

Carleton Court Residential Home Ltd

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Inspection report

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26 April 2018

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 inspected Carleton Court Residential Home Limited on 11 and 26 April 2018. The first day was unannounced and we told the registered provider we would be visiting on the second day.

The service 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 can accommodate up to 24 older people, some of whom may be living with dementia in an adapted building. When we visited 18 people were using the service.

A registered manager was in post. 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.

The service was rated Requires Improvement when we last inspected in January 2017. Improvements have been made and the service has been rated Good at this inspection. The registered manager was new in post when we last inspected. At that time they displayed a positive attitude and vision around how they were going to implement change to ensure people received high quality, person centred care. They have worked alongside the provider to develop the staff team, improve morale and the standard of care people received.

We saw they had implemented a new care plan system which ensured people's preferences were recorded alongside clear information for staff to follow to reduce the likelihood of harm to people.

The provider, registered manager and a consultant auditor had monitored progress and reviewed the service to ensure progress was made. They all understood the on-going changes still required to ensure continuous improvement.

The provider and registered manager used feedback they received from people, relatives and staff to understand how they could improve the service. The registered manager and staff understood the signs of abuse and how to safeguard people appropriately.

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 and their families told us they were supported by kind and caring staff. They said their independence was supported and their care was provided in a dignified way. They felt confident to raise concerns if required. People received a person centred service.

Everyone enjoyed the activities on offer but felt they would benefit from more opportunities. There was

enough staff on shift to keep people safe and support their care needs. More staff were required to develop the range and frequency of activities on offer. The provider agreed to increase staffing for this purpose following the inspection.

People enjoyed a good varied diet and were involved in choosing the menu on offer. Their nutrition was monitored and health professionals were involved to support people to maintain their health.

People and their families told us they felt safe and well cared for.

We saw safety was well managed including medicines, safe recruitment, the environment and equipment. Significant improvements had been made to the environment and cleanliness of the service.

Staff told us they felt very well supported and they had received enough training to enable them to fulfil their role. The registered manager had a plan to develop the formal supervision and appraisal system in the future.

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 consistently safe.

Safe systems were in place to manage medicines, health and safety and recruitment of staff. Significant improvements had been made to the cleanliness of the environment.

Staffing levels ensured people's care needs were met but did not mean people had access to enough activity and social stimulation. The provider agreed to improve this.

Care plans contained details to help staff understand how to minimise the risk of harm to people when supporting them.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received appropriate training and support to enable them to fulfil their role. The registered manager had a plan to develop the frequency of formal supervision and appraisal.

People were supported to make choices about day to day decisions. Where people required help with more complex decisions this happened, but records needed to be more robust.

People had support to access health care professionals and to monitor their health and nutrition.

Good ●

Is the service caring?

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service and care and support was individualised to meet people's needs.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People who used the service and relatives were involved in decisions about their care and support needs.

People enjoyed the activities they accessed but wanted more opportunities to take part in activities of their choice inside and outside the service

People and their relatives told us if they were unhappy they would feel confident to tell the registered manager and staff.

Is the service well-led?

The service was well led.

The service had a registered manager who understood the responsibilities of their role.

The quality assurance process was effective to ensure the provider and registered manager knew areas to focus on to continuously improve the service and keep people safe.

People were regularly asked for their views and their suggestions were acted upon. People and their relatives felt the service was well led.

Good ●

Carleton Court Residential Home Limited

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 checked 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.

We inspected the service on 11 and 26 April 2018. The first day was unannounced. We told the registered provider we would be visiting on day two. The inspection team consisted of one inspector on both days. An expert by experience supported the inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed all of the information we held about the service. This included information we received from statutory notifications since the last inspection. Notifications are when providers send us information about certain changes, events or incidents that occur within the service as required by law. We sought feedback from the local authority. The provider also completed a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

We spoke with seven people and two of their relatives. We spent time in the communal areas and observed how staff interacted with people and some people showed us their bedrooms. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the visit we spoke with the registered manager, two directors and seven members of staff including a senior care worker, care workers, the cook and maintenance officer.

