

Kapil Care Homes Limited

Carisbrooke Manor

Inspection report

Carisbrooke Manor Lane
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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: Carisbrooke Manor is a care home providing personal care and accommodation for up to 43 people aged 65 and over, some of who may be living with dementia. At the time of the inspection 33 people were living at the service.

People's experience of using this service: People, relatives and staff told us Carisbrooke Manor had a very warm and homely atmosphere. People looked relaxed and comfortable. Staff cared about the well-being of people they supported and we received positive feedback about the kindness of staff. Relatives were warmly greeted and made to feel welcome. People were treated with dignity and their independence was promoted.

People told us they felt safe. Recruitment processes were robust and there were sufficient numbers of staff to make sure people's care needs were met. Medicines were well managed. Equipment was checked regularly to make sure it worked properly. The home was clean and fresh. There was a renewal programme in place and plans to upgrade the laundry room had been prioritised.

Risks to people receiving care were assessed and kept under review. Staff had detailed information about how to care for people. We found the standard of person-centred information in people's care plans had improved.

Staff were well trained and knowledgeable about their roles and the care people needed. People were supported with good nutrition and could access appropriate healthcare services.

People's rights were upheld. They were given choice and their decisions were respected. Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

The service was consistently well-led. People felt able to raise any concerns and were confident they would be addressed. Staff felt well supported by the registered manager and we observed the staff team worked well together. The registered manager and provider completed a range of quality checks and audits of the service to make sure the care and support provided was of high quality. This supported the continuous improvement of the service.

Rating at last inspection: Good (Report published August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

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.

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

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.

Carisbrooke Manor

Detailed findings

Background to this inspection

The 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 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.

Inspection team: This inspection was carried out by one 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 service. The expert had experience of dementia care.

Service and service type: Carisbrooke Manor is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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: The inspection was unannounced.

What we did: We looked at information sent to us since the last inspection such as notifications about accidents and safeguarding alerts. Providers are required to send us key information about their service, what the service does well and improvements they plan to make. This information helps support our inspections.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch England. Healthwatch England are an independent organisation who listen to people's views about local services and drive improvement by sharing those views with organisations who commission, deliver and regulate health and care services. We also sought feedback from professionals who worked with the service. We used all this information to plan our inspection.

Some people who used the service were unable to tell us about their experiences. 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. During the inspection, we spoke with 10 people who used the service and six relatives to ask about their experience of the care provided. We also spoke with the provider's nominated individual, the registered manager, the deputy manager, the principal care worker, four other staff who worked at the service and two visiting professionals.

We looked at a range of documentation such as care files for four people and medication records for 10 people. We looked at other records for the management of the service such as recruitment, staff training, surveys and systems for monitoring quality.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- People and their relatives told us the service was safe. Comments included, "I feel safe here and trust all the staff" and "Yes, absolutely safe. We don't mind leaving [Name of family member] now, their move here has given us such peace of mind."
- Staff knew what to do to make sure people were protected from harm or abuse. This included reporting any concerns for people's safety to external agencies such as the local authority and police.
- Staff were confident that any issues raised with the registered manager would be properly dealt with.

Preventing and controlling infection.

- There were infection prevention systems in place. Staff understood their responsibilities to maintain good standards of hygiene. The storage of clean clothing in the laundry was reviewed during the inspection. The registered manager confirmed the refurbishment of the laundry would be prioritised and completed.
- The home was clean and fresh. People told us they were happy with the cleanliness of the home. One visitor said, "It is always clean and there are no unpleasant smells."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Staff understood how to identify and manage risks to people's health, safety and welfare.
- People's care records included management plans for assessed. For example, one person needed to be supported with their care whilst in bed; information showed they were helped to turn periodically to eliminate risks of developing pressure sores.
- Regular checks were carried out to make sure premises and equipment were safe.
- Emergency plans provided information about the support people needed in the event of an emergency.
- Accidents and incidents were monitored to look for patterns and trends. Action was taken where possible to prevent any future re-occurrence and to ensure continuous improvement.

Staffing and recruitment.

- There were sufficient staff available to meet people's needs. Comments from people and relatives included; "Plenty of staff and they clearly care" and "The staff are always available when I need them."
- Staff were visible around the service and responded to people's needs as required. Staff took time to sit and engage with people on a one to one basis.
- Thorough recruitment checks were completed to ensure staff were suitable to work with vulnerable people and shared the provider's values of empathy and compassion.

Using medicines safely.

- Safe systems were in place to manage people's medicines.
- People received their medicines as prescribed. They were administered by trained, competent staff.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience.

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. A relative told us, "The staff are very efficient, pleasant at all times and are genuinely caring."
- Staff completed a comprehensive induction training programme and regularly refreshed their knowledge of different subjects.
- Staff received regular supervision to discuss their role and the care they provided. Staff told us the training was good, relevant to their role and they felt well supported to deliver good standards of care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.

Supporting people to eat and drink enough to maintain a balanced diet.

- People were supported to receive meals which met their preferences and dietary requirements; this included the texture they needed to reduce the risk of choking.
- Hot and cold drinks and snacks were offered regularly. The lunch time meal looked appetising and people were offered choices and extra helpings.
- People told us they liked the home cooked food and there was a good choice of meals. One person said, "I really enjoyed my dinner; the food is very good." A relative said, "On [name of family member's] birthday all the family came for lunch and it was wonderful."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- The staff were committed to working collaboratively and had good links with health and social care professionals. They worked together as a team to provide consistent care.
- Robust systems were in place to monitor people's on-going health needs and people had access to community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated across the whole staff team.
- Feedback from health professionals was very positive. One said, "Staff have an organised approach to care. People's diabetes is well managed. People seem happy, settled and well cared for." Another described how they met the senior staff each month to review people's needs and discuss any changes or improvements which could be made to benefit the person.

