

Carleton Court Care Limited

# Carleton Court Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Carleton Court is a residential care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 35 people in one adapted building.

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

People were comfortable with staff who they knew well. They felt safe and settled and spoke highly of the support they received. Staff were consistent and knew how to meet people's needs based on their knowledge and experience. They were supported with effective and open supervision, training and developmental opportunities.

Risks were well managed and focused on individual assessments. People's nutritional needs were well met, with many people saying how good the food was. Medication was administered safely and in line with good practice. The home had recently achieved 92% in an infection control audit evidencing high standards of cleanliness. It was a homely environment and designed with people living there in mind.

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. The registered manager and directors understood best practice and assisted other local organisations in this.

Staff were kind, considerate and very understanding towards people. There was an easy, friendly atmosphere which was encouraged with high levels of interaction and attentiveness. People helped shape their care plans and all told us they were treated with dignity and respect. Care documentation was comprehensive and easy for staff to follow. The directors were keen to ensure it was bespoke and met the needs and requirements of people living at Carleton Court.

The service had received many compliments and feedback was very positive. Robust quality assurance processes ensured all aspects of care delivery were scrutinised and reviewed regularly. The registered manager and directors had strong links with the local community and worked in partnerships with other organisations promoting effective communication and good practice wherever possible.

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

The last rating for this service was Good (published 21 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Carleton Court Care Home

## 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.

#### Inspection team

The inspection team consisted of one 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.

#### Service and service type

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

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. The registered manager was one of four directors who were all on site and actively involved in the day to day running of the home.

#### Notice of inspection

This inspection was unannounced on the first day and announced on the second.

#### 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. 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 of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including three directors, registered manager and director, deputy manager and three members of the care staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe. One person said, "I am comfortable with all the staff and the owners." Another said, "I feel very safe."
- Staff were confident in recognising possible signs of abuse and said they would not hesitate to report poor practice. They were also confident action would be taken promptly.
- We found concerns had been reported as required and appropriate action taken.

Assessing risk, safety monitoring and management

- We observed safe moving and handling of people using hoists. If people used walking aids, these were clearly labelled to ensure their assessed equipment was used.
- Where accidents or incidents had happened, these were effectively responded to and actions taken to minimise the risk of future harm.
- People had personal emergency evacuation plans in place which indicated which equipment and the level of staff support which would be needed. Staff understood fire evacuation procedures and we saw regular fire safety checks were conducted.
- Staff understood effective pressure care support and were proud of low levels of incidence of skin damage.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs promptly. One person said, "There's always staff around night and day. I've a call bell and they come pretty quick." A relative told us, "There's always someone on hand to talk to." Dependency levels were continually reviewed, and staffing adjusted if needed including numbers and the timing of shifts.
- People were always accompanied if they needed to attend hospital as there was sufficient cover and the management team were available if needed. If cover was needed staff provided it themselves or consistent agency staff provided cover. Shifts were never left unfilled and staff never felt under pressure to work extra.
- Recruitment checks were robust and included all necessary references. Staff completed a values questionnaire during the interview process to check compatibility in addition to their knowledge and experience.

Using medicines safely

- Medicines were administered safely and in line with prescribing guidelines. We spoke with the deputy manager about ensuring all key information from the medication box was transferred to the medication administration sheet when medication was prescribed outside the usual cycle. We found one medication

where this had not happened.

- Random stock checks of medication were carried out daily and where any issues were dealt with promptly. Strict handover procedures of keys were in place and dates of opening liquid medication recorded.
- PRN, or 'as required' medication had specific guidelines for staff to follow to ensure correct doses and time intervals were followed.
- Staff's competency in medication administration was assessed at least annually.

Preventing and controlling infection

- The home was clean and had scored 92% in a recent external infection control audit.

Learning lessons when things go wrong

- The service had few incidents but where falls had occurred these were reviewed by senior care staff and records assessed to ensure all necessary action had been taken. Records of events for each person were easily identifiable as were overall numbers which showed location, time and other factors.
- The registered manager conducted regular reviews and considered any possible patterns and whether any further action was needed, both for the individual and the service, such as alterations to staffing levels.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager and care manager (who was also a director) had a good grasp of current best practice guidelines and standards. They had shared their experiences and knowledge around good end of life care with other organisations in the local area. They worked with care and skills networks to promote good practice.
- People's needs were holistically assessed and met in line with their preferences and current guidance.