During the inspection we reviewed a range of records. This included three people's care records, including care planning documentation and medication records. We also looked at two staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

People and their relatives told us they felt the service was safe. People said, "I like living here. I'm very independent and they (Staff) are like my friends as I have a good relationship with them all. I feel very safe as I can come and go as I want, but I know they are there if I need anything", "If you want something you get it" and "I feel safe because I know the staff are there. You just have to ring your bell and they are here. I have a lock for my door and a drawer, but I don't feel I need to use it as everything is safe and secure." A relative told us, "Yes, I think my family member is very safe here on the whole." This relative went on to describe how the registered manager and staff had responded well following an incident which required their family member to visit hospital.

We spoke with the registered manager about safeguarding adults and action they would take if they witnessed or suspected abuse. All incidences were recorded and appropriate reporting to professionals had been carried out. Staff told us they would have no hesitation in reporting safeguarding concerns and they described the process to follow. They told us they had all been trained to recognise and understand all types of abuse, records we saw confirmed this.

We saw at times, staff were rushed in their role and unable to spend time with people and provide support around activities and social stimulation. Relatives told us this was an area for improvement and the provider audits had also recognised this.

We spoke with the provider and they showed us a tool they used to determine how many staff were needed to meet people's needs. We discussed that the tool only accounted for personal care needs and not social needs. The provider agreed to introduce more staffing to support care workers to deliver activities for people. The registered manager confirmed following the inspection that additional resources were due to be implemented in May 2018.

We looked at two staff files and saw the provider ensured safe recruitment of staff. The process included completion of an application form, a formal interview, previous employer reference and a barring and police check.

People and their relatives told us they received good support with their medicines. One person said, "I have an achy leg, I don't take anything for it, but staff ask me if I want some pain stuff. I usually say no because it doesn't do much good."

Arrangements in place for the management, storage, recording and administration of medicines were safe. Staff had received additional training to enable them to perform their role with medicines management. The registered manager was developing a tool to ensure each member of staff working with medicines had received a competency check.

Where people had prescribed 'as and when required' (PRN) medicines the service did not always have robust protocols in place to describe to staff the full details of what the medicine was for and when it would

be appropriate to administer it. The registered manager was working with the senior care workers to develop robust protocols.

Improvements had been made since the last inspection around how the registered manager and team assessed risk of harm associated with caring for people. We saw they now used recognised tools to understand the level of risk and when to involve professionals. Each person had risk assessments in areas such as mobility, falls and nutrition. Staff understood the risks and what to do to minimise the likelihood of harm. Professionals had been involved to support the staff team to know how to prevent harm. For example; one person now used an infra-red sensor which alerted staff when the person moved so they could respond and support them.

Care plans were written in such a way that staff understood what they must do to prevent harm for people, for example; make sure people wore appropriate footwear and the environment was free from trip hazards. Where people had accidents or incidents they were recorded and the detail used to understand what could be done differently to prevent a future reoccurrence. We spoke with the registered manager about reviewing risk assessments and care plans following any accident or incident alongside completing the appropriate forms. They agreed to do this to ensure all possible actions to prevent harm had been implemented and recorded.

We looked at records which confirmed checks of the building and equipment were carried out to ensure health and safety, including fire evacuation practices. We saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency.

People had moved into the service who displayed distress or anxiety at times. We discussed with staff how they understood people and what to do to prevent or reduce anxiety. A member of staff told us, "We helped one person settle in by making their room personalised, chatting to them, getting to know how they liked their food. The person will now say they view here as home and feels we are on their side. Our approach has seen this person join more communal events, eat in the dining room and make friends with another person." We saw a letter from a psychiatrist in this person's care records praising the team which said, 'The registered manager and their colleagues seem to be doing an amazing job.'

There was no care plan format to record what staff learned about the person as they got to know them so everyone understood what triggered anxiety and which interventions worked. The registered manager agreed to develop a care plan to support staff to work in a consistent way.

Significant improvements had been made to the cleanliness and infection control processes since our last inspection. The provider had made investments in the environment and staff had organised their work to ensure the environment was free from malodour and clean. A relative told us, "I would say its cleaner now in the home than it has ever been." A person said, "I like the way they clean my room every day and everywhere else is always so clean."

