

Carlton Hall Limited

# Carlton Hall Residential Home and Village

## Inspection report

Chapel Road  
Carlton Colville  
Lowestoft  
Suffolk  
NR33 8BL

Tel: 01502513208

Website: [www.carltonhall.co.uk](http://www.carltonhall.co.uk)

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20 June 2022

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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 Hall Residential Home and Village is a residential care home and domiciliary care service providing personal care for up to 86 people in the residential care home and for people living in their own bungalows on site.

The residential care home was in one adapted building, with four units. The units were Main Hall, Granary, Orangery and Courtyard. At the time of our inspection there were 74 people receiving care and support in the residential care home, some people were living with dementia.

For the domiciliary care service, not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 15 people using the personal care service at the time of our inspection.

### People's experience of using this service and what we found

There were systems in place to reduce the risk of abuse and avoidable harm. People received their medicines when they needed them, and monitoring systems supported the management team to identify any risks and address them. There were systems in place to learn lessons when, for example incidents happened, to reduce the risk of them happening again.

The environment was suitable and accessible to people who used the service. There were infection control systems in place to reduce risks of cross infection, and staff wore personal protective equipment (PPE) where required. Policies, procedures and risk assessments were in place in relation to infection control and the pandemic. People were supported to have visits from their family and friends.

Staffing levels were kept under review and recruitment was ongoing to reduce the risks of people not receiving the care they needed. Staff recruitment was undertaken safely. People were supported by staff who were trained and supported to meet their needs.

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

Prior to using the service, people's needs were assessed. These assessments were used to develop care plans and risk assessments for people which identified how their needs were met and risks reduced. There was a range of meaningful social activity provided to reduce the risks of boredom and isolation.

People were supported to access health professionals where required and staff worked with health professionals to achieve good outcomes for people. People received a choice of food and drink to reduce

the risks of malnutrition and dehydration.

There was a complaints procedure in place and complaints were addressed and used to drive improvement. Governance systems, including audits, supported the management team to monitor the service provided and independently identify shortfalls and address them promptly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was good, published on 29 December 2018. This service was registered with us on 6 September 2021 under a new provider and location name and this is the first inspection.

#### Why we inspected

Under the new provider name, this service had not yet been inspected and received a rating. Therefore, we undertook this comprehensive inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection under the previous provider, by selecting the 'all reports' link for Carlton Hall Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Recommendations

We have recommended that the provider develop their existing risk assessment for the stairs in the residential care home, to identify that people may accidentally try to climb the stairs and may fall, and to assess how this risk can be mitigated. See the Safe section of this report.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Carlton Hall Residential Home and Village

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place in the residential care home. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors undertook the site visit on 15 June 2022 and one inspector on 20 June 2022.

#### Service and service type

Carlton Hall Residential Home and Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carlton Hall Residential Home and Village is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Carlton Hall Residential Home and Village is also a domiciliary care agency. It provides personal care to people living in their own bungalows.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The previous registered manager, who is also a director of the organisation, voluntarily cancelled their registration which was processed on 28 May 2022. There was a new manager who had submitted a registered manager application to CQC.

#### Notice of inspection

This inspection was unannounced for the site visit of 15 June 2022. We announced our visit of 20 June 2022, to allow for the service to arrange for us to receive feedback from the people who used the domiciliary care service.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since registration, including from staff and members of the public, including relatives. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

#### During the inspection

During our inspection visits, we spoke with 11 people who used the service in the residential care home and six relatives who were visiting their family members. We observed the interactions between staff and people using the service. With their permission, we visited and spoke with three people who used the domiciliary care service in their own homes and reviewed their care records.

We spoke with the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 13 staff including two deputy managers, the domiciliary service manager, care, reception, catering, domestic and activity staff. We reviewed records relating to the governance and oversight of the service, including audits and health and safety records. We also reviewed records relating to medicines administration, four staff recruitment files, complaints, safeguarding, governance and activities. We looked around the residential care home to check on safety of the environment and infection control processes.

We asked the manager to send us records which we reviewed remotely. This included satisfaction survey analysis, minutes from committee, staff and resident meetings, the service development plan, manager monitoring records, staff training and four people's care records.