Staff support: induction, training, skills and experience

- Staff had received a thorough induction with all key aspects of care delivery being covered through a mix of face to face and e-learning training. They also shadowed more experienced colleagues for up to two weeks and were partnered with a colleague until confident.
- Staff were supported to develop in their roles and were offered promotions upon completion of the required training and after showing the correct aptitude. Observations of staff undertaking specific tasks was part of ongoing monitoring and quality checks. All staff had been observed in September 2019 and their communication skills assessed.
- Supervision was regular and encouraged open and honest conversation. Key changes to policies and procedures were discussed alongside training and any other needs including where staff had concerns regarding people's changing needs. These were actioned promptly and taken seriously showing staff were valued for their opinion and knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- People said food was plentiful and a good choice was offered. People had access to drinks any time they wished to have one. One person said fresh fruit was available every day.
- Most people said they had put weight on and had an increased appetite since living at Carleton Court. People could choose to have seconds or just pudding and their wishes were respected.
- No one was deemed nutritionally at risk but there were special diets for allergies and other health conditions such as diabetes. Weight was regularly monitored, and people had food and fluid charts if deemed appropriate. Concerns were flagged up on the electronic care records to alert staff of issues.

Staff working with other agencies to provide consistent, effective, timely care

- Staff communicated well with each other and handovers were sufficiently detailed to provide key information. All staff had access to care records on shift via a hand-held device which flagged up concerns about people's wellbeing. This ensured nothing was missed and staff were diligent in recording information.

Adapting service, design, decoration to meet people's needs

- The environment was very homely. The communal areas were set out as people would have in their own homes, such as traditional style radios and hat stands, and provided a cosy and recognisable environment. The outside environment was accessible and pleasant to view from the lounges.
- Signage was clear to assist people in orientation around the home, and within rooms to remind people to turn door handles for example to leave their room. Contrasting coloured equipment was in use to assist people living with dementia in distinguishing particular objects.
- The home was due some refurbishment in places. However, plans were in place for some building alterations so re-decoration was on hold until this had been completed.

Supporting people to live healthier lives, access healthcare services and support

- People said they were able to access health and social care services as needed. Relatives told us people's appointments were well organised and nothing was missed. Person-specific oral health care plans were included in people's records along with chiropody and other services.
- Staff felt confident in liaising with GPs and other professionals if needed. We saw evidence of a productive conversation between the registered manager and local surgery regarding reducing unnecessary hospital admissions with a view to improving outcomes for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People said staff always asked for their permission before undertaking any support tasks and offered an explanation as to what was happening.
- Staff understood the importance of the presumption of capacity and how to distract people to divert their attention if becoming upset and wanting to leave.
- The service had appropriate authorisations where people were deemed to lack capacity to leave the home safely. Conditions were monitored effectively, and least restrictive practice was encouraged.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People described staff as kind and sensitive. One relative told us, "Staff are very helpful and do all they can." Another relative said, "Staff are happy here and that makes a difference. They make a real effort to connect with the residents. It's not just task orientated."
- Staff paid considerable attention to people's comfort and wellbeing, frequently checking they had everything they needed and were happy. After one person had been supported to sit in a chair a staff member brought a footstool to ensure their legs were in a comfortable position.
- Staff were warm and empathetic in their manner and promoted high levels of interaction.
- People who chose not to eat in the dining room enjoyed lively conversation with staff who supported during meal times in the lounges. One person became a bit restless, and the staff member displayed patience and empathy in distracting them effectively.
- The registered manager and directors spoke positively of the inclusive atmosphere they actively promoted. People's needs were individually recognised, and everyone had access to appropriate levels of care to meet these. One comment from the annual survey read, "It's a lovely, friendly caring environment."
- People's spiritual needs were catered for with regular visits from local churches.

Supporting people to express their views and be involved in making decisions about their care

- People spoke highly of their home and said they had freedom to do what they wished including going out into the community.
- One person said, "Yes, I've seen my care plan." Relatives also said they contributed to discussions around people's needs.
- Care records evidenced where people had directly contributed to discussions around their care needs.

Respecting and promoting people's privacy, dignity and independence

- People told us, and we observed them, being treated with dignity and respect. One person said, "They knock on my door and they're always very respectful."
- Staff spoke with people as equals and clearly knew people well as there was much positive interaction. One person described the trust between them and staff, and said, "I would talk to the staff about anything."
- People described their experience as living as "a family, and we are all family members."
- People were supported by staff who paid attention to the smallest of details including which jewellery to wear or which perfume to use. Independence was promoted as much as possible.
- The lunchtime experience was positive with everyone being asked their choice of meal. Where people

