

Care Worldwide (Carlton) Limited

Newbrook

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 

Overall summary

This was an unannounced inspection carried out on the 13 January 2015.

Newbrook is an adapted residential semi-detached house which provides accommodation for three people who have a learning disability. There are shops and a local supermarket close by. It is close to a main bus route and only a short journey from the town centre and all amenities.

At the last inspection in July 2014 we found the provider had breached six regulations associated with the Health and Social Care Act 2008.

We found that before people received any care or treatment they were not always asked for their consent and where people did not have the capacity to consent, the provider was not always acting in accordance with legal requirements. Care and treatment was not consistently planned and delivered in a way that was intended to ensure people's safety and welfare. People who used the service, staff and visitors were not protected against the risks of unsafe or unsuitable premises. We also found that people were not cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard. We saw

Summary of findings

the home's Statement of Purpose was out of date and the provider did not have an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

We told the provider they needed to take action and we received a report on the 19 September 2014 setting out the action they would take to meet the regulations. At this inspection we found improvements had been made with regard to these breaches and the issues we identified had been addressed.

There was 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 and associated Regulations about how the service is run.

There were effective systems in place to ensure people's safety and manage risks to people who used the service. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough. Appropriate arrangements were in place to manage the medicines of people who used the service.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and

support required to meet people's needs well. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. People had detailed, individualised care plans in place which described all aspects of their support needs.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity decisions had to be in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

People participated in a range of activities both in the home and in the community, this also included supported employment. People were able to choose where they spent their time.

Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided.

Summary of 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 was safe.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service.

People's medicines were stored safely and they received them as prescribed.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Good



Is the service effective?

The service was effective in meeting people's needs.

Staff told us they received good training and support which helped them carry out their role properly. This included a thorough induction course.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals. Care plans were up to date and gave a good account of people's current individual needs.

People's nutritional needs were met. The menus offered a good variety and choice and provided a well-balanced diet for people who used the service.

Good



Is the service caring?

The service was caring.

People had detailed, individualised care plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Staff and people who used the service had a good rapport and had developed good relationships.

Good



Is the service responsive?

The service was responsive to people needs.

People's needs were assessed before they moved in to the service and whenever any changes to needs were identified. We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

Good



Summary of findings

There were good systems in place to ensure complaints and concerns were fully investigated.

Is the service well-led?

The service was well led.

There were effective systems in place to assess and monitor the quality of the service. People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement. The registered manager was looking at ways to improve communication with the relatives of people who used the service.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified and acted upon.

People spoke positively about the approach of staff and the manager. Staff were aware of their roles and responsibilities and knew what was expected of them.

Good



Newbrook

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 13 January 2015 and was announced.

The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

At the time of our inspection there were three people living at the home. During our visit we spoke with one person

living at the home, two members of staff, the registered manager and the regional manager. We observed care and support in communal areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at three people's care plans. After the inspection we spoke by telephone to three relatives of people who used the service.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

Relatives of people who used the service said they felt their family members were safe and well looked after. One relative said they noticed how well their family member got on with staff. They said they felt their family member was taken good care of, saying, “Overall very, very happy with the day to day care that my daughter gets.” We saw that people were happy and comfortable with staff in their interaction with them. There was positive interaction, good eye contact and staff spoke with sensitivity for people’s individual needs.

Staff said they were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff had received training in the safeguarding of vulnerable adults. Staff we spoke with said the training had provided them with good information that helped them understand the safeguarding processes, including reporting systems.

Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

Staff also spoke of their training in managing behaviours that challenged the service. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge. Staff said that people who used the service got on well and enjoyed each other’s company. On the day of our visit two people who lived at the home chose to spend time together in the lounge at certain times of the day.

We looked at three care plans and saw risk assessments had been carried out to minimise the risk of harm to people who used the service. The risk assessments were linked to care plans and activity involved in care delivery. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm. These were reviewed every three months or sooner if there were any changes.

We saw there were systems in place to make sure equipment was maintained and serviced as required. There

was a file containing an up to date equipment register and certificates to show gas and electrical safety tests were carried out at the correct intervals. Records also showed that fire fighting equipment had been serviced. We saw that work had recently been completed to make sure the premises were safe and protected the needs of people who used the service. This included work to ensure the drive and garden area was secure and evenly paved and suitable radiator covers were in place.

