

The Westminster Society For People With Learning Disabilities

Carlton Gate

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 8 March 2016 and was unannounced. The service was meeting all of the regulations we checked the last time we visited in August 2013.

Carlton Gate consists of two modern ground floor properties providing accommodation and personal care for adults with learning disabilities. The two properties, Florey Lodge and Barnard Lodge are identical, each having three bedrooms and shared bathroom facilities. People also have access to a comfortable communal lounge/dining area and a kitchen. People have access to several small courtyard gardens shared with other flats within the complex. The service provides accommodation and personal care for up to six adults with learning disabilities. There were three people living at Barnard Lodge at the time of our visit. Florey Lodge was closed awaiting refurbishments.

The service had a registered manager in post. 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. People using the service expressed positive views about the service and the staff.

The service received referrals from social workers. This information was used to inform and develop people's care plans in consultation with people and their family members (where appropriate). This ensured people's support needs could be identified and risk assessments completed before people moved into the service on a permanent basis.

People's risk assessments covered a range of issues including environmental issues, falls and mobility, nutrition and personal care. Staff supported people to attend health appointments and there were protocols in place to respond to any medical emergencies or significant changes in a person's well-being.

Medicines were stored safely. Where staff were responsible for prompting people's medicines, staff had completed training in medicines administration.

Staff were familiar with the provider's safeguarding policies and procedures and able to describe the actions they would take to keep people safe. We had received two safeguarding notifications from the provider since the last inspection took place in August 2013. We saw records demonstrating that these matters had been managed appropriately in conjunction with local authority safeguarding teams.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (2005) (MCA) and DoLS, and to report upon our findings. DoLS are in place to protect people where they do not have the capacity to make decisions and where it is regarded as necessary to restrict their freedom in some way, to protect themselves or others.

Staff understood when a DoLS application should be made and how to submit one. Applications had been made to the relevant agencies as people using the service were subject to restrictions relating to access in and out of the building.

People's independence was promoted. People attended church services church, went shopping and ate out. People had also been on holiday and further trips were planned.

Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes. People selected their own meals and ate them in the lounge or in their rooms. People who required support to eat and drink were offered this assistance in a caring and patient manner.

There were arrangements in place to assess and monitor the quality and effectiveness of the service. This included resident surveys and weekly meetings, staff team meetings and internal audits.

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.

Medicines were stored and administered safely.

A range of risk assessments were completed in relation to the environment, and people's mobility and personal care needs.

Staff were able to explain their understanding of safeguarding and whistle blowing policies and provide examples of how these policies related to their duties and responsibilities.

Before commencing employment, staff were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK.

Is the service effective?

Good ●

The service was effective. People had access to a wide range of healthcare professionals including mental health specialists, occupational therapists, podiatrists and dentists.

People were supported at mealtimes to have the food and drink of their choice.

The deputy manager had a good working knowledge of current legislation and guidance in relation to Deprivation of Liberty Safeguards (DoLS). Staff had completed mandatory training in areas such as equality and diversity, safeguarding and health and safety.

Is the service caring?

Good ●

The service was caring. Staff developed positive caring relationships with people using the service.

Care and support records contained information about the way people wanted to be supported and by whom.

Staff demonstrated a good understanding of the needs of people living within the home and were kind and patient.

Is the service responsive?

Good ●

The service was caring. Staff developed positive caring relationships with people using the service.

Care and support records contained information about the way people wanted to be supported and by whom.

Staff demonstrated a good understanding of the needs of people living within the home and were kind and patient.

Is the service well-led?

Good ●

The service has a registered manager in post and was well led.

The service had quality assurance systems in place which included regular checks on fire safety, fridge temperatures, first aid equipment and medicines records.

Staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service.

Carlton Gate

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 28 March 2016 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection took place, we looked at the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents and/or complaints reported to CQC since the last inspection in August 2013.

During the inspection we spoke with two people using the service. We also spoke with the registered manager, the provider's Head of Adult Services, a service manager and two support staff.

Records we looked at included care plans for all of the people using the service, two staff records and records relating to the management of the service. We sought feedback from a health and social care professional with knowledge about the service and the people using it.

Is the service safe?

Our findings

People told us they were happy living in the home and that they were well cared for. Staff told us, "People are safe in and outside of their environment and are treated with respect."

