

# Mr & Mrs F Mungar

# Carl Court

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out this inspection on 8 and 9 January 2019. The first day of the inspection was unannounced.

This service was last inspected in July 2016 and was rated good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

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

There were 14 people living in the home at the time we carried out our inspection.

The registered providers were also the registered managers at the home and they were responsible for the day-to-day management of the service. This report refers to them as the providers. A registered manager is a person who has registered with the Care Quality Commission 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.

Without exception, everyone we spoke with expressed positivity about Carl Court, providing evidence of the home's ability to make them feel cared for and safe. People were treated with kindness and respect and were offered care in a dignified manner in caring surroundings. One person said, "I feel very well cared for. My room is lovely and clean, and the carers always have time for me." Relatives told us they felt totally comfortable and happy with the care at Carl Court. One relative said, "We love it. When we arrived [providers name] greeted us at the door and said, 'welcome home.' And that's what it is, a home."

People, relatives and staff told us they felt the home was well led and the providers were passionate, accessible and approachable. The providers had a good oversight of what was happening in the home and demonstrated an in-depth knowledge of all areas. Systems were in place to audit the quality of the service. However, some processes needed to be strengthened to ensure that all aspects of the home were maintained and regularly reviewed. We made a recommendation to the providers to review their governance systems.

Risks to people's safety and wellbeing had been assessed and planned for. Risk assessments identified what support was needed to reduce and manage risk. However, some risk assessments were not up dated as they should or when things changed. We made a recommendation to the providers to review care records to ensure all risks have been assessed and are up to date.

People had their needs assessed before they moved into the home and this information was used to create individual care plans. These plans included guidance for staff to follow to ensure people's individual needs were met. Whilst some care plans provided staff with guidance on how to support people safely as well as providing information on people's preferences, we found that some would benefit from further person-centred information. We made a recommendation to the providers about developing person-centred care plans.

Staff understood their responsibility in protecting people from the risk of harm. People were assisted by suitable numbers of staff who were trained and supported in their job roles. Staff had been safely recruited and had received an induction to the service.

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

People told us they enjoyed the food. People's dietary and nutritional needs were assessed, recorded and managed and advice was sought from nutrition specialists when needed. People had support to access professional medical advice and treatment and attend routine medical appointments. Health professionals were extremely complimentary about the care at Carl Court.

The home was clean and had all required health and safety checks and documentation in place. Equipment was regularly serviced, and fire checks were regularly undertaken within the home. Individual emergency evacuation plans were in place for people.

The providers had a clear complaints policy that people and their relatives knew how to access. People told us they felt confident to raise any concerns they had and felt they would be promptly addressed.

Further information is in the detailed findings below.

## 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 remains Good

### Is the service effective?

Good ●

The service remains Effective

### Is the service caring?

Good ●

The service remains Caring

### Is the service responsive?

Good ●

The service remains Responsive

### Is the service well-led?

Good ●

The service remains Well Led

# Carl Court

## 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 was 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.

This inspection took place on 8 and 9 January 2019 and the first day was unannounced. The inspection team consisted of one adult social care 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 care service.

Prior to the inspection we reviewed information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. We assessed the information we received from the provider in their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority quality improvement team and safeguarding team to gain their views of the service provided. We also received feedback from five health professionals who had regular contact with the home. We used all of this information to plan our inspection.

We looked at care records for five people who lived at the home. We examined documents relating to recruitment, supervision and training records and various records about how the home was managed. We also had a tour of the home and viewed people's bedroom with their permission. We spoke to ten people who lived in the home, three relatives, both registered providers, deputy manager and three carers.

# Is the service safe?

## Our findings

Without exception, everyone we spoke with expressed positivity about Carl Court, providing evidence of the home's ability to make them feel cared for and safe, to be responsive to their needs and be effective in discharging their duties and responsibilities for their care. Comments included, "I feel more than safe being here. I moved here to make sure I was safe, so that's the best outcome for me" and "It feels very safe here knowing there is someone available at night to look after us." One relative told us, "My relative is safe here. I always find there are enough staff working to see to that, and they always tell me how [person's name] has been between visits. I give Carl Court ten out of ten for everything."

