

Diamond Care (2000) Limited

Carisbrooke

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Carisbrooke is a care home providing personal care and accommodation for up to 12 people, who may be living with a learning disability. At the time of the inspection nine people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Carisbrooke is a large home, bigger than most domestic style properties. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service

Maintenance issues were not always reported to ensure these were addressed promptly. This was rectified after inspection. We made a recommendation to improve this in the report.

The provider had systems in place to safeguard people from abuse. Staff demonstrated an awareness of each person's safety and how to minimise risks for them. Medicines were managed safely. Accidents and incidents were monitored to identify and address any patterns or trends to reduce the risk of recurrence. Systems were in place to recruit staff safely.

People were supported with good nutrition and could access appropriate healthcare services. Staff were equipped with relevant skills.

There was a very homely and welcoming atmosphere where people were supported by staff who were kind, caring and treated them with dignity and respect. People were relaxed and happy in the company of staff and the registered manager.

People received person-centred care from staff who developed positive, meaningful relationships with them. People had opportunities to socialise and participate in activities and entertainment of their choosing. Care plans were detailed and up to date about people's individual needs and preferences.

The environment was clean and free from malodours. People had personalised rooms.

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.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was strong leadership at the service and people, relatives and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported. There was a drive to continuously improve the service for people and the registered manager and staff team were very responsive to any areas for improvement identified. People using the service and staff had the opportunity to feedback about the service. There was a system in place to respond to any concerns.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk.

Rating at the last inspection

At the last inspection the service was rated good (published 31 December 2016).

Why we inspected

This was a scheduled inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Carisbrooke

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

The service had a manager registered with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority safeguarding and contract teams. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager, the team leader, a care worker and a visiting advocate. We spent time in communal

areas and observed staff interactions with people.

We reviewed a range of documents. This included two people's care and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and quality assurance records. We spoke with two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Environmental checks had not always been fully completed. For example, two uncovered hot radiators had not been reported and the gas safety certificate was recently out of date. The registered manager took immediate action to address this.

We recommend the provider improve the systems to identify health and safety issues and ensure all regular servicing of installations has taken place.

- The registered manager completed assessments to evaluate and minimise risks to people's safety and well-being. People were supported to take positive risks to aid their independence. Risk assessments had been updated to reflect people's changing needs.
- The registered manager responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity. Where concerns were identified the registered manager, provider and staff team looked for ways to further improve the service. For example, following a recent incident, staff were completing formal assessments of people's ability to use the stairs more regularly.
- Each person had an up to date personal emergency evacuation plan that would be used in the event of an emergency such as a fire.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The provider had effective safeguarding systems in place. Staff were trained in safeguarding and knew what to do and who to tell if they had concerns. They had no worries about speaking out to support people using the service.
- A person using the service told us they felt safe and supported by members of staff. They said, "I'm safe here. I like all the staff; they look after me."
- The provider operated a safe recruitment process. There were enough staff on duty to meet people's needs, enable people to participate in social activities and to attend medical appointments.
- Staff turnover was minimal, and this provided good continuity of care for people. Staffing needs were reviewed and a new part time assistant manager had recently been recruited to support the registered manager.

Using medicines safely

- People's medicines were managed safely. This included storage, administration, disposal and stock control.

- Not all guidance for staff was in place to ensure people received their 'as required' medicines when they needed them, and this was addressed during the inspection.
- Staff were trained and had their competency checked regularly to ensure they were safe to administer people's medicines.
- Where medication errors were found during audits they were investigated and action taken as needed.

Preventing and controlling infection

- The environment was clean and free of malodours.
- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs and ensured their preferences and beliefs were respected. One person told us, "I have a care plan and I read this with [Name of the manager]."
- People received care, treatment and support to meet their holistic needs in line with best practice guidance. Staff followed advice from professionals to promote positive outcomes for people. A social care professional told us, "The staff team work hard and really know the clients well."

Adapting service, design, decoration to meet people's needs

- The premises were designed to provide a homely environment for people.
- One person told us they liked the environment and were fully involved in the decoration of their bedroom. All areas of the service were personalised with photographs, pictures and personal items.
- Although the registered manager had redecorated areas of the service, further improvement work was required. Internal audits had identified this and the work was planned.

