records, complaints and compliments.

During the inspection we observed how staff interacted with people who used the service. 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.

Good

# Is the service safe?

## Our findings

People we spoke with said they felt safe living at the service and with the staff. One person said, "I am safe and secure here, no problem. It could not be better." Another person said "I feel so safe here." Relative's confirmed they had no concerns about the safety of the service or their relations whilst in the provider's care. One said, "I don't have to worry at all."

Health care professional's told us they had no worries for people's safety. They confirmed they had never seen anything that had worried or concerned them whilst visiting the service. One said, "There are no safety issues here. No abuse and no issues with cleanliness."

We found the provider had effective procedures in place for protecting people from harm and abuse. Staff we spoke with could name the different types of abuse that may occur and all had undertaken safeguarding training. We saw safeguarding and whistleblowing policies were in place to inform the staff about how to report issues and concerns to the relevant agencies including the CQC. The registered manager also understood their responsibilities in regard to this. Staff we spoke with told us they would report issues straight away. A member of staff said, "I would report safeguarding issues immediately."

We looked at three people's care files. We found potential and known risks to people's health and wellbeing were recorded, assessed and monitored. For example, the risk of falls, choking or pressure damage to skin due to immobility. Risk assessments were personalised and detailed and they were updated as people's needs changed. Where equipment had been assessed as being required to maintain people's safety, for example walking frames or hoists to aid mobility and transfers, staff were knowledgeable about this and they were trained in how to use the equipment. We saw people were encouraged to remain as independent as possible, even if there were risks present. We found the staff observed people and provided timely assistance, as required. Staff were aware of the support people required if they displayed behaviours that may challenge. The registered manager confirmed restraint was not used at the service.

Staff rotas that we looked at confirmed the registered manager and provider monitored the staffing levels to make sure there were enough skilled staff to support people. Staff we spoke with said there was enough staff provided. The registered manager told us if people were going out or needed escorting to appointments staff escorted them if their relatives' were unavailable to assist.

During our inspection we looked at how staff were recruited. We saw staff completed application forms, provided references, and had a disclosure and barring service check (DBS). A DBS check is completed during the staff recruitment stage to determine whether or not an individual is suitable to work with vulnerable adults. Once this information had been received and was found to be satisfactory new staff were invited to start the induction process at the service.

We found the registered manager undertook monthly audits of accidents and incidents that occurred. They looked for any patterns present and took corrective action by gaining help and advice from relevant health care professionals to prevent other incidents from occurring. We saw people had personal emergency

evacuation plans in place (PEEPs). These contained information for staff and the emergency services about how to support the people living at the service in the event of an emergency.

We found systems were in place to maintain and monitor the safety of the premises. Checks were undertaken regarding the moving and handling equipment; hoists, slings and wheelchairs, fire doors, emergency lighting, water temperatures, window restrictors and call bell system. Audits about the home's environment were also undertaken and these were enhanced during our inspection process to include more information about the type of commodes used and the cleaning of bathroom hoists.

The registered manager monitored the control and prevention of infection at the service. There were policies and procedures in place to inform the staff about this and training was provided. Infection control audits took place to help identify and address any potential issues. Any issues found were corrected. We saw hand washing facilities and sanitising hand gel was available for staff and visitors to use. Personal protective equipment was provided for staff, this included gloves and aprons, which helped to maintain effective infection control.

There was a business continuity plan in place to inform staff about what to do if, for example a power failure or flood occurred. Contact phone numbers for utility companies and contractors were available for staff in the event of this type of emergency.

We inspected the medicine systems in operation at the service. We spoke with staff that operated this system. They told us about the ordering, storing, administration, recording and disposing of medicines. There was a monitored dosage system in place. Photographs of people were present in the medicine administration folder to help staff identify them. Allergies to medicines were recorded on people's medication administration records (MAR). This helped to inform staff and health care professionals of any potential hazards.

We observed part of a medicine round. The member of staff confirmed they had training about how to carry this out safely. We saw they were competent and took their time to correctly check the medicines to be given, the person's identity and they stayed with people until their medicine was taken before recording this on the MAR.

We checked the balance of some controlled medicines at the service and found these were correct. We saw the temperature of the treatment room used for storing medicines was regularly monitored, also the medication fridge in use for the cold storage of medicines. This ensured medicines were stored at the correct temperatures to remain effective.

Staff we spoke with told us they reported any concerns about the safety of the service to the registered manager. They said issues raised were addressed to help to maintain people's health and safety.