Is the service effective?

Our findings

People and their families told us the service delivered effective care. People said, "I think staff seem to be well trained and I press the buzzer if I need anything and they come quick" and "I feel confident they (staff) know what to do. They make sure my medical needs are met and follow the nurse's instructions who visit."

Staff had received an appropriate induction and training to enable them to fulfil their role. One member of staff told us, "This was my first job in care and I felt confident after my induction and training. I am now doing my NVQ. I did the care certificate and medicines training. I would like more around dementia support." The registered manager was aware of all the staff's training needs and when updates were required.

Staff told us they felt very well supported by the registered manager and senior care workers. One member of staff said, "We are a small home, we have a good support system with seniors and managers, everyone helps everyone. We have a good support team here." The registered manager told us they had focused on providing day to day support to staff via working alongside them and having an open door policy. This meant staff had not received formal supervision as frequently as the provider would like. This had been picked up from a provider audit and the registered manager had put an action plan in place to ensure all staff received formal recorded supervision and appraisal more frequently.

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 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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff had received training in MCA and DoLS and they understood the practicalities around how to make 'best interest' decisions. One member of staff told us, "We encourage the person and do things in their best interest. If people refuse we do not intervene and cause distress." We observed staff explaining the support they were offering and what they were doing. They asked for consent prior to delivering any support.

The team knew where people had representatives legally authorised to act on their behalf and they always involved them. Records to evidence mental capacity assessments and best interest decisions were not robust. The registered manager already knew this and a provider audit had highlighted this area for improvement. The registered manager and senior care worker told us they would ensure appropriate records were implemented following the inspection.

Staff we spoke with had a good understanding of DoLS. Appropriate applications had been made to seek

authorisation to deprive people of their liberty. One person's application was authorised and three applications were pending an outcome.

Mealtimes were a positive experience. People had been afforded the opportunity to choose from the menu prior to each meal and were again shown the options once the food was presented on plates. People had portion sizes according to their preference and the kitchen team and staff knew people's likes, dislikes and nutritional requirements.

The dining room was light and welcoming. People sat in small groups and used the opportunity to catch up on current affairs. One of the main topics the day we ate with people was the name of the new royal prince.

The new cook was helping people experience a new menu and seeking feedback so that a long term menu could be written which included everyone's favourites. One person told us, "I really enjoy the meals and I'm vegetarian. The cook always makes me a veggie option and today they asked me if I wanted peppers stuffed with garlic and herbs. Oh it was lovely." Another person said, "The food is brilliant and plenty of it and good stuff." People could ask for snacks and drinks throughout the day. One person told us, "If I don't sleep well the night staff bring me drinks through the night." People's nutrition was well monitored and they had regular checks of their weight. Where people were losing weight appropriate professionals had been involved to give advice and support. We saw records to confirm people had visited or had received visits from healthcare professionals.

We saw that the service worked with visiting professionals to ensure people's health needs were met. A visiting professional told us, "The registered manager works well with the other agencies involved in residents care." The registered manager explained the difficulties they had accessing foot care support for people as the local health provision no longer came into the service to see people. The registered manager told us they were seeking a solution to this.

People told us they were happy with the support they received to maintain their health. One person said, "They (staff) can see you are not feeling your best and they look after you and make you a drink." Another person told us, "I don't feel well today, I feel funny inside. I think the staff have called the doctor." We spoke with a care worker who confirmed medical support had been sourced for the person.

Work on improving the environment to make it cleaner, lighter and easier to navigate for people living with dementia had happened since we last visited. We saw signage was used to help people orientate themselves as were contrasting colours to help people differentiate areas of the service or items such as chairs or cutlery. People were at ease in the environment and we saw they independently moved around to choose where to sit and spend their time. People also had access to outside space. One person told us, "I like the lounge as I can see the trees and I like being outdoors when the weather is nicer. I like sitting out there when it is nice and looking at the flowers. I prefer to be here with company, but sometimes I go to my room after lunch for a sleep."

Is the service caring?