Adapting service, design, decoration to meet people's needs.

- The building was not purpose built; the service had made the accommodation as accessible as possible for the people who lived there, including those who used wheelchairs. There was an ongoing programme of redecoration and refurbishment.
- People's bedrooms were personalised and they chose their own décor.
- The pictorial signs and a reality board in the sitting room detailing the time and date supported the orientation of people living with dementia.

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 with appropriate legal authority. 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.

- Staff had received training and demonstrated a clear understanding of how to support people with decision making.
- Where people were assessed as not being able to make a specific decision, the staff followed best interest's processes. They recorded the involvement and views of those who were important to the person.
- Staff supported people in the least restrictive way possible. The policies and systems in the home supported this practice. Where required appropriate applications had been made to deprive people of their liberty within the law.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- There was a warm, friendly and welcoming atmosphere in the service.
- People were treated with kindness and were very positive about the staff's caring attitude. Feedback from people and relatives supported this. Comments included; "The staff are all lovely and kind" and "The staff definitely care, and from the heart." One relative had written to CQC describing how the home had a heart and a very homely and caring feel. They felt the staff had empathy and were truly caring, always thinking of the little things that made a difference.
- Staff spoke fondly of people they supported and knew their needs well. They spoke to people with smiles, laughs and familiarity. Staff were passionate about providing the care and support people needed and expected.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.

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

- People and their relatives had been included when care was being planned and reviewed.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand so they could make decisions about their care.
- Staff supported people to access advocacy services if required.

Respecting and promoting people's privacy, dignity and independence.

- People were treated respectfully; staff were committed to providing the best possible care for people.
- People's dignity and privacy was respected. Staff knocked on people's bedroom doors and waited to be invited in. Privacy screens were used in communal areas. They used a privacy screen when operating the hoist to support people's mobility needs in communal areas. One person said, "The staff are always polite and respectful." A relative said, "At all levels the staff treat [family member] with respect and dignity. You can observe they care and are understanding of individuals' needs."
- People were supported to maintain and develop relationships with other people who used the service and those they were close to. Relatives could visit anytime and always felt welcome.
- People's independence was promoted. They were encouraged to maintain their independent living skills. For example, by pouring their own cups of tea where possible and one person enjoyed setting the table for lunch.
- People's confidentiality was maintained.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

At our last inspection we made a recommendation that more person-centred detail should be recorded in people's care plans.

- Care records were personalised to a good standard and reflected each person's individual needs. The information was kept under regular review and updated in line with any changes needed. A relative told us, "We have read our [Family member's] care plan and it is very detailed."
- People had access to a range of activities to suit their own and everyone's needs. An activities co-ordinator supported people in thinking about, planning and organising the activities they were interested in. People told us they enjoyed the trips out, singers that visited and the 'toddler choir' who had visited recently.
- The registered manager was reviewing the range of activities offered. Life Style Books, which built a more detailed profile of the person's life and included information about past and current interests had been commenced; these would inform the new activity programme.
- Information was provided in ways which people could understand, as required by the Accessible Information Standard. These included picture and symbol format, large print or braille.
- Staff understood how people communicated. Care records described how people expressed themselves, so staff knew the signs if people were in pain and how they indicated their choices.

Improving care quality in response to complaints or concerns.

- People and relatives knew how to make complaints and were confident these would be addressed. One person told us, "I have no complaints, but I would speak with [named registered manager] if I did and she would sort things."

End of life care and support.

- People were supported to make decisions about their preferences for end of life care.
- Compassionate care was provided at the end of people's lives. Relatives praised staff for the way they cared for their family members and the warmth and kindness shown to them.
- Staff reflected on their end of life care and were proud of the quality of support they delivered.
- The registered manager was looking into accreditation with The National Gold Standards Framework in End of Life Care.

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.

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

Planning and promoting person-centred, high-quality care and support.

- People and their relatives spoke positively about the registered manager and the quality of care provided. Comments included, "The manager is available. They have helped us through many difficulties and lead a very dedicated team" and "The manager and staff team are excellent. I don't think I could ever have found a better home than this."
- The culture was driven by the manager and was positive; welcoming and inclusive. They were committed to achieving good outcomes for people.
- Staff were positive about the way the registered manager ran the service. Staff commented, "The manager is brilliant. Nothing phases her. She listens to us and takes into account our views."
- Staff were happy in their work. They demonstrated the same passion for delivering person centred care to people and were clear about the provider's vision and values.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and how the provider understands and acts on duty of candour responsibility.

- Effective systems were in place to monitor the quality of the services provided. The provider's nominated individual provided support and monitored outcomes for people.
- Where internal audits identified any concerns or trends, detailed action plans were put in place and communicated to the staff team.
- Good communication between the registered manager and staff team supported a well organised service.
- The registered manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others; Continuous learning and improving care.

- Views were sought from people who used the service, relatives and staff through daily conversations, meetings and surveys. Changes were made to the service based on feedback.
- Management worked in partnership across the region and were kept informed of latest guidance and legislation.
- The registered manager met with other managers in the organisation to keep themselves up to date and to share best practice.
- Staff in lead roles were supported to access specific learning to develop their skills and knowledge in areas such as dignity, end of life and dementia; this supported the delivery of high standards of care.