Carleton Court Care Limited

Carleton Court Care Home

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection of Carleton Court Care Home took place on 15 June 2015 and was unannounced. We previously inspected the service on 1 and 2 December 2014 and at that time we found the provider was not meeting the regulations relating to respecting and involving people who use services, management of medicines and assessing and monitoring the quality of service provision. We asked the registered provider to make improvements. The registered provider sent us an action plan telling us what they were going to do to make sure they were meeting the regulations. On this visit we checked to see if improvements had been made.

Carleton Court Care Home provides care for a maximum of 32 older people. There were 27 people living at the home when we visited. The home is a converted property providing a number of communal areas on the ground floor with bedrooms situated on the ground and first floor.

The registered provider is also the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We found there were systems in place to ensure people received their medicines safely. In each of the records we looked at we saw risk assessments were in place to reduce the risk of harm to people. There was a system in place to monitor accidents and incidents.

Although the second floor of the home was not occupied by people who lived at the home, the windows on this floor did not have restrictors in place to reduce the risk of falling from height.

There was a system in place to ensure staff received regular training and support. We found new staff were supported when they commenced employment at the home.

The registered provider was aware of their responsibilities under the Mental Capacity Act 2005 and staff had received training about this legislation, although not all the staff we spoke with demonstrated an understanding of how this impacted upon their role.

We observed lunchtime at the home and found the atmosphere to be relaxed, calm and conducive to a positive dining experience.

Every one we spoke with told us staff were kind, caring and respected their privacy and dignity. We observed friendly, professional interactions between staff and people who lived at the home.

Care records were person centred and evidenced the support people needed, however, as information was located in a number of different files, it was not always easy to locate.

People told us they knew how to complain and we saw their was a system in place to monitor and records peoples concerns.

Since our last inspection the registered provider has taken a number of actions to address the issues and concerns we raised. A system has been implemented to assess and monitor the service provided to people however, we found evidence that this system was not yet fully effective. This evidenced people were not always protected from unsafe or inappropriate care as the registered person had not effectively assessed and monitored the quality of services provided.

The registered provider had a system in place to gain the views and opinions of people who lived at the home.

You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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.

We found windows on the second floor of the home did not have window restrictors in place.

We found people were protected against the risks associated with use and management of medicines. People received their medicines at the times they needed them and in a safe way.

Staff understood their responsibilities in keeping people safe.

There were sufficient staff to meet people's needs.

Requires improvement

Is the service effective?
The service was not always effective.

Staff received regular training and supervision. There was a system in place to support new staff.

Not all the staff we spoke with were aware of their responsibilities under the Mental Capacity Act 2005 legislation.

People's nutritional and hydration needs were met.

People had access to external healthcare professionals as required.

Requires improvement

Is the service caring?
The service was caring.

People told us staff were caring and kind.

People told us they were able to make lifestyle choices.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

Peoples care records were person centred.

There was a regular programme of activities at the home.

People were aware of how to raise a complaint.

Good

Is the service well-led?
The service was not always well led.

Since our last inspection the registered provider had taken steps to address the issues identified in our previous inspection report.

Requires improvement

Summary of findings

We received positive feedback from people and staff about the registered manager.

People who lived at the home and their relatives were encouraged to provide feedback about the quality of the service they received.

Carleton Court Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection of Carleton Court Care Home took place on 15 June 2015 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist pharmacy 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. The expert by experience on this occasion had experience in caring for older people.

Prior to this inspection we looked at all the information we held about Carleton Court Care Home. This included the notifications of events such as accidents and incidents sent to us by the home and reports from local authority commissioners and safeguarding teams. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spent time in the lounge and dining room areas observing the care and support people received. We inspected the premises, reviewed care records for five people and a variety of documents which related to the management of the home. During the inspection we spoke with five people who used the service and three relatives. We also spoke with the registered manager, the administrator, deputy manager, assistant deputy manager, three care staff and a member of the catering and domestic team.

Requires improvement

Is the service safe?

Our findings

Each person we spoke with during our visit said they felt safe in the home. One person said, "Oh yes, without a doubt." Another person said, "Yes, you're safe here. No-one can get in, there's always someone around and you've got your buzzer if you need help."

Our inspection on 1 and 2 December 2014 we found the provider was not meeting the regulations relating to the management of medicines. On this visit a specialist pharmacist inspector checked and found that significant improvements had been made and people living at Carleton Court were now protected against the risks associated with the administration, handling and recording of medicines.

We looked at a sample of medicines; medication administration records (MARs) and other records for nine people who were living at the home. We spoke with the registered provider, deputy manager and a member of care staff about the safe management of medicines, including creams and nutritional supplements.