Following our visits, we also received electronic feedback from four staff members and five relatives, and telephone feedback from two relatives. Inspection activity ended 4 July 2022.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- There were three staircases in the residential care home, which people had access to. There were risk assessments in place and for people residing on the first floor, which were kept under review. A member of the management team told us how people were assessed when moving in and ongoing to ensure the risks of them falling down the stairs was reduced. Passenger lifts were also available for people to use to reduce the risks.

We recommend the risk assessment relating to the stairs be reviewed and consider how to reduce risks if a person accidentally went up the stairs and then fell.

- The manager told us the risk assessment would be reviewed to consider further risks of people who were not accommodated on the first floor and the use of the stairs.
- People's care records included risk assessments, there was guidance in place for staff in how to reduce the risks. This included risks associated with falls, pressure ulcers, mobility, nutrition and choking.
- Risks in the environment were minimised by checks of the environment and equipment. This included fire safety, legionella, window restrictors and equipment people used to mobilise, which was serviced as required. We observed staff using equipment safely when supporting people to transfer from one chair to another.
- Risks identified by staff were reported to the maintenance staff in a book, which showed when they had been addressed. We observed staff reporting worn ferrules on a person's walking frame to reduce the risks of it slipping and being unsafe. As well as this being recorded, it was reported to senior staff who took prompt action.
- People told us they felt safe using the service and with the staff who supported them. One relative said, "We feel the carers do a really good job keeping [family member] safe and looking after [their] needs." One staff member commented, "All of the care for the residents is always performed in a safe manner and anything that may be in our way, we always make sure that there is a clear space for us to provide the care, lighting is good etc."

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

- There were systems in place designed to reduce the risk of abuse. This included policies and procedures and training staff in actions they should take if there were concerns of abuse.
- Staff confirmed they had received safeguarding training and they understood their roles and responsibilities. In addition, staff told us they knew about the provider's procedures relating to reporting bad practice, known as whistleblowing.
- Records showed the service reported concerns to the appropriate professionals, as required. A record of

safeguarding was maintained which showed actions taken and lessons learned.

### Staffing and recruitment

- There was a system to calculate the number of staff required to meet people's needs. A staff member told us this was kept under review and staffing levels changed if people's needs increased.
- A staff member told us the management team worked to reduce the risk of going below the set safe number of staff required. Another staff member said, "Staffing levels are checked on a daily basis due to annual leave and sickness and there is always ample staff on each unit." Another staff member told us, "We pull together and don't allow it to affect the residents care to the best of our ability." Another commented, "There is enough staff, some [staff] moan but do not think they understand how good it is here."
- The manager told us how they were actively recruiting staff from both the community and had applied to the Home Office to allow staff recruitment from overseas to address the overall staffing crisis in the UK.
- Prior to our inspection we received concerns that staff were being pressured to work additional shifts, for example to cover sickness. During our inspection we were told by the management team additional shifts for staff were voluntary and they received an enhanced rate of pay to cover shifts and/or flexibility to have time off where they needed it. Agency staff were also used, and the management team worked shifts, where required.
- People told us they received assistance when needed. One person said, "They [staff] are busy, rushing about but come when I need them." During our visits we saw that staff were visible, available and responded to call bells and requests for assistance in a timely way.
- Feedback from relatives identified that they felt their family members received the care they needed from staff who were available. One relative told us, "[Family member] loves being at Carlton Hall, and said that it's lovely to know that the carers have time for [family member]. There always seems to be staff about, and available if I have any questions to ask, or need help with [family member]." Another relative commented, "I know sometimes the staff on the unit are stretched, but I believe they certainly do their best and they always seem very attentive and caring." Another stated, "I have never come in and thought where the hell is everybody?"
- Staff recruitment records showed that appropriate checks were undertaken to reduce the risks of unsuitable staff being employed. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- There were systems for the safe administration, recording, storage, disposal and ordering of medicines. Regular audits and monitoring by the management team supported them to identify shortfalls and address them promptly to reduce the risks of people not receiving their medicines where required.
- Records showed people received their medicines as prescribed. We observed part of the lunchtime medicines round and found this was done safely.
- Staff had received training in the safe handling of medicines and their competency was assessed.
- People told us they received their medicines when needed. One person pointed to a senior member of staff who was responsible for giving people their medicines and said, "They are very good, they remember everyone's name, always come on time." One person's relative said, "[Family member] said Carlton Hall have been helping [family member] with [their] medication, and [they] said that [they] always get it on time."
- One person's relative told us how the staff supported their family member with applying prescribed creams daily and when there had been an issue with their family member refusing their medicines, the staff had worked with health professionals to resolve it.

