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Carlton House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection took place on 2 and 3 February 2016 and was unannounced. At the end of the first day we told the provider we would be returning the next day to continue with our inspection.

Carton 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 eight people were using the service. At our last inspection in October 2013 the service was meeting the regulations inspected.

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.

Staff helped make sure people were safe at Carton House and in the community by looking at the risks they may face and by taking steps to reduce those risks. We found some risks to people had not been identified around the storage cleaning materials. However, these were addressed shortly after our inspection to ensure people's safety.

Staff knew the correct procedures to follow if they considered someone was at risk of harm or abuse. They received appropriate safeguarding training and there were policies and procedures to support them in their role.

Staffing was managed flexibly in order to support the needs of people using the service so that they received care and support when needed. However, not all staff had received the refresher training they needed to deliver safe and appropriate care to people.

Care records focused on people as individuals and gave clear information for people and staff using a variety of photographs, easy to read and pictorial information. Staff supported people in a way which was kind, caring, and respectful.

Staff helped to keep people healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed but we found managers did not always formally record the checks they made to make sure staff were competent when giving people their medicine.

People were supported to have a balanced diet and were able to make food and drink choices. Meals were prepared taking account of people's health, cultural and religious needs.

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. However, there was little documentation in place so it was not always clear if a person's capacity had deteriorated, what type of decision that person could make or what happened if a person was ill and their ability to make decisions changed.

A quality assurance system helped the manager and provider to understand the quality of the care and support people received. Accidents and incidents were reported and examined and the manager and staff used this information to improve the service.

We have recommended that the service refers to current best practice guidance in relation to The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to staff training. You can see what action we told the provider to take at the back of the full version of this report.

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. Staff knew people's needs and were aware of risks and what they needed to do to make sure people were safe. Additional risk identified during the inspection was rectified immediately after our visit.

There were arrangements in place to protect people from the risk of abuse and harm.

People were supported to take their medicine safely and staff received refresher training shortly after our inspection to maintain their skills.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective. Staff had received mandatory training but many staff members required refresher training to keep their knowledge and skills up to date.

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. However, there was little documentation in place to evidence that people's capacity had been considered.

Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily.

Is the service caring?

Good

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People had person centred care records, which outlined their agreed care and support arrangements.

People were involved in activities they liked, both in the home and in the community. They were supported to maintain relationships with their friends and relatives.

The service had arrangements in place to deal with comments and complaints.

Is the service well-led?

Good

The service was well-led. There was a registered manager who was supported by two deputy managers who managed the day to day running of the service. People spoke positively about them and knew them well.

Staff worked well as a team and told us they felt able to raise concerns in the knowledge they would be addressed.

People who used the service and their relatives were encouraged to express their views about the standards of care. Various quality assurance systems were used to keep checks on standards and develop the service. This enabled the manager and provider to monitor the quality of the service closely, and make improvements when needed.

Carlton House

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 was planned to check 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.

Before our inspection we reviewed the information we held about the service which included statutory notifications we had received in the last 12 months and the Provider Information Return (PIR) the manager had sent us. The PIR is a form we ask the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

One inspector undertook the inspection which took place on 02 and 03 February 2016 and was unannounced. At the end of the first day we told the provider we would be returning the next day to continue with our inspection.

We spoke with five people who used the service, a healthcare professional, two staff members, both deputy managers and the registered manager. We conducted observations throughout the inspection. We looked at three people's care records, four staff records and other documents which related to the management of the service, such as training records and policies and procedures.

After the inspection we spoke with one relative of a person who used the service.

Good

Is the service safe?

Our findings

People who lived at the service were protected from the risk of abuse happening to them. People who were able to express a view told us they felt safe and well cared for at the service and they would talk to someone if they were worried. Comments included, "I seem to get on alright with the staff, they listen" and "It's all right here." One relative we spoke with told us, "[My relative] is comfortable, they get on well with the staff."