Medicines were stored appropriately and were locked away securely to ensure that they were not misused. Medicines could be accounted for easily as records were clear and accurate. A check of records and stocks showed that people had been given their medicines correctly. Where medicines had not been given, staff had clearly recorded the reason why. There was an effective system of stock control in place, this reduced the risk of people running out of their medicines and minimised the amount of medication wasted.

Risk assessments and care plans were in place to support people who lacked the capacity to make an informed choice about taking their medicines. This was in line with the requirements of the Mental Capacity Act 2005. Regular reviews were undertaken to check people continued to take their medicines safely and to enable staff to continue to offer an appropriate level of support, whilst respecting people's choice and maintaining their independence.

Medicines were only handled by trained staff who had been assessed as competent to administer medicines safely. Staff supported people to take their medicines in a variety of ways and information was available for staff to refer to. This helped to ensure that people were given their medicines correctly, consistently and in a way that met their individual needs and preferences.

We saw that staff were now more aware of the importance of giving medicines at the right time of day, for example before breakfast or after meals, and systems were in place to make sure these medicines were given correctly.

Regular audits (checks) were carried out to determine how well the service managed medicines. We saw evidence that where concerns had been identified, action had taken to address the concerns and further improve medicines management within the home.

Staff we spoke with felt people were safe. They were able to describe different types of abuse and understood their role in reporting any concerns they may have. Staff were not aware of any recent safeguarding issues that had occurred within the home. We saw from the training matrix that 33 of the 35 staff listed had completed safeguarding training within the last two years. This meant staff employed by the service were aware of the signs of harm or abuse and their responsibility in reporting their concerns.

In each of the care and support records we looked at we saw evidence of risk assessments. These included risk assessments for mobility, falls and nutrition. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

Accidents and incidents were recorded and analysed. Accidents were documented in an accident book and a note was made on the back of the form if any further action was taken, for example, an accident that had occurred we saw this had been reviewed the following day and was documented on the record. We noted the monthly accident analysis only addressed individual people and did not look to see if there were any trends relating to location or times of falls for the service. This meant there was a risk that opportunities to reduce the risk of people's falls may have been missed.

Staff told us they received regular training regarding the action they should take in the event of a fire. There was documented evidence that the fire system was maintained by an external contractor and regular checks were made by

Requires improvement

Is the service safe?

a member of staff on the fire detection system at the home. Electrical equipment within the home had been subject to portable appliance testing (PAT). This meant there were systems in place to reduce the risk of fire.

As part of our inspection we looked in a number of bedrooms, bathrooms and communal areas. The second floor of the home had recently been refitted to provide a further three bedrooms. When we looked in the bedrooms we found there were no restrictors fitted to the windows. The second floor was not currently in use, however, access to this floor was not restricted. This meant there was a potential risk of serious harm to a person should they gain access to this floor. We brought this to the immediate attention of the registered manager who locked each bedroom door. Since the inspection the registered provider has confirmed that a contractor has been booked to come to the home to fit appropriate restrictors to each window.

On the day of the inspection we noted not all of the light bulbs were working in people's bedside tables and also the main light in a fire escape. These bulbs were replaced immediately by the registered manager.

During our inspection of the premises we saw aprons, gloves, liquid soap and paper towels were readily available for staff. One person said, "The staff always wear aprons and gloves when they're helping you with the toilet or the bath." The home was generally clean, tidy and odour free however, we did see some areas which were not to the required standard of cleanliness. For example a shower head and the weighing chair were not thoroughly clean.

People we spoke with told us they thought there was sufficient staff. Both relatives and people who lived at the home said the staff knew people, families and friends really well. Staff we spoke with did not express any concerns regarding staffing levels at the home. Staff told us the registered provider was always available during the week and could be contacted by telephone at the weekend. We also saw a document on display in the staff office which detailed the name of a senior person who was on call to provide support to staff on a daily basis.

We looked at three staff files and saw that procedures had been followed to make sure staff employed at the home were suitable to work with vulnerable people. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

However, we noted a volunteer, who had begun service with the home in May 2015, and was on her second shift at the home, had only had a DBS check completed. No other checks had been completed to ensure they were suitable to work with vulnerable people. When we looked at the registered providers recruitment and volunteer policy this detailed 'normal recruitment procedures will be 'followed'. This meant the registered manager had not followed their own policy for the safe recruitment of volunteer staff. Although the volunteer had been known to the service for some time prior to their commencing volunteering at the home, it is good practice to ensure all people who have access to vulnerable people are thoroughly vetted. After the inspection the registered manager told us they had temporarily stopped the placement until thorough background checks had been completed.

