

# Country Court Care Homes 2 Limited

## Carter House

### Inspection report

1-2 Farnham Gardens  
London  
SW20 0UE

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10 October 2022

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Carter House is a residential care home providing personal care and support to older people. At the time of our inspection 42 people were living at the care home. Approximately a third of the people who resided there were living with dementia. The premises is divided into three separate units/floors, each of which has their own adapted facilities.

### People's experience of using this service

People living in Carter House and staff working there told us the service had improved in the last 12 months since the last CQC inspection and said the care home was now a safe, well-managed service.

Medicines were now well-organised and staff helped people take their prescribed medicines in a safe way. The service has ensured there are always sufficient numbers of suitably trained staff to support people to stay safe and meet their needs and wishes.

Staffs suitability and fitness to work in an adult social care setting have been properly assessed.

People were protected against the risk of avoidable harm and abuse. The risks people might face were assessed and their safety monitored and managed so they were supported to stay safe. This included routinely monitoring the care homes fire safety arrangements to ensure they continued to be fit for purpose.

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 environment was clean and staff followed current best practice guidelines regarding the prevention and control of infection (IPC), including those associated with COVID-19.

The new manager and her deputy manager were both clear about their roles and responsibilities. They understood regulatory requirements and how to ensure people received high-quality, person-centred, safe care. This was achieved by routinely monitoring and analysing the safety and quality of the care people received.

The management team also recognised the importance of learning lessons when things went wrong and was keen to continuously improve the service.

The managers promoted an open and inclusive culture and worked in close partnership with other health and social care professionals and agencies to plan and deliver positive outcomes for people.

People living at the care home and staff working there were complimentary about the way the management team ran the service, and how approachable they all were. In addition, staff told us they received all the support they needed from their managers and felt staff morale had significantly improved in the last 12 months.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at the last inspection

The last rating for this service was requires improvement (published 2 November 2021).

#### Why we inspected

We carried out an unannounced focused inspection of this service in October 2021 and breaches of legal requirements were found. The provider completed an action plan after the last inspection to show us what they would do and by when to improve the safe management of medicines and the effectiveness of how they operated their governance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has therefore changed from requires improvement to good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carter House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Carter House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector.

#### Service and service type

Carter House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Carter House is a care home without nursing care. CQC regulates both the premises and the care provided, but only how safe and well-led the service was were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, a new permanent manager was appointed in August 2022 and has applied to the CQC to be registered with us which we are currently reviewing. This means that they and the provider will be 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 a community based pharmacist who has worked closely with the care home in the last 12 months. We used the information the provider sent us in the provider information return (PIR).

This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who lived at the care home and various members of staff who worked there including, the new manager, the new deputy manager, area manager, and five care workers, including two seniors.

We looked at a range of records that included three people's electronic care plans and multiple medication records. A variety of other records relating to the management and governance of the service, were also looked at.

After the inspection we continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staff recruitment and training, their fire safety arrangements and the outcome of the most recent stakeholder satisfaction surveys.

# 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 now improved to good. This meant people were now safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found the provider had failed to always ensure the proper and safe management of medicines. This meant people living at the care home were placed at unnecessary risk of not receiving their prescribed medicines as they should.

This represented a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- The service's medicines systems were now well-organised, and people received their prescribed medicines safely.
- Medicines were safely administered. No medicines related handling errors had occurred at the care home in the last 12 months. At this inspection we observed staff administer people's medicines safely and as they were prescribed. People living in the care home told us they received their medicines as and when they should. One person said, "Staff are very good at making sure I get my medicines on time."
- Staff were clear about their responsibilities in relation to the safe management of medicines. All senior care staff and managers authorised to handle medicines on behalf of people living there had been retrained and assessed in the last two months as being competent to perform this role safely. This safe management of medicines training was now refreshed at least annually. One member of staff told us, "I think the way we manage medicines at the home is so much better than it was a year ago."
- People's medicine records were kept up to date with no recording errors or omissions found on any of the medicines records we looked at. People's care plans included detailed guidance for staff about their prescribed medicines and how they needed and preferred them to be administered.
- Medicines were securely stored. A new controlled drugs cabinet, medicines trolley and fridges for storing medicines safely had been purchased and the clinical rooms reorganised. We observed all three of the care home's clinical rooms and the cabinets and trollies stored within were all kept securely locked when they were not in use at the time of this inspection.
- The frequency medicines were now audited by managers and senior care staff had been increased to include daily, weekly and monthly checks. This included a full weekly audit of medicines conducted by the deputy manager and an additional monthly check by the area manager. This meant the provider was now able to identify any issues with medicines and learn any lessons they needed quickly, ensuring medicines would continue to be managed safely.