Risks to people's safety and wellbeing had been assessed and planned for, such as risks relating to people's mental and physical health, mobility, nutritional risks, risks of falling and skin integrity. Risk assessments identified what support was needed to reduce and manage the risk. However, some risk assessments had not been up dated as they should when things changed. For example, one person's falls risk assessment was not updated following a fall. This meant that staff may not identify factors that increased the risk of a fall so the risk could be dealt with by subsequent intervention.

We recommend that the providers review care records to ensure all risks related to people's health care needs have been assessed, are up to date and embedded in their future practice.

Staff were clear about their responsibilities in reporting any concerns they may have about people being at risk of harm or abuse. A staff member said, "If I saw anything, I would tell [name of provider]. It's not acceptable for anyone to be abused." Staff told us they received safeguarding training and had access to the provider's policies for further guidance.

Records showed equipment, such as the fire system, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. Environmental risk assessments had been carried out and this included regular checks of hot water temperatures.

Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that staff being recruited, is not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded.

There were enough staff employed to meet people's needs and keep them safe. People told us they did not have to wait for care and if they needed support they were happy with how this was offered. We saw staff were attentive and quick to respond to people throughout the inspection. Since the last inspection, the provider had promoted a senior carer to deputy manager. The providers told us the inclusion of this new role at the home would help them to make improvements at the home. The staffing levels had also been reviewed and increased which meant that more care staff were available to support people.

Medicines were managed and stored safely. We saw staff administering medicines to people, giving them the time they needed and staying with them to ensure they had taken their medicines before completing the medicine record. Staff told us, they had received medicines training and an assessment of their competency.

We checked a random selection of medicines and found the stock balanced with the number of recorded administrations. Some people were prescribed as required (PRN) or variable dose medicines. Protocols were not always in place. Having a protocol in place provides guidelines for staff to ensure these medicines are administered in a safe and consistent manner. We brought this to the attention of the provider and they told us they would rectify this immediately.

When incidents and accidents had occurred within the home we saw these were reviewed on an individual basis and immediate action was taken to minimise the risk of reoccurrence. The providers recognised that their practice of reviewing accidents and incidents on an individual basis may mean that they miss trends or themes. They have addressed this immediately by introducing a monthly audit of all accidents and incidents.

## Is the service effective?

### Our findings

People and relatives told us they thought staff met their individual needs and they were happy with the care provided. One person said, "They all know me so well and exactly what I need." One relative told us, "All staff know [relatives name] so well. From the moment we came in I liked the professional way they dealt with us."

Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas, which included; safeguarding, medicines administration and moving and handling. Staff told us they were supported with regular supervisions where their professional development was discussed as well as any training requirements. The providers carried out observations to ensure staff were competent in putting any training they had done into practice.

New staff were supported in their role. Staff told us they had completed a period of induction when they commenced employment. This included orientation to the building, formal training including completing The Care Certificate and shadowing a more experienced member of staff. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

People told us they enjoyed the food and were offered a choice. One person told us, "The food here is really good. There's always plenty of food and choice, and the homemade soups are wonderful." Another person said, "The food here is lovely. There's a menu with set meals, but if you want something different, nothing's too much trouble, they will cook you what you want."

We saw most people chose to eat in the communal dining room whereas others ate in their rooms. There was a four-week rolling menu which had been devised following discussions with people. People were offered a choice of drinks with their meals and throughout the day people were offered a choice of drinks and snacks. When people required specialist diets we saw this was provided for them in line with recommendations that had been made from health professionals. People's dietary needs had been assessed and considered and when needed people's fluid, food intake and weights were monitored so that action could be taken.

Staff were attentive to people's health needs and supported people to see health professionals such as GPs, nurses, opticians, dentists and chiropodists when they needed to. There was evidence of regular consultations with different healthcare professionals and their guidance and recommendations were incorporated into the care plans. The staff had good communication with people's GPs and recorded information for the GPs so they knew about changes in people's health or conditions. One GP told us, "I have always found the team to be highly courteous, warm, knowledgeable and informed. I have always been escorted by a senior member of staff who has always known the resident well, understanding of their needs, and been able to engage in intelligent and caring conversation in regard to the management options for the medical difficulties for which the resident has been visited."



The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that they were.