Through our observations and discussions with relatives of people who used the service and staff members, we concluded there were overall, enough staff with the right experience and training to meet the needs of the people living in the home. On the day of our visit there were two staff on duty providing 1-1 support for two people who lived at the service. The registered manager told us that most days there were times when there were two staff available for the three people who lived at the home. The rota we looked at showed this to be the case. At some points of each day there was only one staff member on duty. Although this met the needs of people who used the service, it did mean that at these times people could not go out from the house. We discussed this with the registered manager who said they would always try to work things out to enable people some spontaneity in activity. They said they would try to enable this by using staff hours flexibly.

Two of the three relatives we spoke with said they had no concerns about the numbers of staff available to care for their family member. However, they said they thought the number of recent staff changes had possibly been unsettling for their family member.

Appropriate recruitment checks were undertaken before staff began work. This helped reduce the risk of the provider employing a person who may be a risk to vulnerable adults. We looked at the recruitment process for three recently recruited members of staff. We saw there was all the relevant information to confirm these recruitment processes were properly managed, including records of Disclosure and Barring Service checks. We saw enhanced checks had been carried out to make sure prospective staff members were not barred from working with vulnerable people. Staff we spoke with described a thorough and robust recruitment process they had been through which included them having to provide a full employment history and references from their last place of work.

Is the service safe?

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and there were adequate stocks of each person's medicines available with no excess stock. Temperatures in the cupboard where medicines were stored were taken each day morning and evening and recorded to make sure they were kept at the right temperature to ensure their effectiveness.

The home had procedures for the safe handling of medicines. Staff who administered medication had been trained to do so. Medicines were prescribed and given to people appropriately. The care plans and medication administration records (MAR) contained information about each person's individual needs, their medications and what they were used for. Care plans showed medications were reviewed on a regular basis by people's GP. We looked at the medication administration records for three people who used the service and no gaps in recording were seen which showed they had been given correctly.

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. For example, people were asked if they wanted to go out for lunch or stay at home. They were asked what activity they wanted to be involved in and where they wanted to spend time in the home. Records showed that people's consent in relation to the use of photographs and medication was gained.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. We were told that two people using the service were subject to authorised deprivation of liberty. Our review of people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. We saw policies and procedures were in place for the Mental Capacity Act (2005) (MCA) and the DoLS. The registered manager showed a good understanding of DoLS and the application process.

We asked staff about the MCA. They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. They spoke of making sure people were supported and given time to make decisions such as what to wear, what to do and what to eat and how they did this. Staff spoke about always making sure everything they did with people was in their best interests. When the service was making a best interest decision they always consulted the relevant people. Records we looked at showed families were consulted and involved in decision making. Staff said they had received recent training on the MCA and DoLS. The training records confirmed this.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a Health Folder which included details of their medication which was regularly reviewed. There were details of visits to or visits by professionals which demonstrated that people had regular check- ups with GPs, dentists, chiropodists, consultants and community nurses.

We saw people who used the service had a 'hospital passport' in place. This gave information on essential needs and would accompany people to any hospital admissions.

Relatives we spoke with said that on the whole their family member was well looked after. However, one relative raised concerns regarding dental care and the need to assist their family member to clean their teeth properly. They said their family member had lost some teeth due to not cleaning them properly. Another relative said their family member had had a fall when out independently in the community and staff had not been available to assist them or let the relative know this had happened.

People had care plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies was clearly recorded on the front of the care plan. We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs.

Staff told us that menus were put together based on the known likes and dislikes of people who used the service. They said they discussed menus in 'residents meetings'. We saw from the minutes of one of these meetings that a suggestion for porridge had been made and this was put on the menu. We looked at the menus and saw there was a good variety of options available for people. On the day of our visit people who used the service chose to eat their lunch in the lounge while watching television and socialising with staff. We saw they were offered a choice of what to eat and given the assistance they required.

Staff told us they were trained in food safety and used a common sense approach to encourage healthy eating while always ensuring people had 'treats' and their favourite foods from time to time. We saw there was plenty of fresh produce in the home and recipe instructions were provided to enable staff to cook meals correctly.

