Carlton Nursing Homes Ltd

Carlton Specialist Care Centre

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

This inspection took place on 4 January 2019 and was unannounced.

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

Carlton Specialist Care Centre provides care and support for up to 10 people with autism and learning disabilities in one large building. Bedrooms are arranged around communal areas on the ground floor. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in place. 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 the last inspection, the service was rated good. At this inspection we found the rating remained good and the service met all relevant fundamental standards.

Staff understood how to keep people safe and were aware of the process to follow if they had any concerns. Risks had been assessed and recorded to ensure people were protected from harm without overly restricting people's freedom. Positive risk assessments were in place to enable people to gain new skills in a safe and measured way.

Accidents and incidents were recorded and analysed. These were analysed by the provider's health and safety team to ensure any lessons learnt were shared across all the provider's locations.

Every person living at the home had a Deprivation of Liberty Safeguard authorisation in place which meant they had some restrictions in place to protect them from harm. However, where it was possible, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received ongoing support from the management team through a programme of supervisions and appraisals and they had been trained to ensure they had the knowledge and skills to care for people. This included specialist training to meet the specific needs of the people at the service.

People were at the heart of the service and staff were keen to ensure they respected people's rights to

privacy, dignity and maximised their independence.

There was clear evidence of person-centred care. People were involved in activities based upon their established routines and preferences. Care records contained information on how to support people and were very detailed. Reviews of people's care needs took place at a regular interval or when their needs changed, and relatives told us how good the service was at keeping them involved and informed about their relation's care.

Systems and processes for ensuring the quality of the service were in place. A number of audits were undertaken to ensure the provider could monitor the quality of the service they provided. These ensured the service continued to improve against nationally recognised evidence-based standards of care for people living with autism and/or a learning disability.

Further information is in the detailed findings.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Carlton Specialist Care Centre

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.

This inspection took place on 4 January 2019 and was unannounced. This inspection was carried out by one adult social care inspector.

We reviewed information we had received from the provider such as statutory notifications. We also contacted Healthwatch to see if they had received any information about the provider. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted the local authority commissioning and monitoring team, the fire service, the infection control teams and reviewed all the safeguarding information regarding the service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with the registered manager, the governance lead, the quality and compliance lead, a team leader and a support worker. We spoke with one visiting relative during the inspection and two relatives following the inspection. We reviewed two care plans in detail and records in relation to people using the service. We reviewed audits and governance information to see how the service was monitoring the quality of the service they provided

Good

Is the service safe?

Our findings

The service remained good

We asked relatives whether their relation was safe. One said, "Yes, Staff are always there. They never leave [relation]. Everything is locked away, except the soft toys." One relative we spoke with said their relative was safe as they visited regularly and said, "They never know when I am coming. This is how they are all the time."

The service had developed and trained their staff to understand and use appropriate policies and procedures. They understood how to ensure people were safeguarded against abuse and they knew the procedure to follow to report any incidents.

Systems were in place to identify and reduce the risks to people living in the home. People's care plans included detailed and informative risk assessments. Each file contained a risk summary detailing which risks were relevant to each person. Risk assessments were reviewed regularly. These documents were individualised and provided staff with a clear description of any risks and guidance on the support people needed to manage these. For example, one person at risk of choking had detailed instructions for staff to follow if the situation arose. Another person who used emollient cream had a risk assessment in place in relation to the fire hazard associated with the use of this type of cream.

The service worked with people who had behaviours which were very challenging to others. There had been very few incidents between people using services, due mainly to the skill of the staff supporting them and the training they had received. When compiling the staff rota, the registered manager ensured staff and people were matched to reduce incidents. Staffing rotas showed staffing levels were appropriate to meet people's needs. People had designated 1:1 and 2:1 time funded either by the relevant local authority or clinical commissioning group and this enabled staff to spend time with people either at home or out in the community.

Medicines were stored and administered safely, and medicine competency checks had been undertaken by the registered manager. Staff undertook the provider's annual training updates.

Regular safety checks took place throughout the home, to help ensure premises were safe. The home had their own health and safety officer who had responsibility for ensuring all checks were in place and these were audited. They had completed the fire risk assessment in October 2018 to assess the risk posed to the service by fire. Fire alarms were tested regularly and equipment such as extinguishers were checked by an external contractor. We found systems and processes were in place to ensure people's safety in the event of a fire and each person had a personal evacuation plan in place.