Requires improvement

Is the service effective?

Our findings

We asked people who lived at the home if staff had the right skills to support them. Each person we spoke with said they were happy with the care and support they or their relative received. The three relatives we spoke with all expressed very clearly how good the care was. One relative said, "I can't speak highly enough of what goes on here. My (relative) couldn't receive better care anywhere. I come here twice a day so I see what goes on and you can't fault them (staff)."

All the staff we spoke with told us they felt supported in their role and received regular training and supervisions. We saw a note in the staff office which detailed the names, dates and times of upcoming supervision sessions for staff and we also saw documented evidence of staff receiving supervision with their manager.

Staff also told us new employees received an induction and shadowed a more experienced member of staff before they were able to work independently. We looked at the personnel records of three staff who had recently been recruited we saw documented evidence of this induction. We also saw certificates to confirm they had received instruction in a variety of topics including fire, moving and handling and food hygiene. This demonstrated new employees were supported in their role. The registered managers training matrix evidenced that a system was in place to ensure staff received regular training refreshers.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005 (MCA). They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The registered manager told us three people who lived at the home were subject to a DoLS authorisation in regard to aspects of their individual support needs. This process is carried out if the service needs to make a decision on someone's behalf and ensures the decision involves the relevant professionals and is made in the person's best interests. We saw evidence in one of the care records we looked at that a DoLS application had been made to the local authority for another person and this was awaiting consideration. This showed the registered manager was aware of their responsibilities under this legislation.

Mental capacity assessments had been completed in each of the care plans we looked at. The assessment recorded if the person had capacity or not, and, if they lacked capacity, the action staff should take. For example, one person's assessment recorded '(person) is unable to make their own decision about the clothes they should wear'. The document also recorded 'clothes chosen by staff which match and are suitable to the weather'.

Our inspection on 1 and 2 December 2014 found that only a third of staff had received training in MCA and/or DoLS. When we looked at the training matrix on this inspection we saw that 30 of the 35 staff listed had completed this training. The registered manager and senior staff were able to verbalise understanding of this legislation, however, when we spoke with other staff they were not all clear how this legislation impacted upon their role.

Most of the people we spoke with said the meals were very good. Comments included, "All the food is good. You get enough." "They are (meals) really quite good. You get plenty to eat and drink. I can't eat lots of things but if it's something they know I can't eat or don't like then they'll make me something else. Occasionally the meals can be a bit cold but they'll re-heat it for you" and " You can't fault them. Plenty to eat, good choice, very tasty. I don't eat between meals but I think you can get something if you want it."

Drinks and snacks were served regularly throughout the day and there was also the facility for people and visitors to make hot drinks in one of the lounges and access to a water dispenser.

Tables in the main dining room were nicely set with cutlery, napkins, drinks and condiments. The food served at lunch time looked and smelled appetising. Staff offered extra portions to people before they cleared their plates and staff clearly knew peoples preferences and level of appetite. The atmosphere in the dining room was happy and friendly with everyone enjoying lunch and lots of chatter going on. We observed a good rapport people, staff and relatives, making lunchtime a pleasurable event.

We observed staff checked discreetly if people needed support and those who needed more help had a staff member sat with them. Staff who supported people to eat sat down with the person, enlisted conversation with the person and supported them in a calm and unhurried manner. We also saw some relatives assisted their family

member with their lunch. However, we also observed one person who ate their meal very slowly and appeared to be looking for attention, whilst they had some attention from the staff no-one sat with the person to encourage them to eat. We also observed a member of staff hurrying the person to finish eating, on the second time they did this they left a pudding on the table. The person had nearly finished their main course however, we noted they left this and began to eat their pudding. A staff member took the half eaten main meal away without asking about why it was unfinished. We told the registered manager about this incident on the day of the inspection.

A member of the catering team said, "There is a rotation of five menus for lunch and tea. We know what residents want for their breakfast. They usually have the same thing - they tell us what they like when they come in, but they can have something different if they want. One or two have something different every day." They also said the care staff ask people each day what they would like for lunch, "There's always an option if they don't want one of the two mains on offer. There's a choice of sandwiches or something warm at tea time and then there's cakes, snacks, nibbles, toast at supper if they want it. We take drinks round regularly through the day and there are always biscuits with that. If people are hungry outside mealtimes they can have something, it's no problem." We asked a staff member what action was taken if people did not eat their meals. They said, "We will tell a senior if it goes on for more than a day. We do take a whole day view because sometimes you'll find that they may have had a big breakfast so they're just not hungry at lunch time". They also explained other courses of action for example, recording the person's intake, checking their weight and involving a dietician.