Good

# Is the service effective?

## Our findings

People we spoke with told us staff were effectively supporting them and they said they made their own choices about how they lived their life. One person said, "Help is provided by staff when needed. They [staff] do everything I need to help me." Another person said, "The staff are always at hand. They talk with me and I make my own choices."

We saw the registered manager undertook a holistic assessment of people's needs prior to their admission to the service. From this staff were able to make sure they provided effective care and support to people. Information in the service user guide helped people understand what could be provided for them.

We found if people required medical equipment such as wheelchairs to aid their independence or mobility, or pressure relieving mattresses and cushions to prevent pressure damage to their skin, this was provided. Staff told us they contacted relevant health care professionals such as GP's and district nurses to gain help and advice to help to maintain people's wellbeing.

We saw the provider encouraged the use of good practice guidance at the service, for example, National Institute for Health and Care Excellence (NICE) medicine administration guidance. The Herbert Protocol ( missing person's guidance) for if a person went missing from the service. We saw information from the CQC about nutrition was also used to guide staff about diet and nutrition. This guidance was followed to promote people's health.

The provider had an effective programme of staff induction, training and supervision in place. We looked at the staff training records. Mandatory training was provided in subjects such as; dementia care, infection control, moving and handling, food hygiene, equality and diversity and the Mental Capacity Act 2005, fire safety and safeguarding. This ensured staff's skills were developed and maintained. Staff said they were pleased to undertake the training because it helped them in their role. A member of staff said, "There is lots of training provided. I am half way through my National Vocational Qualification in Care."

New staff undertook a period of training and induction and worked with senior care staff. This included commencing the care certificate (a nationally recognised care qualification) to learn how to provide effective care to people. Staff received equality and diversity training, which helped them encourage people to live their lives with no restrictions. The registered manager told us they encouraged equality and diversity for people who used the service, the relatives and for the staff.

The registered manager provided staff with regular supervisions and yearly appraisals were booked and undertaken. The staff's performance and training needs were discussed which, helped to maintain or develop the staff's skills.

Staff monitored people's independence and helped or encouraged them without restricting their freedom. During our visit we observed staff supporting people in the communal areas of the service. They supported people in the least restrictive way. For example, one person wanted to walk to the dining room and this was

encouraged whilst staff asked the person to let them know if they were getting tired and they would provide a wheelchair for them. People's independence was encouraged by staff who understood the risks present to their wellbeing.

We found staff assessed people's dietary needs on a daily basis. People who needed prompting to eat and drink were monitored by the staff. Relevant health care professionals were involved in people's care if they were experiencing weight loss or a swallowing problem to help maintain their wellbeing. The cook and staff at the service knew about people's special dietary needs in regard to soft, pureed and diabetic meals, fortified food and food allergies. We observed lunch and saw adapted crockery, cutlery and beakers were used to maintain people's independence. People's nutritional needs were met.

The service had a secure door entry system to help people remain safe. Reminiscence items for people living with dementia were provided in the lounges. Quiet communal areas were available for people to have private conversations. Pictorial signage helped people find their way to the bathrooms and toilets. Pictures were used to help people find their own bedroom. There was level access to the garden and people were able to walk in the fresh air to gain exercise, if they wished.

The registered manager told us relatives took their relations to hospital appointments, but where this was not possible staff escorted them. We saw information about people was sent to hospital to inform the medical staff about people's needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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 one DoLS application had been granted and none were pending for people living at the service. We saw if people lacked the capacity to make their own decisions care was provided in their best interests after the person's relatives and relevant health care professionals discussed what support was appropriate. This helped to protect people's rights.

Staff had undertaken training about MCA and DoLS. They were able to tell us how people made choices about all aspects of their lives, for example, what to wear, what to eat, how to pass their time. A member of we spoke with said, "We treat people as they want to be treated. They have choices about everything."

Good

# Is the service caring?

## Our findings

People told us staff were considerate, kind and caring. We received the following comments; "The staff are fantastic for their kindness and thoughtfulness. They make me feel quite at home. It is a friendly place, the owners come in and out and they are like friends", "The staff are kind, nothing is too much trouble. It is wonderful here. Staff pamper me and have a bit of fun with me. If all the homes' were like this, there would be no complaints at all." Relatives we spoke with said the staff were caring. One said, "All the staff are exceptionally good, welcoming, pleasant and polite."

We asked a visiting health care professional for their views. They told us the staff were kind to people and they said people were well cared for.