Staff support: induction training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training programme. Some refresher courses were out of date due to changes with the training provider; the registered manager was supporting staff where necessary with the new computerised training programmes.
- Staff spoke positively about the range of training opportunities available to them. One member of staff told us, "The new programme is really good and the courses are easier to access."
- Staff felt very supported by the registered manager. Staff received regular supervision meetings to develop their practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a choice and access to sufficient food and drink throughout the day. Menus were planned in consultation with people based on their preferences.
- Staff supported people to grow vegetables and herbs in raised beds in the garden, which were used in the meals.
- People told us they enjoyed the food at the service. One person told us, "We talk about the meals we want and my favourite is pasta bake. I like making chocolate crispy cakes with the staff."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where people required support from healthcare professionals this was arranged and staff followed the guidance provided. Information was shared with other agencies if people needed to access other services such as hospitals.
- A health professional we contacted considered there had been delays with some referrals for assessments when people's needs had changed. The registered manager had identified this and had been working with staff to make improvements.
- People's changing needs were communicated with their relatives.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- DoLS applications had been made when required. When authorised these were monitored and reviewed by the registered manager. A visiting advocate told us the staff supported people's rights.
- Staff had a good understanding of the principles of the MCA. People were supported wherever possible to make their own decisions.
- Where people lacked capacity, mental capacity assessments were undertaken. People's legal representatives, relatives and professionals were consulted and involved in best interest decisions, although not all records reflected this. The registered manager had identified this and had begun to review and update people's consent records.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a caring culture promoted at every level. The service worked hard to enhance the lives of the people living there.
- People were relaxed in the company of staff. We observed warmth and kindness in staff's interactions with people. A health care professional told us, "There is a lot of compassion and nurturing. Staff are always friendly and respectful."
- People and relatives were happy with the care provided and they praised the staff. Comments included, "I love the staff they are my friends" and "This is [Name]'s home. The staff and other residents are their family. They have flourished living there and have been so happy and settled."
- Staff received training in equality and diversity and people's cultural and spiritual needs were respected.
- Staff provided a strong person-centred culture within the service. They demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- Staff communicated with people in a caring and compassionate way. They gave time for people to respond. Staff anticipated people's needs and recognised signs of distress at the earliest stage. Interactions between staff and people were natural and positive.

Supporting people to express their views and be involved in making decisions about their care

- People were listened to and encouraged to make choices for themselves.
- Where people needed more support with decision making, family members, or other representatives were involved. The service positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke very fondly about people they cared for and supported, using their preferred names.
- People's privacy was respected, where people wished to spend time alone staff understood how important this was and the positive impact this had on people's wellbeing.
- People's independence was promoted. Their care plans showed which aspects of care people could manage independently, and what they needed help with. People were encouraged to maintain their independent living skills and assist staff with tasks if they wanted to.
- Care records were kept securely, so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person-centred, describing their care needs and how they would like support.
- Staff provided individualised care and support to people. They spent time with people and their relatives to find out what was important to them.
- People were supported to prevent ill health and promote good health. Staff worked with people to support their rehabilitation following hospital admissions and worked with health and social care professionals to maintain their well-being.
- Health and social care professionals considered the quality of care was good. Comments included, "The care records are excellent and we have no concerns about the care" and "The manager goes above and beyond to ensure the client's needs are met."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of this standard and provided information to people in a format that met their needs.
- People's communication needs were understood and well supported. Some people communicated through sounds and gestures and this was clearly described in their communication plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff understood people's needs and found ways of supporting them to have a good quality of life.
- People were supported to maintain relationships with their family and friends.
- Staff were aware of people's hobbies and interests and encouraged activities based on these. People told us about visiting singers they liked and the regular massage sessions they enjoyed. Most people attended community day services during the week.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place. The service had not received any complaints since our last inspection. The service provided a range of accessible ways for people to raise any concerns.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- People's wishes and preferences in relation to end of life care had been considered with them and their families where possible and recorded.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery and the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People told us they liked the registered manager. Relatives spoke positively about the management of the service. One commented, "I've been very impressed with Carisbrooke. [Name of manager] is the heart of the home and staff follow his example."
- Relatives and visitors told us the registered manager was very approachable and available to talk with.
- The registered manager worked collectively with the care workers to demonstrate a positive culture and promote a high standard of person-centred care and support for people. A member of staff said, "It is a lovely place to work. The manager is full of ideas and creative; they always act in people's best interest and are on hand to help."
- Where mistakes were made, the registered manager was open and honest with people and families and made improvements. Where any concerns about individual staff performance were identified, these were dealt with through training, supervision and where necessary, disciplinary processes.

Managers and staff are clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service. The renewal programme had been revised and agreed with the provider; areas of the service had been scheduled for decorative upgrades such as bathrooms and bedrooms.
- Effective communication between the registered manager and staff team supported people to receive their preferred care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People were consulted and involved in day to day decisions about the running of the home through weekly meetings. For example, people were involved in decisions about redecoration, menus, trips and activities.
- Surveys of people and relatives showed they were happy with their care and feedback given only related to improvement of the building.

- Staff were consulted and involved in decision making and discussed people's changing care needs at handover and staff meetings. Staff were encouraged to contribute ideas and raise issues.
- People benefitted from partnership working with other local professionals, for example GPs, community nurses and a range of therapists.

Continuous learning and improving care.

- Staff were focused on developing their skills. Supervisions contained clear objectives to support staff with their continuous learning. The registered manager had focussed on supporting staff to be more autonomous with their decision making.
- The registered manager was keen to drive improvement within the service and had been making changes which impacted positively on people. For example, they had improved the environment.