### Staffing and recruitment

- We were assured the provider's staffing levels and recruitment systems were adequate.
- There were enough staff to meet people's needs and wishes. Staff were visibly present supporting people in the various communal areas on all three floors of the care home throughout this inspection. We observed staff were available when people needed them and responded in a timely manner to any requests for assistance. One person told us, "There's always lots of staff about ready to help me when I need it." A member of staff added, "Staffing numbers have definitely improved since you were here a year ago."
- Since our last inspection the provider had introduced a weekly review of the service's dependency tool to ensure they always have enough staff on duty to meet people's changing needs. The manager confirmed the care home had a flexible approach to planning the staff duty rosters and gave us several good examples of how staffing numbers had been increased to meet some people's changing needs and keep them safe. Staff response times to call bells were also checked weekly to help managers decide if more staff were required.
- Systems for staff recruitment remained safe. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks, identity checks and references. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe living in the care home and were confident any safeguarding issues would be taken seriously and appropriately dealt with. One person said, "I don't like it here, because I actually love it. It's a very safe place to be and the staff are all marvellous."
- The provider had safeguarding and staff whistle-blowing policies and procedures in place. Whistle-blowing is the term used when workers pass on information concerning perceived wrongdoing, typically witnessed at work.
- Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it.
- Managers understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies, ensure they were fully investigated, and take appropriate action to minimise the risk of similar incidents reoccurring.

#### Assessing risk, safety monitoring and management

- People were supported to stay safe while their rights were respected.
- People's electronic care plans contained up to date person-centred risk assessments and management plans which covered every aspect of their lives, including their personal, health and social care needs and wishes.
- Assessments were regularly reviewed and updated as people's needs changed.
- People told us staff knew how to prevent and manage risks they might face.
- Staff demonstrated a good understanding of the potential risks to people and the action they needed to take to prevent or minimise those risks. Staff told us risk management plans were easy to access and follow.
- Regular checks were completed to help ensure the safety of the care home's physical environment and fire safety arrangements continued to be fit for their intended purpose.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Conditions related to DoLS authorisations were being met.

#### 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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely. One person told us, "Staff always wear masks in the home."
- We were assured staff had received up to date infection prevention and control and PPE training.
- We were assured that the provider was accessing testing for people using the service and staff. A member of staff told us, "We are still tested for COVID-19 regularly."
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service was facilitating visits in accordance with current government infection prevention and control (IPC) guidance. People could visit the care home providing they followed the provider's COVID-19 guidelines.

#### Learning lessons when things go wrong

- The provider learned lessons and made improvements when things went wrong.
- The provider had systems in place to routinely analyse accidents, incidents and near misses which enabled managers to identify issues, learn lessons and take appropriate action to improve the safety of the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support provided to people. For example, following a number of medicines handling errors that occurred in 2021 the provider responded by retraining staff in the safe management of medicines, developing more detailed medicines guidance for staff to follow and improving how they monitored medicines management in the care home.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider had failed to ensure their oversight and scrutiny processes were always effectively managed. This meant people living in the care home were at risk of receiving poor quality or unsafe care.

This represented a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- How the provider monitored and analysed the quality and safety of the service had improved in the last 12 months. For example, managers and senior care staff now checked medicines management, staffing levels, and staff call bell response times at more regular intervals. The managers carried out daily 'walkabout' tours of the care home at different intervals to observe staff's working practices, including how they interacted with the people they were supporting, managed medicines and wore their PPE. A member of staff told us, "The new managers are always coming to see and speak to us when we're working and often sit with the residents to enjoy a meal with them."
- People spoke positively about the leadership approach of the new managers and told us the care home was well-run. One person said, "The new manager is lovely. She often comes to speak to me", while a second person remarked, "The new manager is really easy going and a good listener".
- The outcome of these audits and feedback the provider gathered from people using the service were routinely analysed to identify issues and learn lessons. The provider had developed various action plans, including one in response to issues we identified in our last inspection report, which they had implemented.
- It was clear from the feedback we received from people living in the care home and staff that the new management team recognised the importance of learning lessons and were keen to continue improving the care home.
- The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.
- The provider displayed their most recent CQC rating of requires improvement in the communal entrance lobby and on their website ensuring it was accessible to all. The display of the rating is a legal requirement,

to inform people, those seeking information about the service and visitors of our judgments.

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

- People received personalised care from staff.
- The care home's new manager, new deputy manager and area manager worked well together as a team and had a clear vision that they shared with staff. They told us they routinely used individual supervision and group team meetings to remind staff about the provider's underlying core values and principles.
- The manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team.

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

- The managers promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff.
- Staff told us the new management team had created a very open and inclusive culture at the care home, which had improved staff morale. One member of staff said, "I have a lot of time for the new manager who is always available for a chat and easy to get along with." A second member of staff remarked, "Staff morale was very low this time last year, but all the new managers we've had since have done a good job making Carter House a happy place to work again."
- The provider sought to capture the views of people living in the care home, their relatives and community-based health and social care professionals. This included informal feedback through day-to-day discussions and more formal feedback through regular well attended service user/house meetings, care plan reviews and stakeholder satisfaction surveys.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers. Staff told us they received all the support they needed from their managers who were approachable. The new manager added that she planned to have individual and/or group supervision meetings with her entire staff team within the next six months to get to know them better and listen to what they have to say about how to continue improving the care home.

Working in partnership with others

- The provider worked well with other agencies and bodies.
- The provider worked in close partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities, Clinical Commission Groups, GP's, district nurses and the CQC. The managers told us they had worked closely with a CCG pharmacist to improve how they managed medicines at the care home to address all the medicines issues we identified at their last CQC inspection.
- The manager told us they continued to regularly liaise with these external health and social care bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff team.