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Carlton House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 2 and 3 February 2016. A breach of legal requirement was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to staff training.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met the legal requirements inspected. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlton House on our website at www.cqc.org.uk.

Carlton House is a residential care service that provides housing and personal support for up to 15 adults who have a range of needs including mental health and learning disabilities. At the time of our inspection 10 people were using the service.

The service had a registered manager 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.

At our previous inspection we found many staff required refresher training as previous courses had expired. During this inspection we found staff had undertaken training and we saw where the service had been liaising with the local authority to complete any training that had been identified as necessary.

At our previous inspection we also found that although the provider was aware of the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected, there was little documentation in place so it was not always clear what type of decision that person could make or what happened if a person was ill and their ability to make decisions changed. We made a recommendation that the service referred to current best practice guidance in relation to The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). During this inspection we saw the service was in the process of carrying out MCA assessments and had identified and made applications for those people who may be deprived of their liberty.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

We found that action had been taken to improve the effectiveness of this service. Staff had received mandatory training and refresher training and this was ongoing.

The provider knew the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) to help ensure people's rights were protected.

Carlton House

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Carlton House on 16 June 2016. This inspection was undertaken to check that improvements to meet legal requirements planned by the provider after our inspection on 2 and 3 February 2016 had been made. We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting some legal requirements.

The inspection was undertaken by one inspector. During our inspection we spoke with six people using the service and two deputy managers. We reviewed training records and records kept in relation to the Mental Capacity Act.

Is the service effective?

Our findings

At our previous inspection staff felt they received enough training to care for people and meet their needs. However, we noted many staff required refresher training as previous courses had expired. Without updated skills and knowledge in key areas there was a risk that people may not receive safe and appropriate care and support. For example, all staff required refresher training in health and safety awareness and fire awareness as records indicated the last training course expired in June 2015. We also noted medicine management training had expired for many staff. We saw that training had been booked for some staff in the near future but in the meantime we were concerned that staff may not have the training to refresh their skills in order to deliver safe and appropriate care to people.

Following our last inspection the registered manager sent us evidence that all staff had attended training in practical competencies in administering medication. We saw where staff had not met their competencies further guidance was given to help staff meet the standards required and ensure their skills were maintained. At this inspection the deputy manager explained the service was due to change pharmacies and the new pharmacy had agreed to provide training, audits and competency checks to help maintain staff knowledge and skills.

During this inspection we found staff training records were kept centrally and were up to date, reflecting on mandatory courses that had been attended, were due or had expired. Records showed staff had attended all of the expired training courses identified at the last inspection. We were also shown evidence of communication with the local authority on training events in the near future that would complete all the training needs identified. The deputy manager explained they were looking at other training avenues such as e-learning and were organising additional training for staff to help staff care for people using the service, this included mental health, autism and learning disability.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we checked whether the service was working within the principles of the MCA. We saw that people's consent was obtained in relation to care and support provided and it was evident people were involved in those decisions. The service had a policy in place for DoLS and the registered manager and deputy managers explained they had received training in the MCA and DoLS. Although the service was practically adhering to the principles of the MCA there was little documentation in place so it would be hard to assess if a person's capacity had deteriorated, was unable to make complex decisions or had fluctuating capacity due to ill health. We made a recommendation that the service referred to current guidance for good practice in relation to The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

At this inspection the deputy manager confirmed they were in the process of assessing people's capacity and identifying those people who may require DoLS applications so they are not unlawfully deprived of their liberty. We saw two applications that had been made to the local authority. The outcome of these applications was still in process at the time of our inspection.