### Preventing and controlling infection



- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People told us their family and friends could visit, which was confirmed by relatives we spoke with and our observations. During our inspection visits we saw several people enjoying visits with their family and friends.
- Relatives told us they arrived for visits to the reception area where they signed in and then calls were made to the units where their family members lived so staff could welcome them in. This was confirmed in our observations. One relative told us, "The reception staff, [names of two staff] are extremely welcoming at all times, when on the telephone and in person, making our visits a pleasure."

#### Learning lessons when things go wrong

- There were systems in place to learn lessons to reduce the risks of incidents and accidents happening again. This included records of falls analysis which identified any trends and actions taken.
- One relative told us how their family member had fallen, and a referral had been made by staff to the falls team. They told us they were kept updated by the staff.
- We had identified some areas which required addressing, such as bins with no lids, and toiletries being present in a bathroom which caused a risk to people if accidentally imbibed. These were immediately addressed. The manager set up a new system for daily walk arounds by the management and senior team.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Prior to using the service, people's needs were assessed by a member of the management team with input from the person and their representatives, where required. These assessments were used to inform people's care plans.
- One relative told us, "[Name of deputy manager] visited us at home with professional empathy and reassured us that [family member's] needs would be met in their care. All the care team at Carlton Hall have been amazing, welcoming and so caring not just to my [family member] but [relative] too and the rest of our family. They made the huge transition in our lives, especially my [family member's], as smooth as possible."
- The provider's policies and procedures incorporated legislation and good practice guidance, including National Institute for Health and Care Excellence (NICE) guidance. The manager told us the documents were accessible to all staff.

Staff support: induction, training, skills and experience

- Records and staff spoken with showed staff were provided with training relevant to their role and to meet people's needs effectively. In addition, staff were provided the opportunity to obtain qualifications in care.
- Newly recruited staff received an induction which incorporated the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received one to one supervision meetings which provided a forum to discuss their role, receive feedback and identify any training needs.

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

- Prior to our inspection we had received concerns about the quality of the food provided. All of the people we spoke with told us the food quality and choices were good. One person said, "Very good, three choices and choices of desert... it is very good."
- One relative told us the chef visited their family member to discuss when they were not satisfied with the food. Other relatives were complimentary about the food, one relative told us, "[Family member] says how nice the food." Another relative commented, "The food is very good quality and a nice variety of choice." However, two relatives told us their family members had said they were provided with too much food on their plate, which they found off putting.
- The chef told us if people did not want what was on the menu an alternative was provided. This was confirmed in our observations. We saw one person was not eating, staff went to get them a sandwich, which they chose. One relative told us their family member did not like their chosen meal and, "The chef happily

cooked [family member] a piece of fish instead, keen to please. Full marks to [chef]."

- One relative told us how the staff had worked with their family member to improve their wellbeing, "[Family member] wasn't eating very well when [they] arrived at Carlton Hall, but the carers have taken the time to find out [family member's] likes and dislikes. [Family member's] eating has improved."
- We observed people being supported at lunch time, where required. Staff remained seated with people who ate at their own pace and staff explained throughout, for example what was on the plate. For people who required a softer diet, this was attractively served. Staff were aware of the consistencies of food and drink people required and had been trained in this area.
- People's specific needs were detailed in their care plan relating to eating and drinking. One person's care plan clearly reflected the support we observed.
- People received regular choices of drinks to reduce the risks of dehydration. One relative told us, "When I've visited, I have noticed there are always plenty of cold drinks to hand, and that they come around regularly with hot drinks." Another relative commented, "Drinks are adequately provided at all times."