The providers had assessed people's mental capacity when they moved to the home and following any changes in their needs. People who had the mental capacity to consent to their care had been asked to do so, and this was recorded. There was evidence the provider had followed their best interests process to discuss people's care with those who were important to them, when they lacked the mental capacity to make decisions themselves. This was recorded and the providers had made applications for DoLS when necessary.

People told us staff always asked for their consent before offering care, and this is what we observed. People felt comfortable with staff and told us they were listened to if they were unhappy about anything.

The home was clean, tidy, well maintained and had a homely atmosphere. People benefitted from three communal areas including a quiet lounge, and we saw all of them being used during the inspection. People had access to a pleasant enclosed garden, however we noted there was a low fence separating the fish pond from the main garden, which would not prevent a person from inadvertently falling into the fish pond. We discussed this with the providers who had considered the risk in relation to the people currently living at the home and found that this potential risk was low. However, they told us they would keep this under review so as to take into account any changing needs of people living at the home.

# Is the service caring?

## Our findings

People were treated with kindness and respect and were offered care in a dignified manner in caring surroundings. This created an atmosphere of calmness and peacefulness. One person said, "I feel very well cared for. My room is lovely and clean, and the carers always have time for me." Another said, "They're all very caring here, I have no concerns about that." One relative expressed their relief at finding a care home they felt totally comfortable with and happy to leave their relative in their care. They said, "We love it. We looked at eleven care homes and were only comfortable with two. When we arrived [providers name] greeted us at the door and said, 'welcome home.' And that's what it is, a home."

A health care professional told us, "Carl Court provides highly effective, kind, understanding and intelligent care in a homely and family like environment. I would rate Carl Court extremely highly from the experience that I have had with them over the years."

We observed that staff responded to people in a caring manner and people were comfortable in staff presence. Staff gave people their full attention during conversations and spoke to people in a considerate and respectful way. Staff told us they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them. One person said, "The carers here never seem rushed. They have time for you, even if it's just for a chat. They all know us so well."

Staff were knowledgeable of people's likes and dislikes and it was clear staff knew people well. There was a lot of laughing and friendliness observed between staff and people throughout the inspection. A relative told us, "My relative's condition is not easy for the staff to deal with, but despite this, they're always very kind and compassionate."

People's care was tailored to meet their individual needs and preferences. People looked well cared for, their clothes were nicely presented and hair and nails were brushed and clean.

Staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions. Staff described the importance of encouraging people to be independent for as long as possible. A staff member described how they would support people to choose their daily clothes to ensure they retained as much independence and choice as possible.

Staff understood the importance of maintaining people's privacy and dignity and gave examples of how they would implement this. For example, staff told us they would ensure curtains were drawn and a person was covered at all times whilst providing personal care. Staff knocked on people's doors before entering and addressed people in a kind and caring way.

People were able to maintain contact with those important to them. We observed visitors were greeted in a warm and friendly manner and it was clear staff knew them well. A relative told us, "I can visit at anytime. I always find things consistent whenever I call."

## Is the service responsive?

### Our findings

People received personalised support which was responsive to their specific needs. People's support needs had been assessed before they moved into the home and this information was used to create individual care plans. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. People's care plans were regularly reviewed and updated.

Whilst some care plans provided staff with guidance on how to support people safely as well as providing information on people's preferences, we found that some would benefit from further person-centred information. For example, one person's care plan informed staff they needed to attend to the person's hygiene needs as they could no longer do this for themselves. The care plan did not give staff any detail of how the person would like staff to provide this care to ensure the care delivered met their preferences. This meant staff may not have all the information they need to keep people safe or meet their needs and preferences.

However, we found that staff knew people well and what was important to them. This was evident by the knowledge and understanding staff displayed about people's needs and preferences. Staff were able to tell us how they assisted people with their physical care needs, emotional and nutritional needs.

We recommend the providers seek advice and guidance from a reputable source in developing care and support plans that are fully person centred.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss.

People's care plans described their specific communication needs. They included information about any sensory loss along with guidance for staff to follow for the management of this. When people required glasses, staff ensured they were clean or if a person required a hearing aid, staff ensured the battery was in place and it was fully working. Where necessary information was provided in different formats, such as large print, for those people with a sensory impairment. This meant people's communication needs were met by the home.