We looked at staff training records which showed staff had completed a range of training sessions. This commenced with induction training which included practical day to day matters, documentation, medication, requirements of people who used the service and an introduction to learning disabilities. The induction training log was signed off when the staff member was deemed competent and demonstrated their understanding. Staff also then

Is the service effective?

completed a variety of mandatory training courses which included; safeguarding vulnerable adults, first aid, MCA and DoLS, infection control, health and safety and moving and handling.

Staff spoke highly of their training and said it prepared them well for their job role. They said training was a high priority within the organisation and there was always plenty of it. They said they had been put forward to

complete nationally recognised vocational training. Staff confirmed they received supervision meetings where they could discuss any issues on a one to one basis with their line manager. They said they found this useful as they received feedback on how they were progressing in their role. One staff member said, "It's brilliant here, feel so well supported and the training is great."

Is the service caring?

Our findings

Our observations showed that people who used the service had a good rapport with staff. Staff seemed to know people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service that we met looked well cared for, clean and tidy. People were dressed with thought for their individuality and had their hair nicely styled. People appeared comfortable in the presence of staff. We saw staff treated people kindly; having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we observed that staff had time to attend to people's needs and generally spend time with them. People who used the service enjoyed the relaxed, friendly communication from staff.

People's relatives were, in the main, positive about the care provided. One relative said, "I certainly think she's well looked after, staff seem to take wonderful care of her, she's showered every day, her clothes are always clean, they take her on shopping trips and I can see that there's new clothes in her wardrobe" and "Overall very, very happy with the day to day care that my daughter gets." However, another relative said they thought their family member needed more support with personal care to ensure better cleanliness and more support to help with budgeting.

Staff we spoke with said people received good care. They described it as person centred, individual, thoughtful and caring. One staff member said they always treated people as they would like to be treated themselves. Staff gave good examples of how they protected people's privacy and dignity. They said they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people's preferred names.

Staff said they were given plenty of time to get to know people gradually and build up a relationship with them. They said they found the care plans had good information in and this helped them when getting to know people's needs and preferences.

We saw people were able to express their views and were involved in making decisions about their day to day care and support. They were able to say how they wanted to spend their time and what support they needed. Within the home, the communal areas of lounge, dining room and kitchen were small. However, people's rooms were spacious and allowed people to spend time on their own if they wished. Staff said the room available to people who lived at the home met their needs despite it being limited in the communal areas. A relative of a person who used the service also commented on the limited communal space, especially in the dining room.

Regular meetings with people who used the service took place so their views were listened to and acted upon. We saw from the minutes of these meetings that people's comments and suggestions were taken seriously such as television choices and the choice to have a hall door left open to enable a person to feel more comfortable. The registered manager said that people who used the service were involved in discussions about their care plans and what they wanted to do where possible. Care plan changes were signed by the registered manager and person using the service, where they were able to do so.

The registered manager told us that no-one in the home currently needed the support of advocacy services. However they were aware of advocacy support services in the local area and had the contact details should they need them in the future.

Is the service responsive?

Our findings

The care plans of people who used the service demonstrated that staff had time to assess people's needs, regularly review those needs and spend time with people discussing their plan of care. One relative said that they had been involved in an annual meeting with their daughter but another relative said that they couldn't recall being invited to a review to discuss progress.

We looked at three care plans and saw that people who lived in the service had detailed assessments in relation to all aspects of their care. There was an overall assessment which described people's needs and how these were to be met. Each plan was reviewed on a three monthly basis and where any changes had been made these were recorded in the review with the date of the changes clearly documented. Changes had been made to the care plans outside the review where this happened these changes were documented, dated and signed. Staff said care plans were kept up to date and they felt able to contribute to the development of care plans and the identification of new needs and goals for people who used the service.

People received care which was individualised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their needs were met and their preferences and wishes were identified. One staff member, who also worked at a neighbouring service told us they had asked to work more hours with the person they were keyworker for to enable them to develop and build up a supportive relationship. This had been agreed and put in place. Staff showed they had a good understanding of people's care, support needs and routines, and could describe care needs provided for each person.

People who used the service were involved in a range of activities. These included; watching favourite DVD's, playing darts, going out with the provider's handy person on their rounds, working in a local bakery and café, shopping, attending a leisure centre and pubs. In each person's care plan, we saw that details of activities had been recorded. This included participation in organised activities within or outside the home.

