

# Country Court Care Homes 2 Limited

## Carter House

### Inspection report

1-2 Farnham Gardens  
London  
SW20 0UE

Date of inspection visit:  
02 November 2021

Date of publication:  
17 November 2021

### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Carter House is a care home and at the time of this inspection they were providing nursing and personal care to 42 people aged 65 and over. The service can support up to 46 people across four floors, each with their own adapted facilities. One of the floors specialises in providing care to people living with dementia.

The service was in the process of changing its stated purpose and was planning not to provide care and support to people with nursing needs by the end of 2021.

### People's experience of using this service

At our last inspection we found the provider had not ensured staff always recorded the reasons why certain prescribed 'as required' medicines were administered. At this inspection we found enough improvement had been made to address this. People now had up to date 'as required' medicines protocols in place where necessary, which made it clear to staff when and how to safely administer these medicines.

However, we also found a number of new issues during our inspection that indicated medicines were not always safely used or managed, placing people who lived at the care home at risk of harm. This was because staff did not always follow protocols for the safe storage, administration and recording of medicines. In addition, staff did not always have access to enough information about how to safely use people's prescribed medicines.

Furthermore, although the provider had some good governance systems in place to assess and monitor the quality and safety of the care people received; We found these processes were not always operated effectively. This was because these measures had failed to pick up a number of issues we identified during this inspection, specifically in relation to medicines not always being safely managed.

The provider had also failed to always notify the Care Quality Commission (CQC) without delay about the occurrence of safeguarding incidents that adversely affected the health, safety and well-being of people living at the care home. We discussed this issue with the area manager at the time of our inspection. They acknowledged there had been a number of failures lately where incidents that should have been reported to the CQC immediately were not. They agreed to develop an action plan with the new permanent manager to improve how they would keep us informed about such incidents in a more timely way in future.

Staff did not always respond quickly to people's requests for assistance and most staff expressed dissatisfaction with the provider recently reducing the number of care staff working on each unit in the care home. We discussed these staffing issues with the area manager at the time of our inspection who confirmed an action plan had already been agreed by the provider to reinstate previously agreed staffing levels at Carter House.

People were protected against the risk of avoidable harm and abuse. People were cared for and supported

by staff who knew how to manage risks they might face. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including those associated with COVID-19.

The provider recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service. The quality and safety of the service people received was routinely monitored and analysed by managers and nursing staff. The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff. The provider worked in close partnership with various community health and social care professionals and external agencies to plan and deliver people's packages of care and support.

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 the last inspection

The last rating for this service was good (published 16 July 2021). At this inspection we found multiple breaches of regulation and the need for this provider to make improvements.

#### Why we inspected

We received concerns in relation to the safe use and management of medicines and staff not always being available, in sufficient numbers, to support people to stay safe. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has deteriorated from our last inspection and has been changed from good to requires improvement. This is based on the findings at this inspection.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified two breaches at this inspection in relation the provider failing to ensure the safe management of medicines and not operating effective quality monitoring systems.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Carter House

## 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 Care Act 2014.

As part of this inspection we also looked at the providers infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

#### Inspection team

The inspection was carried out by two inspectors, including the lead and a specialist medicines inspector.

#### Service and service type

Carter House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. The registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed all the information we had received about the care home since their last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke in-person with four people who lived at the care home, three visiting relatives, the area manager, a visiting registered manager of another of the providers care homes, two registered nurses, seven care workers, a domestic staff member, a maintenance person and a business support worker.

We looked at a range of records including, electronic care and risk management plans for four people who lived at the care home and medicines records for a further 17 people. We also reviewed a variety of other records relating to the management of the service including, staff rosters, audits, and policies and procedures were also read.

Following the inspection

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff training and competency assessments, and the providers medicines policy, procedures and audits.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were now not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection we found the provider had not ensured staff always recorded the reasons why certain prescribed 'as required' medicines were administered, contrary to best medicines practice and the providers medicines policies and procedures. We discussed this issue with the services former registered manager at the time of the last inspection.

At this inspection we found enough improvement had been made to address this medicines record issue.

- People now had up to date protocols that made it clear to staff when and how to safely administer people's prescribed 'as required' medicines.
- However, we also noted new issues during this inspection that showed us medicines were not always safely managed. This was because staff did not always follow protocols for the safe storage, administration and recording of medicines. In addition, staff did not always have access to enough information about how to safely use people's prescribed medicines.
- Medicines were not always handled safely. For example, since our last inspection two medicines handling errors have occurred at the care home, which resulted in 17 people not receiving their prescribed medicines on time. At this inspection we observed staff continue to incorrectly administer someone their tablet, which they had just dropped on the floor, and staff apply a patch to the same part of someone's body twice in a row, which could irritate their skin.
- Medicines were not always stored safely. During this inspection, we found an unlocked fridge containing medicines located in an office where the door had been left wide open. With no staff visibly present in the vicinity at this time, this meant these medicines were at risk of being accessed by unauthorised people either living, working or visiting the care home.
- Medicines records were not always accurately maintained or accessible. For example, we found a number of gaps on medicines administration records (MAR) sheets. This meant it was unclear if these medicines had been given on time or missed. It was also unclear if one person's prescribed eye drops needed to be put in one eye or both. Furthermore, we found records did not make it clear when people were given their medicines covertly (i.e. without their knowledge hidden in food or drink), whether or not this was done as a last resort and in their best interests.