Our findings

Without exception people and their relatives told us staff were caring, kind and helpful. People told us, "I think I am well looked after they seem to care. I get help in the shower every day and my sister can visit when she wants. The staff are really kind and I feel safe and I know they will help me if I need help" and "Staff are kind and helpful. I like the staff, they are very good. When I ask for anything they look after me, they are all friendly." A relative told us, "I think there is a really good general level of care and they (staff) seem genuinely concerned about people."

Staff knew people's needs and had worked hard to form positive relationships with people. This included gathering people's life history to enable staff to understand people and develop relationships more quickly. We saw staff treated people with respect and dignity during our visit. We observed staff offered choices, knocked before entering people's private space and spoke to people with respect. This made people feel valued. One person told us, "The staff ask me what I want and they have time to look after me, they never just do it without asking me or making sure it is what I want. They are kind and caring and we have a nice relationship as they tell me bits about their life, like their pets and family which is nice. They are all very kind."

A visiting professional had worked alongside the registered manager and senior to support one person with a very private matter. The visiting professional told us, "The manager and senior have respected the confidentiality of one person and displayed a real respect for the person's rights and they have been really supportive." We saw this positive approach to advocating for people during our visit. The staff team used the resources available to make sure people's voices were heard and their rights upheld.

On the day of the inspection there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very caring and friendly way. Staff did not rush people and spoke to people gently. A person became ill during our visit and we saw staff reacted calmly and with purpose to ensure the emergency services were called and that the person was supported to be ready for the ambulance to be taken to hospital. They displayed compassion towards the person who was ill and reassured them whilst they felt anxious.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted to.

Staff we spoke with said where possible they encouraged people to be independent and make choices such as what they wanted to wear, eat, and drink and how people wanted to spend their day. We saw people made such choices during the inspection day. One person told us, "I manage most of my care myself but if I am stuck I know staff will help me. When I have been poorly they look after everything for me."

A visiting professional told us, "I feel it is evident that the staff genuinely care and know the residents well."

Signs of affection can be seen from residents when staff enter the room which can only be a positive impression."

Is the service responsive?

Our findings

People without exception told us they enjoyed the activities staff organised for them. This included a mixture of outside entertainers and care workers supporting things such as quizzes, bingo and games. During lunch a group of people explained one of the group was very competitive. Everyone smiled and the person laughed telling us this was true of their nature. One person said, "I liked it at Christmas when we had the carol singers come in and I suppose I can do some activities like knitting and quizzes. Some people come and we use different instruments."

People's religious needs were supported by a local priest visiting to give communion and a local religious group came to do bible readings for people. A visiting professional told us they felt staff had made a real effort to support one person to access the community. We observed people and staff chatting in the communal areas throughout the day. Conversations included where people used to live and banter about current affairs. This led to a competition to guess the name of the new royal prince. Everyone was excited to guess the name.

Everyone we spoke with and their relatives told us although activities on offer were good that the volume of activities was not sufficient or organised enough. People told us, "I love gardening but I don't do it here" and "I wish there were more activities, I would like to do more." We spoke with the care workers who were expected to support activities within the service. They told us people's care was paramount to them and unfortunately they must respond to call bells and emergencies before supporting activities. We saw this happen during the inspection when an emergency occurred. Staff also told us they did not all feel confident to lead on activities. One member of staff said, "We struggle with activities, none of us have done them before. [Name of care worker] is really good, she thinks of things to do."

We spoke with the provider and registered manager about this, as outlined in the safe section of this report. They agreed to review the support for activities. This included developing key staff skills around activities and ensuring they were given time away from caring duties to fulfil this part of their role. Following the inspection the registered manager confirmed changes would be made in May 2018.

A full review of the care plan format had taken place since our last inspection. Relatives and people were involved in the development of the care plans. One relative told us, "I was asked about my family members care plan last year and I felt when I read it that it met most of their needs." We saw more person centred detail such as preferences, life histories and dislikes were contained within the care plans so staff understood how people wanted their support to be delivered. This meant people received person centred care. A member of staff told us, "Most people are able to say their preferences about how they like to be washed, what perfume to wear and any little things; we get to know their ways. We take time to care compassionately and I think we are all compassionate staff."