People we spoke with told us the staff treated them with dignity, respect and kindness. We observed the care provided to people in the communal areas of the service. Staff were attentive; and asked if people required anything. There was a lot of laughter and friendly banter taking place. Staff were able to talk with people about their working and home life. We saw staff observed people's body language to make sure they were settled and comfortable, especially when people were living with dementia. Whatever people said to the staff was acted upon so people felt supported.

Staff we spoke with told us they loved working there. We received the following comments, "I love being here. It is a proper care home", "We treat everyone as individuals, and all have very different personalities. It is really good here we have good times with the people here" and, "I am happy here. I love my job and the residents."

We saw information about people's communication needs was documented and was known by staff. This helped to inform any visiting health care professionals who may have not met the person before about how to effectively engage with people. We observed non-verbal communication was used by staff, for example; gentle and appropriate touch. We saw a person was getting agitated; staff went to them immediately and helped to make sure they were comfortable then touched their arm which reassured and calmed them. Staff ensured people were not suffering pain or discomfort. Help and advice was sought from health care professionals if staff were concerned people may be uncomfortable.

People and their relatives were supported by the registered manager and staff, who were able to spend quality time with them. We observed staff addressed people by their preferred names. Information about local advocacy services was provided to people so they could gain support to raise their views, if this was required.

The registered manager informed us all the staff were of a caring nature. Continuity of care was provided for people when staff were absent or taking annual leave by the established staff team. The registered manager monitored the staffing levels to make sure staff could spend quality time with people so they gained emotional support. We saw there were enough staff available to support people in a timely way during our inspection.

People we spoke with told us they were involved in making decisions about their care along with their relatives. We found people's relatives were invited to care reviews and best interest meetings. One relative said, "The staff contact me [about reviews] because they know I care for [Name]. The care is exceptionally good."

The provider had an equality and diversity policy in place. Staff recognised the importance of respecting people's diversity and treating people as individuals. We saw people's faith and religious needs were recorded. People were visited by local clergy and services were held at the home.

We observed that the staff respected people's privacy and dignity, they knocked on people's bedroom doors and provided personal care to people behind closed doors. Training was provided to all staff in this area and about how they could deliver effective person centred care.

We saw people's personal information and information held at the service was stored in line with the Data Protection Act. Staff told us they understood they must maintain people's confidentiality and follow the provider's policy about this.

Good

# Is the service responsive?

## Our findings

People we spoke with said the staff were responsive to their needs and confirmed they had a good programme of activities and events provided. One person said, "The staff get the GP for me if I am not well. Nothing is too much trouble for the staff. We have a good time here; it was midnight last night when I went to bed because we had a good sing-along. My relatives visit when they like and can stay for meals." Another person said, "Staff monitor me and would get the GP. I have my music, which I like. I am spoilt by the staff." A relative also told us, "The GP has visited and I was kept informed. I attended the Summer Fayre it was wonderful with a BBQ provided."

A visiting health care professional we spoke with confirmed the staff were responsive to people's needs. They said, "Staff talk to me and the GP's, they report issues in a timely way. Staff are knowledgeable about people and I have never had any concerns because the staff follow my directions to promote people's health and wellbeing."

We saw before people were admitted their needs were assessed. People and their relatives were able to ask questions about what the service could offer them. We saw information was gained from health care professionals, the local authority and from discharging hospitals, which helped to confirm people's full and present needs. The registered manager reviewed this information to make sure the staff had the skills to care for the person before offering them a place at the service. The information gained was used as a baseline to help staff develop individualised care plans and risk assessments for people.

We looked at people's care records and found they were personalised and detailed the preferences present for their care and support. We saw holistic information about people's needs was recorded relating to people's skin care, nutrition, mobility and methods of communication. This helped the staff to deliver the care people needed to receive. Information was present about people's next of kin, relevant health professionals, past medical history, life history and goals to be achieved. Staff we spoke with told us this information helped them understand people and the life they had lived prior to them moving into the service. We found people's care records were regularly reviewed by the staff.

We saw activities were provided such as; quizzes, bingo and sing a long's were taking place which people enjoyed. Staff understood people's hobbies and interests and activities were provided in line with these preferences. We saw photographs of events that had taken place, for example a Summer Fayre where people's relatives had been invited to attend. The registered manager told us visiting was encouraged at the service.

There was a complaints policy in place, which advised people how they could make a complaint and how it would be investigated and the timescales for this. People we spoke with told us they had no complaints to raise, but would make a complaint if they needed too. The registered manager acted upon issues raised to improve the service.

