

Liberty Optimum Care Ltd

Carleton House

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

We carried out an unannounced inspection of Carleton House on 18 & 28 August 2018.

Carleton House is a 'care home', which is registered to provide care and accommodation for up to 12 adults with mental health needs. People in care homes receive accommodation and nursing 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. Nursing care is not provided. At the time of our inspection, 12 people were using the service.

All bedrooms are for single occupancy and two have en-suite facilities. There is a shared lounge, a separate shared dining area and a large garden to the rear. The property is located in a quiet residential area in Preston.

The service was managed by a registered manager. 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 our last inspection in the service was rated 'Good' overall. We found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found that the service was well-led. Appropriate leadership arrangements were in place to support the effective day to day running of the service. The service was a family run business, with the owners being registered nurses and one of them being the registered manager.

The service ensured that the people they supported were as safe as possible. People told us they felt safe at the service. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on supporting people safely and on abuse and protection matters. Processes were in place to make sure all appropriate recruitment checks were carried out before staff started working at the service.

There were enough staff available to provide care and support; we found staffing arrangements were flexible and kept under review. Systems were in place to support ongoing staff training and development.

Effective support was offered by the service so that people were able to manage their healthcare needs and to attend medical appointments. Changes in people's health and well-being were monitored and responded to. People were supported to maintain a healthy diet.

The service worked closely with external professionals to monitor and promote people's health and people's medicines were managed safely. These external healthcare professionals reported that the home was very successful at stabilising people's mental well-being. People were well supported by the service at the end of life stages.

People made positive comments about the care and support they received from staff. We observed positive and respectful interactions between people who used the service and staff.

People's support needs and preferences were assessed before they started using the service. 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.

Each person had a care plan, describing their individual needs and choices. This provided guidance for staff on how to provide support. People had been involved with planning and reviewing their care.

People's privacy, individuality and dignity were respected. They were supported with their hobbies and interests, including activities in the local community and keeping in touch with their relatives and friends. People had opportunities for skills development and confidence building.

There were processes in place for dealing with complaints. There was a formal procedure to manage, investigate and respond to people's complaints and concerns.

The home was kept clean, well maintained and was a safe environment for people who used the service and others.

Staff spoke positively about the culture and values of the service and said they felt supported in their roles. The provider kept up to date with current good practice in the field of mental health and was knowledgeable on recent guidance from CQC. The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Carleton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We visited Carleton House on 18 & 28 August 2018 to carry out an unannounced comprehensive inspection. The inspection team consisted of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. A notification is information about important events which the service is required to send us by law. We contacted the local authority contract monitoring team, the local authority safeguarding team, commissioners of care and care coordinators for their feedback about the service. We used all this information in a planning tool to decide which areas to focus on during the inspection.

We used a number of different methods to help us understand the experiences of people who used the service. During the inspection visit, we spent some time with people, observing the care and support being delivered. We talked with five people who used the service about their experiences of their care. We talked with three support workers, the trainee manager, the registered manager/ owners and spoke to a care coordinator by telephone.

We looked at a sample of records, including two care plans and other related care documentation, two staff recruitment records, training records, menus, complaints records, meeting records, policies and procedures, quality assurance records and audits.

Is the service safe?

Our findings

The service protected people from abuse, neglect and discrimination. All the people we spoke with said they felt safe at the service. Their comments included, "Yes I feel safe here" and "The staff are nice with me." "I feel safe at night, knowing someone is here."

Processes were in place to record and manage safeguarding matters, including the actions taken to reduce the risks of re-occurrence. Staff we spoke to had a good understanding of safeguarding and protection of vulnerable adults. They gave an example whereby they had taken action to protect a person who they thought may be vulnerable in the community. Staff had received training and guidance on adults at risk. They were aware of the reporting procedures. There was a whistleblowing (reporting poor practice) policy in place, which encouraged staff to raise any concerns.

Systems in place to ensure that medicines were stored safely, ordered correctly and disposed of properly. The service was aware of the different levels of support that people required and their medicine support plans correctly reflected this. Staff received regular training on medicines management. People were satisfied with the arrangements in place. They told us, "I know about my medicines staff remind me to take them" and "I'm aware of my medication." We observed people being supported to take their medicines in a safe and respectful way.

Risks to people's individual safety and well-being were assessed and managed. Individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. The risks assessed included, behaviours that may challenge, physical health, social contact, self-neglect and community activities. Processes were in place that helped to review and update individual risk assessments.