People were protected from harm by a range of risk assessments that were completed in relation to the environment, people's mobility and personal care support needs. Records showed that care plans and risk assessments were reviewed annually or more frequently if and when people's healthcare needs changed. Risk assessments we reviewed were up to date.

Appropriate arrangements were in place to protect people from the risk of abuse. Staff were able to access information outlining the provider's policies and procedures relating to areas such as safeguarding adults and whistle-blowing. Staff had a good understanding of these key policies and provided examples of how they related to their duties and responsibilities.

Staff had completed training in safeguarding adults prior to working with people who used the service and knew what to do if they felt someone they were supporting was being abused. Staff understood how to recognise the signs of abuse and told us they would speak to their manager and/ or social workers if they had concerns about a person's safety and/or welfare.

The registered manager told us that before staff were employed they were required to undergo criminal record checks and provide satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. We saw documented evidence that staff had been recruited safely.

Staff had previous experience of working in care settings. Staff had completed training linked to the Qualification and Credit Framework (QCF) in health and social care. Staffing levels on the day of our visit were adequate to meet the needs of people living in the service.

Where staff were responsible for prompting people's medicines, staff had completed training in medicines administration and first aid awareness. Medicines administration records (MAR) were signed by staff each time medicines were administered. Staff told us how they would be able to recognise if people were in pain and the action they would take to manage this. Medicines were stored safely. However we needed to remind the registered manager that the keys to the medicines cabinet should not be left unattended or accessible to others.

The building was secure and we were asked to identify ourselves on arrival and sign in and out of the building accordingly. On the day of our visit, the service was clean and free from odours. Staff had access to gloves. We were told that the shower was currently out of action. The registered manager told us she had raised this issue with the maintenance team responsible for repairs and was awaiting their visit.

Is the service effective?

Our findings

People were supported to maintain good health. People's care plans contained adequate information relating to their healthcare needs and included relevant guidelines in relation to specific areas such as, positive behaviour support and dietary requirements. Where people had complex healthcare needs staff told us they sought relevant guidance from people's GPs and district nurses.

We saw evidence that the service worked collaboratively with health and social care professionals to ensure people received specialist care and treatment. District nurses, occupational therapists, dietitians and podiatrists visited the service on a regular basis. The service completed records detailing all healthcare appointments people were required to attend and had systems in place that ensured people were seen by the appropriate healthcare professionals at the appropriate time. Staff made appropriate appointments for people to see their GPs as and when needed and accompanied them to all healthcare appointments.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's health and wellbeing. Staff told us that if someone they were supporting became unwell they would contact a manager and/or emergency services. Staff gave us examples of when they had sought assistance from emergency services and responded appropriately to a medical emergency.

The registered manager had a good working knowledge of current legislation and guidance in relation to Deprivation of Liberty Safeguards (DoLS). DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. DoLS applications had been submitted for all the people living in the home in relation to access in and out of the building and one to one supervision. We did not observe people's freedom being unnecessarily restricted in any manner.

Staff were supported to carry out their roles effectively. Staff had a programme of training, supervision and appraisal, so people were supported by staff who were trained to deliver care safely and to an appropriate standard. Records showed that staff had completed mandatory training in areas such as equality and diversity, safeguarding and health and safety.

Staff confirmed they had completed an induction and received adequate supervision. We saw evidence in staff records that supervision sessions were conducted on a regular basis. Staff told us they had access to further training and staff had completed vocational training courses in health and social care.

Staff told us they had received training in food hygiene and were aware of food safety issues. People were supported at mealtimes to access the food and drink of their choice. We saw staff offering people choices and preparing meals for people.

Is the service caring?

Our findings

Staff developed positive caring relationships with people using the service. One person told us, "I like the staff and everything's ok." Staff we met during our visit were friendly, polite and caring. Staff had worked with people for many years and were well informed about people's lives, their family members and favourite past times.

We saw staff interacting with people using the service, explaining their actions, asking permission to perform various tasks and offering reassurance when needed. Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. For example, people were asked what they would like to eat at mealtimes and if they wished to partake in any activities. People were also asked their permission to show us around their home.

We looked at people's files which included their care planning documentation, risk assessments, healthcare documentation and other records. Support records we read contained information which people had expressed was important to them which meant that staff knew about people's family connections, likes and dislikes and daily routines. There were photographs of the staff people preferred to be supported by and we saw that this was being adhered to on the day of our visit. Additional information included monthly link working sessions outlining people's goals and documenting progress along with photographs of people participating in activities such as meals out and trips away.