We saw people were supported and encouraged to keep in contact with family and friends. One person who used the

service had an old friend who staff helped them to keep in regular contact with. We were also told that one person who used the service had staff support to regularly meet up with their relative for shopping trips. One person's relative told us their family member had been without a bus pass for the last couple of months and staff had not yet attended to this. We spoke with the registered manager about this matter and they confirmed a bus pass was in the process of being renewed with the local authority.

On the day of our visit, one person was out all day on a shopping trip. Another person was offered a shopping trip but chose to spend time watching television and socialising with the staff. Another person enjoyed spending time playing darts in the house with staff and then chose to go out later in the day. We saw staff asking people how they would like to spend their evening and plans were made for a comedy DVD evening. One person's relative said their family member had a good range of activities and places to go out to in the evening but added that they sometimes worried that there was not enough for them during the day. Records we looked at showed there was a good variety of day time and evening activity available.

There was a complaints policy in the home and the registered manager said they made this available to people who used the service and their relatives. We saw evidence of a recent complaint made to the service and the action that was currently being taken. It was clear that this complaint was being responded to by the provider and the issues were under investigation. The provider was aware of the need to refer these issues as safeguarding matters if the initial investigation showed this was warranted. A relative spoke to us about this complaint and confirmed the provider was in contact with them to try and resolve matters. Another relative told us they had complained in the past and matters were resolved to their satisfaction.

Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints. Staff said they would record all complaints and report them to the manager or senior person on duty. Staff said they received feedback on any concerns or complaints to ensure they reduced the risk of any re-occurrence and lessons were learned.

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager and a team of support workers. The registered manager also had responsibility for two other neighbouring homes. Staff spoke positively about the management team and said they were happy working at the home. Comments such as; “This is the best job I have ever had” and “I love working here” were received. Staff said that the registered manager or deputy manager spent some time each day at the home. They also said there were good on-call arrangements in place to ensure they always had a manager they could contact for advice and support.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues in the home. Staff described the registered manager as approachable and always having time for them. One said, “You can always depend on [Name of manager].” They said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt valued as team members.

Staff said they were aware of the policies and procedures in place about raising concerns. They said they felt comfortable to raise concerns and were aware of the whistle blowing procedures they could use. Staff described the culture in the home as ‘friendly’, ‘open’ and ‘welcoming’.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual surveys for people who used the service and their relatives. These were collected and analysed to make sure people were satisfied with the service. We looked at the results from the latest survey undertaken in May 2014. These results gave an overview of the satisfaction with the service of all three homes managed by the registered manager and were not individual to this service. The provider and registered manager agreed they would collate the results for this service alone when they next sent out the surveys. A high degree of satisfaction had been expressed; no negative

comments had been noted from the last survey. Some suggestions had been made such as more one to one activity and we were told this had been actioned across the service.

A relative of a person who used the service spoke highly of the current registered manager who had been in post since the summer of 2014. They said, “She’s one for the residents, she’s a straight forward person.” Other relatives we spoke with said they felt communication with the registered manager and the home could be improved. One said, “It would be good to have a better way of communicating with [Name of manager]” and “I’m concerned about how certain decisions are made and about what they don’t tell me.” People’s relatives said they didn’t always feel that staff had the information they needed when they contacted them with queries. One said, “You can talk to most of the staff but sometimes it takes a while for them to get back to you.” We spoke with the registered manager about this. They said that relatives and people who used the service had an alternative and mobile number to enable them to contact the registered manager. They agreed to check with all the relatives that they still had these contact numbers.

There were systems in place to monitor the quality and safety of the service. Records showed this included monitoring of safeguarding issues, accidents and incidents. The manager told us how they monitored incidents and accidents in the service. A monthly file was maintained and reviewed each month. We also saw that the manager and deputy had a monthly health and safety meeting to review any issues or identified hazards.

The registered manager told us that they had a system of a continuous checks in place. These included audits on care plans, medication, infection control, catering, finances and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed.

A senior manager from the organisation visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people who used the service, staff and the manager during these visits to gain their feedback. A record of the visit was maintained through discussion and supervision meetings with the registered manager. Staff spoke

Is the service well-led?

positively about these visits and said they always resulted in actions being addressed such as updates to the premises or equipment. One staff member said, “He’s a lovely bloke, comes to our staff meetings too.”