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

- People's care records detailed where people had been provided with health care support and any guidance from health care professionals was incorporated into people's care plans to ensure they received the care and support to promote their wellbeing.
- People had access to health care professionals where required. Where concerns about people's health and wellbeing were identified, appropriate referrals to health care professionals were made, for example GP, dietician and speech and language team (SALT). One relative told us, "When [family member] arrived [they were] having problems with [their] hearing, and on the second day of being there they [staff] arranged for [family member] to see a doctor."
- We received feedback from relatives about how family member's wellbeing had improved since they had been living in the service which they attributed this to the care and support provided by the staff and joint working with health professionals. One relative told us their family member had returned from hospital and was told they were at the end of their life, a staff member had contacted the GP and found they had an infection, "[Family member] was sat up in a few days, if it was not for here [family member] would not be here now."

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

- The environment was well maintained and accessible to the people using the service. Redecoration and refurbishment were undertaken as required.
- People had access to, as well as their bedrooms, shared spaces, including the grounds. There was a coffee shop in the grounds which people could access. One relative told us, "The olive tree cafe in the grounds is such an asset to our family, a perfect retreat where we can take [family member] for coffee and cake for a little normality to spend some special time with [family member] as a family and then feed the fish in the ponds which is a joy to [family member]."
- There were signs in the service including bathrooms and toilets. The manager and provider told us they were looking into more signage such as memory boxes to assist people to independently find their bedrooms. In one unit people's bedrooms doors were different colours and were painted to resemble front doors.
- People told us they were happy with their bedrooms and the environment where they lived. One person said, "Lovely grounds they keep it so nice, my room is clean they come in everyday, very pleased with them."

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 MCA 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.

- People's records included information about their capacity to make decisions. Where people required assistance to make decisions this was clearly recorded including any people appointed to make decisions. Where required, best interest decisions were made with the input from relevant individuals and professionals.
- We observed staff asking for people's consent before they provided any care and support.
- People's records showed they had consented to the care planned and provided.
- Records were kept on any DoLS applications made and these were kept under review.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us they felt that the staff who supported them were respectful and caring. One person said, "The staff are so kind." Another person commented, "I am happy here lovely [staff]." Another person told us, "Lovely service and staff, never an argument only kindness, nice to have someone to talk to. Staff are very good and very kind."
- We observed that staff were respectful and compassionate in their interactions with people and how they talked about the people they supported. One staff member said, "I'm glad to say our team are all caring and hardworking individuals and the residents are very well cared for in my opinion. We all look at it as if they were our relatives and have built trust and a lovely relationship with them."
- We received positive feedback from relatives about how caring the staff were. One relative said, "It gladdens me to say I know my [family member] is very happy at Carlton Hall. [Family member] is always telling me how nice the staff are... [Family member] jokes with the maintenance and gardening staff. It is doing [family member] the world of good." Another relative commented, "We have got to know the carers who look after [family member's] needs, [family member] loves them all and they are like family to [family member]."

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

- People told us they felt included and consulted about the care they received. One person said, "I choose what I do." Another person commented, "I only have to ask and it is done, always if there anything you need, anything we can do before we leave, everything done for me, they cannot do enough for you, I am very pleased, when have time pop in for a chat, lot of friends instead of helpers."
- Relatives also told us they felt consulted about the care their family members received, they were kept updated and their comments were acted on. One relative told us how their family member had commented about the gender of staff who provided their care, "When we mentioned this it was quickly rectified."
- People's care records included information regarding their preferences about the care they received, including with their personal care, and preferred form of address.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy, independence and dignity was respected. One person told us that staff were, "Never intrusive, I know there is help if I need it... I have got independence [staff] never interfere."
- We observed staff knocked on people's doors before entering and ensured doors were closed when people were receiving support.
- People's records included information about the areas of care they could attend to independently and where they needed support. We saw risk assessments were in place where people chose to take their own

medicines, which was kept under review.