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Managers and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding adults' team. Records confirmed staff and managers had received safeguarding training in the past and were due to attend refresher training later in February 2016.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us they knew how to whistle blow if they needed to and we noted this had been discussed during the November 2015 staff meeting. This allowed staff to report their concerns anonymously if they were uncomfortable speaking with their manager. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, following one incident in the community it was recorded that contact was made with the relevant healthcare professionals and the action taken to reduce future risk was recorded.

Staff followed effective risk management strategies to keep people safe. People's care records contained a set of risk assessments, which identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. We saw how plans were put into place to minimise risks. For example, staff encouraged one person to engage in different activities to help stop them feeling isolated. Many of the risk assessments we saw had not been updated, in line with the services own procedure. The deputy manager explained they were moving toward a computer based system and showed examples where risk assessments had recently been noted on the system. We saw one example where a person's risk assessment had recently been changed following an incident, however, in some cases there was no evidence to establish that an actual review had taken place. The manager explained they had just introduced a new quality audit that would identify these issues so that action could be taken in the future and we saw records to confirm this.

We noted cleaning chemicals for the service, also known as COSHH (Control of Substances Hazardous to Health), were stored and locked safely. However, when we were shown one person's room we saw many types of cleaning chemicals were kept unlocked and on open display. Staff explained this person enjoyed cleaning their room and sink and would often buy cleaning products independently. We spoke to the deputy manager of the service who confirmed they had not assessed the risk of the person concerned or that of other people using the service. We were concerned that some of the people who used the service may not

be safe as these strong cleaning chemicals were easily accessible to them and there were periods during the day when people were left unsupervised. Shortly after the inspection we were informed that the service had spoken to the person and explained the risk of keeping these chemicals in their room, it was agreed that their cleaning products would be locked away until needed at which point staff would supervise accordingly.

The building and surrounding gardens were adequately maintained to keep people safe. However, when we first arrived we noted some radiator covers were loose and there was no radiator cover on the second floor bathroom. We also noted the bath panel had broken creating a sharp edge and a risk to people using the service. Staff explained the gas engineer had come the day before and removed many of the covers failing to replace them properly. On the second day of our inspection the maintenance man had visited the service to put right the problems identified.

There were sufficient numbers of staff on duty to meet people's needs. On the day of our inspection there were two staff on duty, the manager and two deputy managers. Nights were covered by one waking staff and one sleeping. Staffing numbers were flexible and there were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Where people stayed at the service, during the day, staff were always visible and on hand to meet their needs and requests. Staff we spoke with told us they felt there was enough staff on duty. We looked at staff rotas which confirmed people received appropriate staff support.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. All prescribed medicines handled by staff on behalf of the people who lived at the service were stored appropriately in a locked secure cabinet. We found no recording errors on any of the medicine administration record sheets we looked at. Only those staff who had received regular training in medicines management were able to administer people's medicines. However, we noted that some of these staff were in need of refresher training as their training certificates had expired. The deputy manager explained that regular competency checks were completed to ensure staff handled people's medicine safely but we were unable to verify this as they were not formally recorded. Shortly after our inspection we received documentation to confirm that all staff had completed training in Practical Competencies in Administering Medication. When staff had not met their competencies further guidance was given to help staff meet the standards required and ensure their skills were maintained.

Requires Improvement

Is the service effective?

Our findings

Staff felt they received enough training to care for people and meet their needs. Staff told us about the induction they had received when they first started working at the service and the training that followed and how it helped them support people. One staff member told us, "Having training and communication is vital to meet [people's] needs and listen to them." Another staff member told us, "Yes we have enough training."

Staff training records were kept centrally at the service and the deputy manager confirmed that staff had received their mandatory training. 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 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. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The action we have asked the provider to take can be found at the back of this report.

Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings. We saw records of staff supervision and noted these were held regularly through the year.

People were supported to have a balanced diet and were involved in decisions about their food and drink. Menus were planned every month where they were discussed at service user meetings. The daily menu was displayed in the dining room in easy read and pictorial format. People's preferences and special dietary needs were recorded in their care records but also noted in the kitchen for staff to refer to. We saw guidance for staff concerning one person who was diabetic and another person who had difficulty swallowing where guidance had been given by the Speech and Language Therapy (SALT) team. During lunchtime we observed people enjoying their meal, staff were attentive and people were comfortable talking with staff. One person took their plate out to the kitchen when they had finished and staff spoke to them about pudding, this person told us, "The food was very nice and pudding is angel delight."