We looked at how people spent their time and what activities were available for people to take part in if they wished. People had mixed views regarding activities that were made available to them. Some people felt happy with the level of activity and engagement. They told us "They provide some activities; occasionally a singer comes in or there's bingo" and "Frankly I find plenty to do for myself, I'm lucky I can do that though others may not be so." However, some people said they would prefer more going on, "There's little to do by way of organised activities, you are left to make up your own mind about what to do with your time" and "I'd like to have a few more things to do I suppose."

During the inspection we saw that people spent their time chatting with each other and staff, reading newspapers, knitting, watching television and going out independently. We did not see any organised activities taking place.

We spoke to the providers about the comments we had received. The providers told us they had an organised programme of outside entertainers that came into the home to provide activity for people that included people playing music, singers, people who involve people in quizzes, arts and crafts and reminiscence. Staff told us they regularly spent time with people in an activity they enjoyed such as, accompanying people on walks, playing games or giving hand massages. The provider told us they tried to help people be active and involved in activities they enjoyed. For example, some people said they felt bored so the provider suggested they might like to take up knitting. The providers went out and bought knitting needles and wool for them. Some people used to be keen gardeners and said they would like some way of continuing their hobby. The provider responded to this and has started to landscape the garden and provided raised flowerbeds to make it easier for people to tend to the flowers.

The home had a complaints procedure which was accessible to people and relatives. There had not been any formal complaints since the last inspection. Relatives and people told us they felt any complaint or concern would be addressed immediately. One relative told us, "I've never had cause to complain or raise any concerns in all the years my relative has been here, but I have no doubt that [providers name] would listen and act if I were to raise an issue."

People were supported at the end of their life to have a comfortable, dignified and pain-free death. People had been consulted about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

## Is the service well-led?

### Our findings

The providers had a good oversight of what was happening in the home and demonstrated an in-depth knowledge of all areas. Systems were in place to audit the quality of the service. The provider carried out a series of audits either monthly, quarterly or whenever required to ensure the home ran smoothly. However, some processes needed to be strengthened to ensure that all aspects of the service were maintained and regularly reviewed. For example, we saw that although care plans were being reviewed and up dated regularly, care plan audits were not up to date. Accidents and incidents were identified and recorded on an individual basis and action plans were developed to mitigate any risks. However, the providers recognised that whilst they were identifying any trends on an individual basis, they were not looking at the wider picture an audit of all accidents and incidents, would give them. The provider immediately implemented a monthly audit to address this.

We recommend the provider reviews their governance systems to ensures they remain effective and embedded in their practice.

The providers played a crucial leadership role in the home and there was a positive and welcoming atmosphere. We found the providers to be very open, transparent and committed to ensuring people received a safe, effective, caring, responsive and well-led service by encouraging staff to adopt an open culture in the daily running of the home. We saw that the providers led by example and their door was always open for people, staff and relatives to raise any concerns or ask any questions.

People, relatives and staff told us they felt the home was well led and the providers were passionate, accessible and approachable. We were told, "Nothing was too much trouble." Relatives told us the providers were always available and they were kept fully informed about their relative. One person said, "I see [providers name] every day, and although I've only been here a few weeks, she has made me very welcome." The providers and staff knew people and their families well and could tell us about their individual needs and how these were being met. This enabled positive relationships and good outcomes for people living at the home.

Staff told us they felt well supported by the providers and they were listened to and valued. One staff member said, "I have no concerns, it's all very open and honest here. The service is 100% well led. They [providers] are very dedicated and give the home all of their time. I've never seen that before." Staff told us they had the opportunity to attend staff meetings and supervisions and felt comfortable to make suggestions or raise concerns.

The providers and staff worked in partnership with other agencies such as local GP practices and specialist community health teams, ensuring people received the support they required. All of the health professionals we contacted were extremely complimentary about the home and how it was led.

Feedback was sought from people, relatives and health professionals as part of the quality assurance process. There were a variety of ways in which they could give feedback. These included annual surveys,

care reviews and through the complaints process. Comments from feedback gathered throughout 2018 were extremely positive.

The providers had arrangements in place to monitor the safety of the premises and maintaining the environment. We saw a sample of health and safety records, which showed that the servicing of equipment and building were up to date. This included gas servicing and hoist servicing.

The registered manager understood their responsibilities around meeting their legal obligations, for example by sending notifications to the Care Quality Commission about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.