

Carleton Court Residential Home Ltd

# Carleton Court Residential Home Limited

## Inspection report

Carleton Road  
Skipton  
North Yorkshire  
BD23 2BE

Tel: 01756701220

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

Date of inspection visit:  
18 January 2023

Date of publication:  
16 February 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Carleton Court Residential home is a residential care home providing accommodation and personal care to 20 older people at the time of our inspection. The service can support up to 24 people in 1 adapted building.

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

The registered manager's checks didn't identify that some of the equipment (call bells) that people use to alert staff were not always accessible or used effectively. Some call bells were not available to people or staff to access in some communal rooms and the registered manager was not fully aware of this.

We have made recommendation that the registered manager and provider ensure safety equipment is accessible to people and staff.

People and their relatives told us they felt safe living at Carleton Court Residential home, and they were happy with their care and support. Feedback from people reflected that staff knew and understood people well.

Infection prevention control practices were in place. Staff were following current guidance and maintaining appropriate use of personal protective equipment (PPE) where it was appropriate. Additional cleaning of all areas and frequent touch surfaces was in place and recorded regularly by staff. Training included hand hygiene and other infection prevention control related training.

Medicines were stored, managed and administered safely and records regarding people's medicines were completed effectively. Fire safety was managed well, and appropriate checks were in place. People received the medicines they needed to support their health needs. The registered manager closely monitored the use of any 'when required' medicines in an individualised way.

There were systems in place for communicating with people, their relatives and staff regarding people's care and support. The environment was clean, safe and maintained to a good standard. It was also adapted to meet people's needs.

Individualised risk assessments were in place to ensure people could take risks safely. Staff were confident about how to raise concerns to safeguard people. Robust recruitment and selection procedures ensured suitable staff were employed.

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.

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 and follow up

The last rating for this service was requires improvement (published 28 May 2021). and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of these regulations.

#### Why we inspected

At our last inspection we recommended that improvements were made to the management of medicines. At this inspection we found the provider had acted on our recommendations and had made improvements to medicine records.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### 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?

**Good** ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Carleton Court Residential Home Limited

## **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 looked at the infection control and prevention measures in place. 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

An inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people who used the service and 1 relative about their experience of the care provided. We spoke with 4 members of care staff, the deputy and registered manager. We reviewed a range of records. These included people's care records and medication records. We looked at staff records in relation to recruitment and other records relating to the management of the service.

# 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 requires Improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to implement effective infection prevention and control practices which placed people at risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in this area at this inspection and the provider was no longer in breach of regulation 12.

### 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 making sure infection outbreaks can be effectively prevented or managed. There had been recent IPC audits completed.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff where required.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

### Visiting in care homes

- Visits were in line with government guidelines. No restrictions were in place and visits took place during the inspection process.

### Using Medicines safely

At our last inspection we recommended the provider ensured guidance for people's medicines 'as and when required' were provided and updated. The provider had made improvements.

- Medicines were managed and administered safely.
- People received their medicines as prescribed and at the right time. Medicine records were person centred and accurately completed.
- Staff had clear instructions to ensure people who required 'as and when' medicines received these safely and effectively.
- Clear guidance and procedures were in place to manage medicines that were used to manage different people's health conditions.

#### Assessing risk, safety monitoring and management

- Risk assessments were in place and were regularly reviewed. Where risks were identified, support plans guided staff to manage and reduce these risks. However, we did identify a risk with equipment which is covered in the well led section of this report.

- Peoples and their relatives told us they felt their family members were safe. One person told us, "I like it here because I can do what I want to do and oh yes I feel very safe as no one can get in or out as the door is locked."

#### Staffing and recruitment

- There were enough staff to meet people's individual needs and maintain their safety.
- Staff were recruited safely. The provider's processes included robust checks to ensure only suitable staff were employed.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- There were effective safeguarding and whistleblowing procedures in place at the home. Staff told us they would report any harmful or abusive practice they witnessed.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual basis. The registered manager had improved how these were analysed to look for any patterns or trends and took appropriate action to minimise risk of further incidents.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders 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

At our last inspection the provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service and had failed to keep accurate records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements were made to the quality assurance process by collecting people's views and acting on their feedback and accident and incident recording was more detailed with regular analysis to improve quality.
- The registered manager carried out audits that included action plans for improvement where needed. However, these audits had failed to identify the environmental risks identified on inspection such as the accessibility of call bells.
- Call bells were not always available for people and staff to use in communal areas. The TV lounge, Shower room and hair salon were all without a call bell.
- One person didn't have a call bell in their bedroom. A care plan to ensure other options were offered or records regarding the decision-making process regarding this were not in place.

We recommend that the registered manager updates their audits to include maintenance record checks and ensure all safety equipment is accessible and appropriate records are in place where needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt respected, supported and valued by senior staff which supported a positive culture.
- Management and staff put people's needs and wishes at the heart of everything they did. The atmosphere within the home was relaxed and welcoming.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and continuous learning and improving care

- The provider sought feedback from people and those important to them and used the feedback to

develop the service. one person told us, "The staff and managers are all lovely and they do anything for you, and I can't fault them" and "They're always in and out and they listen to me so that's good." □

- Staff we spoke with all felt involved in developing and improving the service. Staff meetings took place and staff felt able to raise any issues or ideas outside of meetings. One member of staff told us, "The managers are very supportive, and I feel free to speak with the managers and the director seems happy with my work."
- The provider kept up to date with national policy to inform improvements to the service including infection prevention control guidance.

#### Working in partnership with others

- Staff at the home worked closely with a range of external professionals to ensure people received appropriate healthcare treatment such as Podiatry services and the community nursing team.

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

- The registered manager understood their responsibility around the duty of candour and showed commitment to openness and honesty when something went wrong.
- The registered manager was open with the inspection team during the inspection and took on board suggestions for improvements.
- The provider understood their legal responsibility to notify CQC about incidents that affected people's safety and welfare had sent us notifications relating to significant events occurring within the service.