People were supported to access the healthcare services they required when they needed to. We saw from care records that there were good links with local health services and GP's. There was evidence of regular visits to GPs, consultants and other healthcare professionals such as the dentist, optician and chiropodist. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

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).

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. Staff told us people's mental capacity was assessed by relevant healthcare professionals when required. For example, one person's dentist conducted a best interest meeting before providing treatment because they felt the person did not have the capacity to make an informed decision about the treatment they needed. At the time of our inspection we did not see any records relating to this incident. The manager told us people currently using the service had capacity to make everyday decisions about their care and how they wanted to spend their day and no one was being deprived of their liberty.

The service had a policy in place for DoLS and the 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 recommend the service refers to current guidance for good practice in relation to The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

Good

Is the service caring?

Our findings

People indicated by their comments and gestures that they were happy living at Carlton House and that staff were caring. One person said, "I'm alright thank you." Another person explained how they had been there a long time and knew staff really well. They told us, "It's good." One relative told us, "[My relative] is fine, they love it there."

During our inspection we observed people were relaxed and comfortable in the company of staff. They spoke openly to one another and staff were attentive to what individuals had to say. When people returned from their various activities staff asked them how their day was. People and staff chatted about current affairs and one person explained how sad they were that a celebrity had recently died. Staff spoke about the person's feelings and showed kindness and empathy in their approach, taking time to answer the questions the person asked.

During our visit people made decisions about their care and the activities they wanted to do. We saw people making choices about their day to day life, for example, one person decided to spend some time in their room and another chose to do some arts and crafts in the living room. Regular service user meetings were held where people discussed issues such as menu choices, activities, news and events and what they should do if they felt unhappy or did not feel safe. People's individual views and responses had been recorded in the minutes and these were in easy read and pictorial formats. We saw staff had discussed subjects such as dignity and respect and how they aimed to provide a person centred approach to all the people living at the service.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. For example, one staff member explained the little things they could do that would make one person happy. They explained they were a key worker for two people using the service and told us, "We discuss things and I ask them what they need, what they want to buy or what they want to do, they tell me." Staff told us how they read people's care records, spoke to other staff and healthcare professionals to find the best way to care for people.

The deputy manager explained that many of the staff and residents had been at the service for a number of years and this allowed them to really get to know people and for people to really feel like it was their home. The staff we spoke with talked about people in a caring way, they told us, "When you do this job you have to be kind and compassionate, you treat people as you treat your family…I put myself in their position" and "I like to chat to people , they like the company." We observed that people's privacy and dignity were respected, for example, staff always knocked on people's doors before entering and called people by their preferred name. The deputy manager spoke about dignity in care training staff had attended a few years earlier and how one person from the service had also attended with them. They explained how much the person had enjoyed it and how it helped staff when they had the views and perspective from a person using the service. People's confidential information was kept private and secure and their records were stored appropriately.

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, one person spoke of their favourite clothing, places to visit and their favourite activities. Another gave details about a certain type of food that they liked and how it gave them pleasure and helped them when they felt anxious.

People were supported to maintain relationships with their family and friends. Care plans recognised all of the people involved in the individual's life, both personal and professional, and explained how people could continue with those relationships. One relative told us they came to visit when they wanted, they said, "I can visit anytime, I could go at 7pm or 9am, I have never been refused."

Good

Is the service responsive?

Our findings

People were involved in planning their care and were able to make choices about how they lived their lives. People told us they could decide how they spent their day and choose what they ate and drank. One person told us they had to be careful about their sugar intake because of their health, they said, "Staff are very good, they help me because anything with sugar I can't have." Another person had decided they wanted to stay at home and told us they were going to rest in their room. A relative told us how the service kept them informed of any changes in their family member's health or of any appointments or activities coming up. They told us, "Staff tell me about anything that is going on, meetings, GP appointments, trips out…they tell me everything." One visiting healthcare professional we spoke with explained for them the service was very responsive to people's needs, seeking professional advice when needed and updating people's records accordingly while following the advice given.