Staff files showed safe recruitment practices had been followed including obtaining references and ensuring Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

We looked to see how accidents and incidents were recorded and reviewed. The service had archived all the individual accident forms from 2018 but did have their audit of incidents which had taken place over the year and the audit looked at the previous year at the same time to check whether there had been a change in the type and frequency of incidents. Analysis showed the type of incident, the number of incidents and the level of harm. Their analysis of one person's incidence showed that although the incidents had increased their quality of life had significantly increased as they were achieving their goals. Accidents and incidents were analysed by the provider's health and safety team to ensure any lessons learnt were shared across all the provider's locations.

The home employed a cleaner for several hours in the week. At other times staff undertook cleaning duties. We found the home to be clean and staff were provided with personal protective equipment. There was one area where the hand sanitiser was not dispensing gel and the registered manager agreed to address this with staff immediately.

Good

Is the service effective?

Our findings

The service remained good

Relatives told us staff had both the knowledge and skills to support their relation. One relative told us staff were skilled in using distraction techniques which had minimised physical interventions. They said, "They are aware of [relative's] behaviours. They can spot the behaviours and use distraction techniques."

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 make 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and we found the service was meeting this requirement.

We found decision specific mental capacity assessments were in place. Care files we reviewed confirmed an Independent Mental Capacity Advocate had been involved to act on people's behalf when important decisions were to be made and they also acted as a Relevant Person's Representative when the person had no family member to act on their behalf.

Staff who were new to the service were supported through the provider's induction programme. The provider had their own training department and virtually all training was undertaken in house apart from specialist positive behaviour support training. This was provided by a specialist trainer. We found staff received ongoing support from the management team through a programme of regular supervision and appraisals. We reviewed some of the appraisal records from the previous year. Although detailed, they were very repetitive as objectives for staff for the coming year were the same and more individualised feedback, such as from people they supported, and colleagues would demonstrate their values and behaviours.

The provider had sought guidance on the décor of the environment and communal areas were painted in neutral colours to prevent overstimulation of people at the home. Communal areas were minimally furnished and free from ornaments. This made the environment look not very "homely". However, it was safe and had been designed to be durable, with televisions enclosed in a protective case or at a high level, which the registered manager told us was necessary. They said, "I'd like it more homely but it has been designed for the client group." One relative told us the environment was essential as their relation "breaks everything".

The registered manager told us they had plans for the garden area over the next year, and this was an area where providing a safe and effective outdoor space would enhance the well-being for people living at the

home. They said, "We are planning to make the garden more sensory. We are going to astro-turf it and to provide more sensory activities."

We saw evidence the provider ensured the wellbeing of people at the service by involving a range of professionals to support people. Everyone had the support of a psychiatrist and specialist dentist. People had a yearly review by their GP. One relative told us staff supported their relation to eat a healthy diet. The registered manager told us about another person they supported who was developing a medical condition affected by what they ate. With a change of diet this had improved and led to a reduction in medication which demonstrated the positive outcome of the staff interventions.

Good

Is the service caring?

Our findings

The service remained good.

The relatives we spoke with as part of our inspection told us staff at the service were kind and compassionate. One said, "They are absolutely wonderful." Another said, "Extremely so." They told us they showed genuine concern for the wellbeing of their relatives. They said, "They are extremely good at keeping in touch." Staff told us they provided person-centred care and one said, "I treat people as an individual. Give [name] a cuddle when they are upset. I see how other staff interact with people."

Two relatives told us how caring and supporting staff had been when their relations had to go to hospital. One said, "They were unbelievable. [Name] had fantastic care and cover."

People's rooms were decorated in accordance with their needs, so varied in terms of personalisation. One relative told us how staff had decorated their relation's room with a mural depicting their interest. They said how their "face lit up when they saw this".

People's equality, diversity and human rights were maintained and our discussions with staff confirmed they understood the importance of respecting these rights. Staff protected people's rights to privacy and were able to give us examples of how they ensured people's privacy. The service was able to meet the needs of people from differing faith backgrounds, providing culturally sensitive food options and storage arrangements.

People's communication needs were clearly recorded in their care plans. People used a variety of verbal and non-verbal means of communication and staff had received training in specialist communication methods. We observed staff picking up on people's non-verbal cues during our inspection and it was clear staff had developed the best way of understanding people's needs.

People were encouraged to be as independent as possible and their goals were identified in their care plans. One member of staff told us, "We are here to promote people's independence." They could describe to us how they did this. Staff had received training on using an evidence-based tool to determine outcomes for people but were still waiting for the licence to put this in use. This would help the provider demonstrate the impact they were having on people using their service from the person's perspective and in line with their priorities. The registered manager could describe to us the steps that had been taken with one person at the service who was initially unable to leave their room but was now supported to go out into the community with 1:1 support. The registered manager told us, "We do such a good job with people with challenging behaviour." Relatives confirmed this to us, telling us this was down to the staffing levels and people always being around.