People and their relatives said they were happy with access to external healthcare professionals. People said they could make appointments themselves for the dentist, optician, chiropody or the staff would do it for them. During our visit we saw a GP and a district nurse visiting the home to see people and we saw documented evidence in people's records that they received input from other healthcare professionals.

Relatives and people who lived at the home told us the layout of the home was very good with large open areas and smaller private areas. The home provided people with a choice of lounge and dining areas and there was access to two gardens, both of which were wheelchair accessible. On the day of our inspection it was a warm day and doors to the garden were open with people taking the opportunity to be outside as they wished. The design of the home meant that access to some people's bedrooms and the conservatory was through one of the lounges. Chairs in this lounge were placed around the edge of the room giving the feeling of being sat in a thoroughfare as people and staff passed through.

Good

Is the service caring?

Our findings

Our inspection on 1 and 2 December 2014 found the registered provider was not meeting the regulations relating to respecting and involving people who use services. On this visit we checked and found improvements had been made.

All the people and relatives we spoke with told us staff were kind and caring. One relative said, “I can't speak highly enough of what goes on here. My (relative) couldn't receive better care anywhere”. A person who lived at the home said, "They're lovely. Nothing is too much trouble." People also said staff listened to them and made them feel they mattered.

We observed staff to be relaxed, friendly and caring. Interactions with people were appropriate and professional. People who lived at the home were appropriately dressed, people’s nails were clean and men were clean shaven, however, a number of ladies were not wearing tights or stockings. The contents of people’s wardrobes were tidy and clothes had been hung neatly on hangers. This indicated staff have taken the time to support people with their personal care in a way which would promote their dignity.

People’s bedrooms were personalised and contained photographs and mementoes. Personalising bedrooms helps staff to get to know a person and helps to create a sense of familiarity and make a person feel more comfortable.

Everyone we spoke with said they were given the choice of when they got up and went to bed. They also said when they were asked if they would like a bath or a shower they felt free to say yes or no. One person said, "I choose to go to bed when I'm ready - at my bed time." During our inspection we heard and saw staff offering people choices about where they would like to sit and what they would like to eat. For example, at lunchtime gravy was served separately according to people’s individual wishes and puddings were brought on a tray so people could see the choice available and make their decision.

Some of the people we spoke with knew about their care plans but others did not. One person said, "Yes, I think that's what we've talked about - it sounds familiar." Another person said, "We've just recently been talking about that." There was documented evidence in each of the care and support plans we looked at of involving and consulting relatives in discussions around peoples care. Where a person had a power of attorney appointed, a copy of this document was retained in people’s records. This meant staff were aware of who was legally able to make decisions for people who lack capacity and what decisions they were entitled to make.

We asked the registered manager if any person required the use of an advocate. They told us people at the home either had capacity or had the involvement of a family member to support them with making an informed choice about aspects of their care and support. The registered provider was aware of how to access the advocacy service should it be required. An advocate is a person who is able to speak on people’s behalf, when they may not be able to do so for themselves.

People spoke positively about how staff maintained resident’s privacy and dignity. One person said, “Oh they're very good on that. They do respect my privacy." A relative said, "I see how the staff are with everyone and I've never doubted that the people who live here are treated with dignity and respect. They also have lots of fun too. It’s a very happy family here."

Good

Is the service responsive?

Our findings

Each of the care records we looked at provided detail about the person's individual care and support needs. For example, one care plan recorded the person was prone to recurrent urine infections, the plan detailed the signs staff needed to check for which may indicate the person had a repeat infection. The care plan also recorded the person loved a cup of tea and an occasional sherry. These details helped care staff to know what is important to the people they care for.

The care records for each person were not kept together in one file. For example, records relating to people's moving and handling needs were kept in one file and people's nutritional needs in another file. While we saw evidence in each of the care records we looked at that support plans and risk assessments contained the relevant information and were reviewed on a regular basis, information was not always easy to locate due to the numerous files being used. When we discussed this with the administrator, they told us they had become aware of this when they had completed the care plan audits. They showed us the files which had already been purchased in readiness for putting all care planning related documentation into a single file for each individual. This will enable staff to easily locate, review and update all relevant documentation for people.

People's daily records provided a basic record of the care and support each person received. However, they lacked details about each person's daily life, choices and activities. We discussed this with the registered manager on the day of our visit, they told us they would look at how this could be improved.