Care records gave staff important information about people's care needs including details of how staff could support people in their day to day lives. For example, there was guidance for staff on how they could support one person when they became angry or upset together with identified triggers that staff could avoid to prevent an escalation of the person's anxiety. Staff were clear about the importance of daily handovers. Notes about people's immediate care were recorded in their daily care notes and a daily handover book gave staff the information they needed about people's care such as GP visits, care reviews or hospital appointments.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. For example, one person liked trips out but did not enjoy places that were loud or too busy. Each person using the service had a keyworker and we were told regular keyworker meetings gave people the opportunity to discuss what was important to them. We saw some examples of keyworker reports and these covered areas such as on-going issues, personal realistic goals, health, activities and daily living skills. Some people did not have key worker reports in their paper care records, we were told these were on the computer system although we did not see the records for confirmation. However, staff and people we spoke with confirmed regular meetings took place. One person told us," [The staff] listen to what I have to say…we have monthly meetings."

People were supported to follow their interests and take part in social activities. One person told us how they liked to make things at their day centre and showed us the cards, pictures and models they had created. Another person told us of their recent holiday and where they hoped to go in the summer. We observed people reading newspapers and the deputy manager explained they would bring newspapers in each morning for people to look at and discuss current affairs together. One person told us when they saw a recipe or a picture of a meal they wanted to try the deputy manager would cut it out of the paper and make it for them. People were coming and going on various activities during our inspection and schedules included bingo, day centres, walks and trips out in the community. People were also encouraged to participate in household chores such as laundry, cleaning and baking to help encourage their independence. One person told us the hairdresser was coming that week and another was waiting for a taxi

to take them out. The deputy manager explained they would try to take most people on a holiday at least once a year and there were photographs around the communal areas of holidays and days out people had enjoyed.

The manager took concerns and complaints about the service seriously with any issues recorded and acted upon. Two complaints had been made in the last 12 months and we noted actions had been identified to address key issues to help reduce future occurrences. We noted detailed information for people on the notice board showing them how to make a complaint and what they should do if they were upset or unhappy. This was in pictorial and easy read format so everyone at the service could understand. One person complained about a bathroom tap while we were there and we saw this had been recorded and acted upon. One relative told us they spoke to staff if they had any issues but had never had to make a complaint.

Good

Is the service well-led?

Our findings

There was a registered manger in place at the time of our inspection and they were supported by two deputy managers who were responsible for the day to day running of the service. We observed the manager and her deputies were actively involved with people who used the service and knew them well.

People were asked about their views and experiences of the service. Stakeholders including people who use the service were sent yearly surveys. When required these were in an easy read and pictorial formant. Feedback was used to highlight areas of weakness and to make improvements. We were shown the replies received from the most recent survey sent during January 2016 and noted the responses were positive. The manager explained that when issues were highlighted these were acted on to make necessary improvements. People were encouraged to be involved in the service through regular meetings. We saw minutes from these meetings covered issues such as suggestions for improvements, menus, up and coming events, activities, keeping people safe and safeguarding.

Staff said they felt supported by their managers and were comfortable discussing any issues with them. Staff told us, "They support me" and "I am comfortable with the managers, they are very supportive…they explain things and try to help."

Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about people's general wellbeing, updates including new policy and guidance on the day to day running of the service. Staff told us they felt they worked well as a team. One staff member told us, "At staff meetings we talk about problems and what we need to do…the staff are kind, very good, it's a good team."

There were arrangements in place for checking the quality of the care people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicines. The registered manager also carried out six monthly reviews of the service including checks on care records, risk assessments, medicines, staff files, supervision and training. This helped to ensure that people were safe and appropriate care was being provided.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not have appropriate and up to date training to support them to provide safe and appropriate care and support to people. Regulation 18 (2) (a).