We found no evidence that people had been harmed as a direct result of all the medicines failures described above however, it did place people at risk of harm. This demonstrates a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- Most people living in the care home and relatives we spoke with felt there was usually enough staff on duty at Carter House however, feedback we received from staff about current staffing levels was more mixed. Most staff expressed being dissatisfied, and in some instances concerned, with a recent reduction in the number of care staff who were now expected to work there on each unit during the day. Typical staff comments included, "Ever since staffing numbers were cut by the management a month ago there's not always enough staff on duty to meet the 'high dependency' care needs of everyone who lives here" and "Sometimes you can be left to work alone on a unit looking after a dozen or more people, which never used to happen under the previous manager... It's an appalling state of affairs and isn't safe."
- Staff were visibly present in communal areas supporting people who lived in the care home. However, staff were not always available to respond quickly to people's requests for assistance. For example, we observed staff on two separate occasions take over five minutes to respond to a call bell alarm being activated in one person's bedroom and a communal toilet, contrary to the providers own policy and expectation that staff answer call bells within three minutes.

We discussed this staffing issue with the area manager at the time of our inspection who told us recent changes to staffing levels had now been reviewed and the provider had agreed to immediately reinstate previously agreed staffing levels at the care home (i.e. have a minimum of two care workers working on each unit during the day). We will monitor progress made by the provider to achieve this aim.

- We did not look at how the provider recruited new staff at this inspection. This was because at our last inspection when we found pre-employment checks the provider carried out in relation to all new staff continued to be robust. In addition, the area manager told us they had not employed any new nursing or care staff since that inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- People told us the care home was a safe place for them or their relative to live. For example, a relative said, "The staff do a marvellous job looking after my [family member] and make sure she's kept safe."
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse or neglect.
- The service has experienced a higher than expected spike in safeguarding alerts in recent months. At the time of this inspection the care home had six safeguarding incidents under investigation.

Assessing risk, safety monitoring and management

- People were supported to stay safe and well by staff who knew how to assess and manage identified risks.
- People's electronic care plans contained up to date person-centred risk assessments and management plans. These plans provided staff with clear instructions about how to prevent or safely manage risks people might face. This included risks associated with people's mobility and moving and transferring, their tissue viability and eating and drinking, for example.
- Staff demonstrated a good understanding of how to prevent or manage risks people might face. One member of staff gave us some good examples of action they had taken to help minimise the risk of certain people they regularly supported from falling. Staff told us these risk management plans were easy to access and follow. For example, one member of staff said, "The new electronic risk management plans we now use are much easier to follow and make it very clear what we need to do to look after people."
- Regular checks were completed to help ensure the safety of the environment and people's care. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in the event of a fire.



### Preventing and controlling infection

- We continued to be assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19. Feedback we received from people about how the provider had managed COVID-19 remained positive. For example, a relative told us, "I think the staff have done fantastically well to prevent COVID-19 spreading in the care home and deserve a lot of credit for that."
- Access to the care home had been restricted for non-essential visitors during the various COVID-19 lockdowns that have been put in place since 2020. The provider continued to follow government guidance on visiting into care homes.
- Staff used personal protective equipment (PPE) correctly and in accordance with current IPC guidance. We saw hand-sanitising stations and information was available throughout the care home. Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.
- The premises remained clean. Throughout our inspection we observed domestic staff continuously clean various high touch points in the care home, including door handles, handrails and light switches.
- A 'whole home testing' regime was in operation at the care home, which meant everyone who lived or worked there was routinely tested for COVID-19.

### Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems in place to record and investigate any accidents and incidents involving people living at the care home.

# 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.

At the last inspection this Key Question was rated as good. At this inspection this Key Question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The provider did not always operate their governance systems effectively. This was because the provider had failed to identify and take appropriate action to address a number of issues we found during this inspection, specifically in relation to the safe management of medicines.

We found no evidence that people had been harmed as a direct result of the management oversight and scrutiny failures described above. However, their governance systems were clearly not always operated effectively enough to minimise the risk of unsafe medicines practices repeatedly happening in the care home. This placed people at risk of harm. This demonstrates a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The negative comments highlighted above notwithstanding, the provider did operate some good governance systems they used to effectively monitor the quality and safety of the service people who lived at the care home received. For example, managers and nursing staff routinely carried out walkabout tours of the premises to observe staffs working practices, including how well they kept the care home clean, wore their PPE and interacted with people living in the care home.

- The provider was not always clear about their regulatory responsibilities to notify the CQC without delay about any incidents that adversely affect the health, safety and well-being of people living in the care home. This was because the former registered manager had failed to inform us in a timely way about a number of safeguarding incidents involving people living in the care home.

We discussed this issue with the area manager at the time of our inspection. They acknowledged there had been a number of failures lately where incidents that should have been reported to the CQC immediately were not. They agreed to develop an action plan with the new permanent manager to improve how they would keep us informed about such incidents in a more timely way in future.

- The service did not have a registered manager or a deputy manager in post following both these long-standing managers recent departures. However, a new permanent manager and deputy manager have now been appointed. The new permanent manager who started in post on 8 November 2021 will be supported by the existing area manager. The new manager is aware they need to apply to us to be registered.

- We saw the service's previous CQC inspection report was clearly displayed in the care home and was easy

to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.
- Managers were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

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

- The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.
- The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular one-to-one meetings with their designated keyworker for resident of the day, regular online individual and group meetings between relatives and staff, and bi-annual customer satisfaction surveys.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. The area manager gave us a good example of how they had listened to concerns raised by staff about recent changes made to staffing levels and had taken action in response to reinstate previous care worker numbers.

Working in partnership with others

- The provider worked in close partnership with various community health and social care professionals and external agencies including, the Local Authority, local Clinical Commissioning Groups, GPs, tissue viability and palliative care nurses, and social workers.
- The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People who use the service were not provided care in a safe way because the provider failed to always ensure the proper and safe management of medicines. Regulation 12(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight and scrutiny processes were not always effectively managed. Regulation 17(2)(a)