- During meals, we saw that people were provided with a range of different cups and crockery to aid independence.
- One person's relative told us how the staff had supported their family member to regain their independence. They stated, "[Family member] was very withdrawn when [they] arrived at Carlton Hall. [Family member] has always been an outgoing person, but due the fall [they] had before going to Carlton Hall, [family member] had lost [their] confidence. The carers have helped [family member] to get [their] confidence back."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We observed staff were attentive to people's needs and requests for assistance were provided promptly. For example, one person living with dementia was showing signs of anxiety, a staff member provided them with an object which had items for the person to feel and interact with, which improved the person's wellbeing. This demonstrated the staff member knew the person and how to support them.
- There were no missed visits in the domiciliary care service. In the residential care home regular monitoring of call bell response times were undertaken. This demonstrated systems were in place to provide people with care and support when needed.
- People told us their needs were met, their choices respected, and the staff were responsive. This was confirmed by relatives. One relative said, "In the time my [family member] has been at Carlton Hall, they have treated [family member] with respect and taken the time to make [them] feel comfortable... Now [they are] back to the [family member] we know and love, and I can't thank Carlton Hall enough for everything they had done to get [family member] to this point."
- Another relative commented, "We're extremely happy with the care and support that [family member] receives... We're happy to recommend the hall to anybody who asks us... We feel they go above and beyond what is expected of them and we can't thank them enough for how well [family member] settled into full time care."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager told us documents could be provided, for example, in other languages, larger print, easy read and braille, if required.
- People's records included information about how they communicated and guidance for staff in how to communicate effectively with them.

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 told us they had the opportunity to participate in activities. One person said, "I enjoy it, have a nice time."

- There was a programme of activities in place and during our visits we saw lots of things happening. This included, ball games and dancing and singing.
- On our second visit there was an entertainer singing on the lawn. People from both the residential care home and domiciliary care service were seen to be outside enjoying the music. We received lots of positive feedback about the celebrations on site for the Queen's Jubilee.
- The service had its own minibus and people could attend activities in the community. One person's relative told us, "[Family member] loves trips out in the minibus to Carlton Marshes and soon to visit the wildlife park." We saw risk assessments were in place relating to activities.
- As well as group activities, people's interests were identified, and support provided to ensure they could continue with these. One person's relative told us, "Within days of [family member] moving in, the care home kindly purchased a bird table for outside [family member's] room to feed the birds which [they] loved doing at [their] own home and they kindly allowed us to take in a garden broom, watering can and plants so [family member] could sweep up, thinking [they] had a job."

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and records showed complaints were responded to and used to drive improvement. A record of complaints was maintained which showed actions taken and lessons learned.
- Where complaints were received, for some, the service had involved other professionals and met with the complainant to seek a resolution.
- The majority of relatives told us any concerns were addressed. One relative said, "[They] listen if issues and try to put it right." However, we received feedback that a relative had not had a response, this was immediately addressed by the manager when we told them.
- The manager told us any concerns, which had not been formal complaints were addressed. People told us if they would report any concerns they had. One person said, "If ever a problem tell the carer and it is dealt with." This was confirmed by a staff member, "The residents will always speak to us with any concern they may have, and we will always help them out and meet their need."
- The manager told us if people's personal items were missing, every effort would be made to find them, if they were not found, the provider would replace or reimburse the person for a replacement.

#### End of life care and support

- People's care records included their decisions about the care they wished to receive if they became unwell or at the end of their life, where they chose to discuss this.
- Records showed that staff had received end of life care training. Some staff were champions in this area and had received enhanced training, including mouth care, palliative care emergencies and spirituality.
- The management team told us there were no people using the service who were currently receiving 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Prior to our inspection we had received concerns about the approach of the manager to staff. However, we received positive feedback from staff during our inspection. One staff member said, "My colleagues and I on our unit are very comfortable vocalising any concerns and are not afraid to speak to senior management with any problems." Another said, "[Manager] works with us." A third staff member commented, "I definitely feel happy and comfortable enough to tell management any of my concerns."
- The manager told us how they were working to provide encouragement and development opportunities for staff to develop. For example, care staff to move into senior roles. We saw records of induction where staff had progressed, including shadowing experienced colleagues and training.
- Some people using the service and relatives said they knew who the manager was, whilst others named the provider or senior staff, they felt the service was well-led. One person said, "[Provider] is very kind to me, will come and see me." One relative said, "I feel the home is well led. When visiting [family member] I have seen the manager walking round interacting with the residents. [Manager] even stops to chat with myself on the days I've seen them."
- We received feedback from staff about the positive culture, where staff worked well together as a team. One staff member said, "All of the staff at Carlton Hall are amazing and so supportive not only to the other members of staff, but to the other residents too by providing a very high degree of care." Another staff member commented, "I am proud to be a member of the Carlton Hall team... I feel that we are not just colleagues, but more an extended family. I can honestly say that we are here for the residents and families but also here for each other. I know when I come to work, I'm not just walking into work, I'm walking back home."
- Staff told us about the pride they had in the work they had done in supporting people during the pandemic. One staff member said, "I cannot thank Carlton Hall enough for looking after the residents and staff so well during the pandemic. From the word go we had sufficient PPE and tested regularly. Carlton Hall did an amazing job throughout and continue to do so. I wish to thank [provider] for this."
- Relatives also fed back to us about how they felt the service had managed well during the pandemic. One relative said, "They excelled with the pandemic, closed down and kept people safe."
- We received positive feedback from relatives about the service provided and how improvements were ongoing. One relative said, "They are not always perfect, but do their best. I would give them 9.5 out of ten." Another relative told us, "They are outstanding... we are lucky to have found here."