Staff told us that respecting people's privacy and dignity was an important part of their work and they always made sure they observed good practice such as asking people's permission, telling them what they were going to do and making sure curtains were drawn and doors were shut whilst people attended to or were being supported with their personal care.

People were supported to partake in activities and trips organised by support staff. One staff member told us, "The [residents] get out, they can do anything they want to, they go on trips and train journeys, watch TV, go shopping and go to the cinema." We saw people leaving the home to visit the GP surgery and nearby shops.

Is the service responsive?

Our findings

The service tailored support to each individual. Where possible, people were involved in making decisions about their care and support needs. Where people were not able to make these decisions for themselves, family members (if appropriate) and/or health and social care professionals contributed to the development of care and support plans.

The manager told us that they reviewed people's care and support needs on a regular basis and involved family members where appropriate. All the care plans we looked at were current and had been reviewed in line with the provider's policies and procedures.

People's health action plans had been completed and gave details of the range of healthcare professionals involved in people's care including psychiatrists, GPs and social workers. Information was recorded in relation to people's health appointments and we saw that people were supported to attend dental and GP appointments when required.

Care records contained hospital passports. The aim of the hospital passport is to assist people with learning disabilities to provide hospital staff with important information about them and their health when they are admitted to hospital. We noted that information about people's medicines was not always up to date.

Staff told us they entered information in people's daily logs. We looked at archived daily records of support and found that these had been completed with a summary of tasks undertaken including information regarding people's wellbeing and where appropriate, details relating to meals, activities, appointments and medicines prompting.

In the event of a medical emergency staff had been trained to call 999 and stay with people until an ambulance arrived, offer reassurance and keep the person warm and safe. Staff told us they would always contact senior staff members and family members to inform them of any emergency situation.

The registered manager told us resident's meetings were held with people at which issues regarding future activities and the general running of the service were discussed. We read the meeting minutes for recent meetings and saw that well-being, activities and plans for the future had been discussed.

The provider had a complaints policy which was available for people using the service and their family members. One person using the service told us, "I'd complain to [the registered manager] if I needed to." Complaints were managed as soon as they were received and investigated in line with the provider's policies. We reviewed the complaints logged and noted that these matters had been followed up appropriately. The service had also received compliments from people's relatives in relation to good care delivery.

Is the service well-led?

Our findings

The service had a registered manager. The registered manager was available and spent time with people who used the service. Staff told us the registered manager was open to any suggestions they made and ensured they were meeting people's needs.

Staff told us the registered manager was "supportive", "easy to get on with and well organised." People responded well to staff and the registered manager and told us they were "happy" living in the home.

We saw documents that demonstrated systems were in place to log, monitor and respond appropriately to any accidents and/or incidents. Staff were aware of the reporting procedures for any accidents or incidents that occurred and told us they would record any incidents in people's daily communication records and report the matter to senior staff.

The service had quality assurance systems in place. The registered manager told us they completed regular and ongoing checks on fire safety, water temperatures, maintenance and medicines records. Up to date fire checks were recorded and fire equipment had been tested. We looked at observational visit reports which covered a wide range of quality issues including care records, staff training, staff interaction and communication methods. Comments had been added in all sections and any issues or concerns discussed in team meetings.

Stock controls for medicines were in place. We found minor discrepancies in the recorded stock levels of stored medicines and discussed this with the registered manager who told us stock was checked every evening rather than after each dose of medicine had been administered. The registered manager acknowledged that this meant records were not always accurate or up to date and told us that she would change this recording procedure immediately and discuss this change with staff.

The provider conducted surveys on an annual basis. We looked at the results of a survey carried out in 2014/15. The survey covered all services run by the provider and therefore we were unable to review people's specific responses in relation to Carlton Gate. The Head of Adult Services told us they were in the process of designing a new survey that would capture more detailed information about people's goals and move on plans.

The registered manager told us that staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service. Minutes from recent staff meetings showed that issues such as people's well-being, training needs and activities had been discussed. Support staff told us that staff morale was good.

Incident and accident records were logged appropriately. We saw incident forms that had been uploaded to the computer systems and reviewed by management and where appropriate, action taken to ensure that any risks identified were addressed.