Regular reviews of care had taken place and we saw that people had made progress because staff focussed on the areas of support identified in the care plans. One person told us, "Staff always ask me if everything is ok and I know they write it down so other people know how to care for me." One person was initially very

isolated when they moved in and staff now reported they had a friend who lived with them and they spend more time in communal areas. Another person was regularly supported to independently access the community and maintain links with their family. They told us, "It keeps my days full and enjoy it."

At the time we visited nobody required palliative care. However people had specific care plans where required, which made sure staff knew their preferences and choices around end of life support. The service worked alongside community professionals to deliver such support when required. A relative told us, "My family member died not so long ago, and they acted superbly and took a lot of pressure off me. They dealt with them dying and really helped our family and still do. I think staff are well trained."

We were shown a copy of the complaints procedure which was available in communal areas for people and their families to access easily. The procedure gave people timescales for action and who to contact. No complaints had been received since our last inspection. People and their families knew how to raise concerns and they felt confident to do so. A relative told us, "I feel very comfortable that my family member is cared for and I would bring it up if I was concerned. They (staff) communicate with me regarding everything."

Relatives had chosen to send compliments direct to the service and via a national website which helps families choose their care services. Their feedback included, 'Thank you for the exceptional care you continue to give my family member. Also the care and consideration you continue to show the family' and 'Thank you it has been a great comfort to us to know that our family member has been in such kind and caring hands, particularly latterly when they seemed to gain another lease of life. Certainly they were happy there'.

Is the service well-led?

Our findings

At our last inspection in January 2017 we made a recommendation that the provider update their policies to incorporate current best practice and the law. The provider had ensured this had happened to support the staff team to have up to date guidance.

At our last inspection the registered manager and provider outlined their vision for the service. They told us they wanted people to receive a person centred service where they were part of their own care and that staff were confident and happy in their role.

A substantial amount of work had gone into developing systems, training staff, coaching staff and checking progress. We saw staff morale was high and the culture a positive one. A visiting professional had also recognised the hard work since the last inspection, they said, "The manager has alongside the homes owners done a lot of work since their last visit to improve standards in the highlighted areas."

One member of staff said, "We have a really nice team, we are open and have a good work ethos." Staff told us the positive changes can be attributed to the registered manager, they said, "There have been better changes since they started. The manager's door is always open for us and they are really supportive. They are always on the floor and the seniors are approachable too" and "I love coming to work, who could ask for a better boss, they are wonderful."

People and their relatives gave us the same feedback about the leadership of the service. They said, "The staff are well trained and the manager and their team dealt superbly with my family member" "It is much better managed now that the manager is here; they have changed so much for the better. They have their eye on the ball and I'm comfortable going to them and saying what I feel" and "If I had any problems I would speak to the manager or seniors and they would sort it out. I think one of the best things here is the friendliness of everyone."

The registered manager told us they have spent time with people, staff and the provider to implement change in a positive way. The registered manager had a clear view of how high quality care should be delivered and they challenged inconsistencies they found. The registered manager knew the day to day needs of everyone who lived in the service and each member of staffs strengths and weaknesses. This meant they were able to direct their support where it was needed. They regularly sought feedback and gave direction via staff meetings, residents meetings and through feedback questionnaires.

The provider, a consultant auditor and the registered manager made regular checks of the service to assess the safety and quality. Areas such as health and safety, medicines and infection control were covered. All the areas we have highlighted within the inspection had already been noted and plans were in place to make continuous improvements. This meant the quality assurance system was effective.

People and staff were included in ideas to make improvements to the service for example, people helped to choose the colours for the refurbished walls. Staff ideas around mealtimes had been implemented. This had

seen people give positive feedback and enjoy their meals much better.

Working with outside agencies had also been a focus since the last inspection. The registered manager explained how they made efforts to work in conjunction with other professionals to benefit the health and wellbeing of the people they supported. A visiting professional told us, "I feel the service and management are open and transparent, I have no concerns" and "The manager works well with the other agencies involved in residents care. They show compassion and support to staff and residents." This feedback demonstrated the positive leadership displayed by the registered manager and the impact on the people supported by the staff team.