were unable to make verbal decisions, visual choices were offered. Pictorial menus were also in place. People had adaptations to assist with their meal if needed such as plate guards. Assistance was given by staff if needed although this wasn't always discreetly done due to lack of space in the dining room.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said they all made their own choices about what they did and when. Relatives also echoed that they could visit at any time and were always made very welcome.
- One relative said, "All [name's] needs are met here. It's very good. They're really on the ball."
- Care records were person-centred and reflected people's needs well. An electronic system was used which was easy to navigate and provided care staff with key information quickly and succinctly. One example specified a particular song to sing while transferring a person to provide reassurance and distraction.
- Each aspect of care was considered with the level of need and the required actions by staff specified. This generated tasks for care staff to complete on the record and showed care was being offered in line with the person's care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff made good use of verbal, visual and pictorial descriptions such as choice of food at lunchtime. Staff had received training around the requirements of the AIS and explained how they would encourage interaction where verbal communication was more difficult.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Structured activities were limited in availability, but many people were able to entertain themselves through reading and chatting to peers. Music was played, and we heard many happy conversations.
- The lounges displayed a number of laminated cards with facts or quotes to promote discussion around topics linked to the time of year. Staff undertook some activities when people wished to engage.
- One relative described how much their relation had improved since moving into the home as they used to ring them frequently but now explained the calls had dropped off completely. They felt this was due to the person being engaged and feeling secure.

Improving care quality in response to complaints or concerns

- No one we spoke with had any concerns and all were equally confident to raise any issues if they arose.
- The home had received numerous compliments including one from a local GP who acknowledged the support given to someone in crisis. It said, "You went above and beyond in order to ensure safe care for

[name]. I am grateful how you provided a same day bed and your staff stayed late to ensure a safe transition." Another one read, "Thank you so much for making it as near to [name's] home as possible. Thank you for all the support you have given to us (the family). [Name] could not have been more cared for."

#### End of life care and support

- People told us they had been part of their end of life wishes discussion and had helped complete documentation to support this.
- No one had an advanced decision in place but the care manager was keen to promote discussion around this in line with their experience and knowledge positive end of life care. Hospital avoidance plans were in place where people wished to remain at the home.
- We saw one compliment which read, "[Name] could not have been in a better home for their last five days. We would like to thank you and all your staff who were excellent, for the very caring way [name] was supported."

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- One person said, "We're treated very well. I would not want to live anywhere else." Everyone said they would recommend the home as a place to live and felt nothing needed to change.
- One relative said their relation had only entered the home the previous day. However, they were very impressed with the home, and "we were pleased to see how well [name] has settled."
- Everyone we spoke with was happy with Carleton Court. Many had come into the home on the recommendation from others and none said they had been disappointed.

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

- People and relatives said they could talk to the registered manager and provider about any issues as they were always around and accessible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and relatives knew who all the staff were including the registered manager and the providers. They had an active and visible presence and were well known in the local community as well.
- Staff spoke positively of their colleagues and were quick to offer praise for each other. All said they would offer support to their peers if needed, and everyone had a 'can do' attitude. One staff member described their colleagues as "lively" which echoed their positive and cheerful demeanour which boosted people's mood.
- Staff said the registered manager and fellow directors were always available and would always respond to any query quickly. Regular meetings were held which shared key information and showed ideas were listened and responded to.
- The service had a robust quality assurance process in place which reviewed all aspects of the support given regularly including accidents, complaints and staff competency in different tasks. If concerns arose these were addressed and actioned quickly.

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

- Regular resident and relatives' meetings were held to discuss all aspects of life at Carleton Court and records showed people had considerable input in shaping trips and other events. We also saw discussion

around what type of staff people wished to have.

- The provider issued regular surveys to people, relatives and visitors, and professionals to seek their views on care provision. Feedback was either a good or excellent rating, with comments including, "They feel like friends (staff) even though they are professionals," and "All staff and management are very friendly and always have time for a chat." If issues had been raised feedback was given as to what had been changed such as laundry delegated to a particular staff member.
- The registered manager and directors had strong, person-focused values which strove to provide the best care. They strongly advocated for a 'home from home' experience and this was received positively by people and their relatives. They also stressed it was a home for life.

Continuous learning and improving care

- The service had implemented a bespoke electronic care record system with input from one of the directors. This ensured timely and accurate recording of information, accessible to all staff on shift and easily navigable.
- Plans were in place to move to electronic medication records as the care record implementation had been so smooth and successful.
- The system allowed any additions to be made as needed where further information or scrutiny would be useful, such as monitoring of visits as part of DoLS conditions or people's recent conversations. Timely prompts and alerts to the management team and staff ensured tasks were not missed, and also meant the directors had close oversight of daily activities even when not at the home.
- Staff were confident in their roles and could not see anything which needed to improve at the current time as people were settled and contented.

Working in partnership with others

- Carleton Court had established good links with local school. Children had visited to support people in receiving hand massages and also assisted people in 'pimping their zimmers' to help them identify their own walking frames.