We asked the registered manager if an annual review of peoples care plans took place. They told us they had commenced reviewing care plans and were aiming to synchronise them with people's individual review with social services. We saw evidence in one of the care plans we looked at of a review which involved the person and their family. These reviews help to ensure care records were up to date and reflect people's current needs.

Staff told there was a programme of activities and events and friends, families and local people were invited to participate. They said there was also a variety of in house activities planned on a daily basis. For example musical events, exercises, trips out. Staff also said the garden was used regularly throughout the summer for events. One relative we spoke with told us there was always 'something going on'.

There was a warm and friendly atmosphere within the home. People were sitting, chatting in small groups, doing activities with staff, having manicures, watching television or having private time in their rooms or in quiet areas of the home.

We asked people what they would do if they wished to raise a concern or complaint about their care and support. Each person we spoke with said they had never had a reason to complain. One person we spoke with said, "I'd put any complaints forward through senior carers, and the manager comes round regularly anyway." Another person said, "Complaints aren't needed. There's a notice in the entrance hall that tells you about it if it were needed." We saw a copy of the complaints procedure was on display in the reception and there was also a suggestion box available for people to use.

The registered manager kept a record of all concerns and complaints. We saw the record detailed the date, details of the complaint and the action taken by the registered manager to address the issues. This evidenced there was an effective complaints system in place.

Requires improvement

Is the service well-led?

Our findings

Our inspection on 1 and 2 December 2014 found the registered provider was not meeting the regulations relating to assessing and monitoring the quality of service provision. On this visit we checked to see if improvements had been made. We found a number of improvements had been made to address the concerns we had previously identified.

We asked people who lived at the home and their relatives, their thoughts and opinions about the how the home operated. Everyone we spoke with told us the registered manager was always visible and very approachable. A person who lived at the home said, “He’s always round talking to everyone. He keeps his eye on things you know." When we asked people what was the best thing about the home, people’s responses included, “It’s my home and a lovely place to live." "Oh that's hard. I'd have to say most things." and "Just about everything. Everyone is so willing to help and they know your family and friends." Staff we spoke with were also positive about the role the registered manager played within the home. One staff member said, “He can’t do enough for people”

Throughout the inspection we observed the registered manager and management team to be friendly, open and honest. They each demonstrated knowledge of the people they supported and their families. We also noted that where we highlighted areas of concern or areas for further improvement this was acknowledged and where possible, immediate action was taken.

We asked the registered manager what actions they had taken since the last inspection. They talked with us about how they had engaged the services of an external company to provide support and guidance in developing and implementing more robust governance systems. They also said they had invested in a system to overhaul the policies and procedures for the home. The registered manager explained these actions were enabling them to develop the culture and practices within the home to ensure they were in line with current good practice guidelines.

We saw that since our last inspection the registered provider had implemented an audit tool to monitor peoples care records. We saw the records for over half of the people who lived at the home had been audited. At the back of each audit there was a summary page which recorded the action which was required and feedback to be provided to staff. After each month there was a document entitles ‘follow up’, this recorded the action taken to address issues raised. However, these audits had not recognised the need for improvement in people’s daily care records.

Issues identified earlier in this report relating to the environment, accident analysis and recruitment evidences that the registered managers quality monitoring is not yet fully embedded or effective.

When we complete our next inspection we shall check to ensure the systems of governance are still continuing to develop and are still driving the on-going improvement and development of the service provided to people.

We also saw staff meetings were held on a regular basis. These detailed the names of those who attended and the topics discussed. Topics discussed included, quality of service provision, staff expectations, infection prevention and control and regulatory requirements.

We asked people and their relatives if they attended meetings at the home. One relative said, "We are welcomed and encouraged to participate in regular meetings in the home where all topics were discussed and our input is valued." Another relative said, “I've participated in the residents meetings, as can family and friends. We have a say in what goes on." All the people we spoke with felt their views were appreciated. We saw records were kept of these meetings which included the names of those who attended and the topics discussed. This demonstrated the people were involved in making decisions about the day to day operation of the home.

People who lived at the home told us they had received a quality surveys but said they either hadn't completed them or could not remember what they were about. We saw quality surveys had been issued to relatives in March 2015. We looked at a random sample of the 21 surveys which had been returned. Everyone’s feedback scored the service as good or excellent. The majority of feedback was positive, one person recorded the laundry service had improved since a problem had been highlighted to the management of the home. A meeting was recorded between members of the management team which evidenced discussion of the actions required by staff to continually improve the service.

Requires improvement

Is the service well-led?

In the reception area of the home a summary of the survey was on display. This demonstrated people who used the service were asked for their views and issues highlighted were acted upon.