End of life care was provided at the service. Compliments about this care and support had been received.

People's wishes for their end of life care were recorded and staff were aware of this information. The registered manager told us they and the staff worked with the support of relevant health care professionals to ensure people had a comfortable and dignified death.

Requires Improvement

# Is the service well-led?

## Our findings

Prior to our inspection we asked the provider to submit a Provider Information Return (PIR) by 11 August 2017. However, we did not receive this information prior to the stated deadline. Failure to submit the PIR by the date requested means that the quality rating for 'well-led' cannot be higher than 'requires improvement'. During the inspection the registered manager provided us with the information that was to have been submitted in the PIR. They informed us they had learnt from this and would put systems in place to ensure this did not occur again.

People we spoke with said the service was well-led by the provider and registered manager and they confirmed their views were asked for. We received the following comments, "We have resident and residents meetings, my relative comes and we raise our views and we are kept informed. I have no complaints at all regarding how the service is run" and, "The service is above my expectations. It is beautiful here, I cannot describe it."

Relatives we spoke with were positive about the service provided. One relative said; "All the staff are exceptionally good and the manager." Another said, "The owners and manager are lovely and approachable. We have peace of mind knowing (Name) is looked after and is spoilt here. We are very pleased."

The registered manager told us they were supported by the providers who came in on a regular basis and maintained regular contact with the registered manager when they were unable to attend the service. We found the provider and registered manager worked as a team along with the staff to monitor the quality of service provided. The registered manager said they all worked together to make sure people were happy living there. The registered manager understood their responsibilities and staff at the service understood the management structure in place. We found there was an open and transparent culture present which promoted the equality and diversity of all parties.

During our inspection we spoke with staff about how the service was managed. We received positive feedback about the provider and registered manager. Staff we spoke with said, "This is a good home from the management to the staff. The providers are approachable and the manager, everything gets passed on. The staff are happy, we all talk to each other" and, "It is a very nice place to work. The manager is very good and the staff all get on. We are a 'little Carseld family.' Having a good manager counts for everything and the providers are the same. We provide a 'home from home' for people."

We looked at the quality assurance procedures in place, which included checks and audits of areas such as care files, medicine management, activities, fire safety and health and safety. All of the information gathered was analysed and the outcomes were shared with people and staff. We saw action plans were in place which identified action to be taken to address any shortfalls that were found. National good practice guidance was used at the service, for example to monitor people's nutritional needs and dependency, which helped the staff to maintain people's health and wellbeing.

We saw people had information available to them in a format that met their needs about what the service could offer them. The registered manager told us the home had been created to provide a homely and personalised service to people in the local community. People we spoke with told us the service had managed to achieve this and they were happy living there.

The management team had an 'open door' policy in place, so that people using the service, their relatives, and staff could see them at any time. Regular staff meetings took place, this enable them to give their views about the service provided, to discuss the care records, medicine management and good practice ideas. We saw minutes of these meeting were produced for staff that were unable to attend, to help keep them informed.

We saw staff were provided with regular surveys to complete. The last one was about safety and included information about what the CQC may look at during an inspection around this topic. Staff were asked for their views about potential risks, abuse, and equipment in use, risk assessments and recruitment checks in place at the service.

Resident and relatives meetings took place. We looked at the minutes from the last meeting and saw the meals and activities, dignity and respect, infection control and fire safety had been discussed. We saw comments suggestions and complaints were also welcomed by the management team. People were provided with a newsletter to tell them about upcoming activities and events, birthdays, staff joining the service or leaving and about Dylan the dog, who visits for pat therapy.

We saw quality assurance surveys were provided to people on a regular basis to gain their views about areas such as; positive living and moving and handling. We looked at the most recent survey results, which were about the premises. We found people were satisfied with the environment provided for them. Surveys were also sent to visitors and health care professionals to gain their views.

The registered manager was building up the service's connections in the local area. For example; people were able to attend events in the local villages, such as the local authority run 'Hub Meeting groups' which were created to help to increase people's social network and provide information about how to maintain their health and wellbeing.

Services that provide health and social care to people are, as part of their registration, are required to inform the CQC of accidents, incidents and other notifiable events that occur. The registered manager was aware of this and provided us with this information. We found good practice guidance; was used at the service to help to maintain people's health and wellbeing. We saw the safer recruitment and selection policy had been reviewed to make sure it was current with the human rights legislations and laws in place.