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

- There was a duty of candour policy in place which was understood.
- We received feedback from people's relatives that they were kept up to date with any incidents relating to their family members. However, we received information from one relative about an incident which they had not been made aware of. We shared this with the manager, with the relative's permission and this was immediately investigated and responded to. In addition, the policy of the month was the duty of candour which was provided to staff and regular duty of candour audits were introduced to reduce similar issues.

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

- We were received notifications of significant events and incidents, as required. These informed us of incidents and any actions taken by the provider.
- The provider and management team understood their role and responsibilities and were committed to providing people with a good quality service. This was also echoed by staff we received feedback from.
- A range of audits were undertaken, which supported the management team to monitor the service effectively and independently identify shortfalls and address them.
- The manager was supported by two deputy managers, who told us they worked well as a team. There were heads of departments, such as care, domestic, catering, domiciliary care and maintenance. Regular feedback to the manager and head of department meetings ensured the manager was kept up to date.

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

- Recent surveys had been undertaken the beginning of 2022, to check the satisfaction of people using the service, relatives, staff and other professionals of the service provided. A 'you said we did' document was developed which was shared to show how comments had been used to improve the service.
- As a result of comments made in the staff surveys, work had been undertaken to improve the culture, morale and communication, and changes to the training provider had been made.
- Comments received from the surveys completed by people and relatives were addressed by a programme of redecoration and the increase of communication with relatives.
- There had been a recent development of Friends of Carlton Hall committee, consisting of people using the service and relatives. We saw the minutes of the first meeting in June 2022, where the participants had chosen the name of the group, agreed how often they would meet and discussed, for example a fete which was planned and their involvement.
- People using the service were engaged and had the opportunity to share their views of the service in meetings. We saw the minutes from meetings which identified they discussed areas such as the care provided, food and activities.
- Newsletters were provided to people using the service and relatives, which kept them updated with the service and any changes.

Continuous learning and improving care

- The manager had a service development plan in place. They were clear on how to continuously improve the service and had timescales for implementation, with several already completed. This included upskilling staff and further training provision, progression of staff into senior roles and improvements in the lessons learned and analysis systems.
- The deputy manager showed us one-page profiles they were working on for people, which were summaries of the care plans. These were to put in people's bedrooms so staff could access quick information where needed.
- The domiciliary care service had documents in place where staff had chosen a subject they were

interested in to research, such as mental health. The information they collected was made available to the staff team, the domiciliary care manager told us this was used as an encyclopaedia of information and encouraged staff to learn.

#### Working in partnership with others

- The manager and staff told us they shared positive working relationships with other professionals involved in people's care. This was confirmed in surveys completed by six professionals in January 2022, all who had responded with satisfactory or very satisfactory relating to the service provided and how the service worked with them.
- There was a coffee shop on site which was open to people using the service, visitors and members of the public, which developed community relationships. We received positive feedback from people using the service and relatives how they used the coffee shop. One person told us, "I went to the coffee shop with my [relative], it was lovely, nice big mug of coffee."
- The manager told us how the service was entering 'Lowestoft in Bloom' this year and they had won an award in 2021.