Good

Is the service responsive?

Our findings

This service remained good.

Relatives told us the service was responsive. One person said, "They are always thinking about what works for the service user rather than for the service." Relatives told us they had been involved in the care planning process, were invited to reviews and read their relation's care plan. Every relative we spoke with told us how the service always involved them, and communication was good.

We looked at two people's care records in detail including those for people who had lived there a long time and those who had moved to the home more recently. We found care plans were extremely detailed and contained all the information required to guide staff. They also included pictures of the task such as a toothbrush and toothpaste in relation to oral hygiene. Care plans were recorded in a person-centred way and were clear about which part of the task the person could do for themselves and where they might need support.

People were supported to take part in a range of activities both in the community and in-house. Their activities schedules were recorded in their care plans which contained pictures which captured the information in an easy read format. The registered manager told us people had choice in what they wanted to do, and if they preferred a different activity to what was on their planner, this was facilitated. Some people had dedicated hours provided in their care package to take part in activities and these ranged from meals out, walking, shopping, bus trips and the cinema. The provider had recognised the importance of activities on wellbeing and the governance lead had done a spot audit to see what activities people took part in and to ascertain the level of meaningful activities taking place.

The provider was meeting the Accessible Information Standard which requires them to ask, record, flag and share information about people's communication needs. We saw documents which would accompany people to hospital such as Hospital Passports. Information was provided to people in easy read formats to ensure they could access information, including the provider's vision and values. The provider had included an area on their audit tool to ensure people were given all the information required in an accessible format.

We spoke with the management team on how they were using technology to support people at the service. Some of the people supported were using some technology including iPad and computer touch screens to improve communication with staff and their relatives. The registered manager told us about a recent learning disability forum they attended where they learnt about how technology could make a difference to people and over the next year they would be considering how they could use technology at the home.

The provider had a complaints policy in place. There had been no complaints in relation to people at the service, although they had an external complaint in relation to smoking, which they were investigating. We asked a relative whether they have needed to complain. They said, "I can't find any faults. I know if I did, they would try and sort it out. I haven't needed to complain."

Good

Is the service well-led?

Our findings

The service remained good.

Relatives told us the service was well-led. One said, "They are organised. They know what they are doing. You are made to feel welcome."

The manager had been registered at the service since November 2018 but had been acting manager for two years prior to this. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was visible in the service and knew people living there very well. They had a detailed understanding of people's support requirements and told us they also worked shifts as a support worker "on the floor" which enabled them to understand people's support requirements and which members of staff would work well with individuals. A range of audits were completed at the service from infection prevention and control, mattress checks, hand hygiene, documentation, medication, and health and safety.

The provider had oversight of the service through a management team who had specific areas of responsibility such as health and safety. The Group Governance lead had recently undertaken an audit of activities at the service which looked at all the activities people had taken part in over one week. They identified some of the records staff completed showing what activities people had taken part in could have been more detailed. An action was to share this with staff and redo the audit in January 2019. This demonstrated audits were used to drive improvements at the service.

Our discussions with the provider's management team confirmed they kept up to date with current best practice and guidance provided by CQC to ensure they met the fundamental standards of care. They applied the knowledge gained to the service which meant they could demonstrate their goals in terms of continuous improvements. We saw evidence the provider worked in partnerships with other key organisations to ensure people's needs were met. People were involved with the local community.

People's views about the service had been captured in a survey and this detailed people's comments and non-verbal cues about staff and the service provided. The Group Governance lead advised us this was an area they were developing to make it more user friendly which would enable them to capture more valuable information. Relatives' views about the service had been gained through a survey which had been carried out in September 2018. An analysis of the results showed most relatives were happy with the service provided. Where suggestions for improvement had been made, the registered manager could show us what action they had taken.

Team meetings were held each month with staff at the service, although records showed these were not well attended by staff. Senior management held various meetings with all the managers at their locations, to

ensure each service was meeting their identified priorities. The provider's 2019 strategy was available to us and identified quality initiatives for the registered manager which included developing person-centred planning outcome measures and driving up quality initiatives.

The provider had a range of policies and procedures which they were updating. Each registered manager from one of their locations had been given the responsibility to update a policy and these were still in progress at the time of this inspection.

The previous inspection ratings were displayed on the registered provider's website and at the service. This showed the registered provider was meeting their requirement to display the most recent performance assessment of their regulated activities and showed they were open and transparent by sharing and displaying information about the service.