People had plans in place that outlined what to do if their mental health deteriorated. This included increased monitoring, contacting the local community mental health team and offering people additional prescribed medication. Healthcare commissioners we contacted told us that, "Carlton House offer a safe comfortable residential care home. After reviewing the residents and receiving feedback from them and their families we have no concerns re-the care provided by Carlton House."

Robust recruitment processes were in place to minimise the risk of unsuitable staff being employed. This included checks on applicants' employment history, identity and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and adults. The service had disciplinary procedures in place if it were needed to manage unsafe and ineffective staff conduct.

The provider ensured enough staff were in place to support people safely. Staffing levels were based on the assessed level of support people needed, which was regularly reviewed. People were supported by a stable staffing team, many of whom had worked at the service for a number of years.

People spoken with did not express any concerns about the availability of staff at the service. Their comments included, "There are enough staff; they are there if I need them" and "It's good having staff around at night, they are always there to help." The registered manager told us staffing levels were flexible in response to people's needs, lifestyles, appointments and activities. The owners and trainee manager were available as extra staff to facilitate this. Arrangements were in place to provide management support, including on call systems for evenings and weekends.

Processes were in place to help maintain a safe environment for people who used the service and staff. We found health and safety checks had been carried out. Records showed arrangements were in place to check, maintain and service fittings and equipment, including gas safety, electrical wiring and fire extinguishers. Fire drills and fire equipment tests had been carried out and records showed fire procedures were discussed with people living in the home. There were accident, fire safety and contingency procedures available at the service.

People were protected by the prevention and control of infection. The premises were clean and tidy. There were cleaning schedules and recording and checking systems to maintain hygiene standards. Staff told us they had completed training on infection control. And training records confirmed these were up to date. There was a member of staff with designated responsibility for cleaning. Throughout the inspection we saw staff following good practice in this area, for example through appropriate hand washing. The home had a five star rating from the Food Standards Agency, which is their highest rating.

Is the service effective?

Our findings

People we spoke with said, "Things are fine," "It's the first time I have settled somewhere" and, "It's helped me a lot with my anxiety." And other person said, "The staff are very good at keeping an eye on my condition and we have a chat if I have any concerns. We sort things and out and they're great at making sure I get to appointments."

People's support needs and preferences were assessed before they started using the service. These assessments involved people, their relatives and healthcare professionals involved in their care. People's needs and choices were assessed and their care and support delivered to achieve effective outcomes. The registered manager described the process of assessing people's needs and abilities before they used the service. This involved meeting with the person and gathering information from them and relevant others. The admission process took into consideration the person's compatibility with people already accommodated.

Staff received regular training to help them support people effectively. This included training in health and safety, infection control, equality and diversity and fire safety. Training was regularly refreshed to ensure it reflected current knowledge and best practice. Staff spoke positively about the training they received. One member of staff told us, "My training is all up-to-date. We get lots here."

Staff were supported with regular supervisions and appraisals. Records of these meetings showed they were used to review training, staff development and any other issues staff wished to raise.

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 themselves. The Act requires that they 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 when this is in their best interests and legally authorised under the MCA. The procedure for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. There was no one currently subject to a DoLS.

At the time of our inspection support plans were being reviewed to include more in-depth information on people's mental capacity and decisions made in their best interests. However, the registered manager told us that people at the service had capacity to make their own decisions and that care coordinators took a lead role with people's capacity assessments. Processes were in place to assess people's capacity to make their own decisions and the specific support to be provided, this was kept under review. Staff spoken with were aware of their role to provide support in the least restrictive way possible. One person told us, "The staff have helped me make decisions."

People were supported to maintain a healthy diet. Support plans contained information on people's nutritional support needs and preferences. People were involved in choosing the food they wanted to eat,

and during the inspection we saw them enjoying a meal together.

People were supported to live healthier lives; they had access to healthcare services and received ongoing healthcare support. Some people described the support they were receiving with healthier lifestyle choices and general well-being. The service worked closely with external professionals to monitor and promote people's health. Support plans contained evidence of working with dieticians, occupational therapists and consultant psychiatrist. One person was able to attend lifesaving treatment through the sensitive and carefully managed support given by staff in the home. We saw that other people had, over time, been able to reduce their medications. Another person having gone from high levels of 'as and when' (PRN) medicines to now requiring none. This was all carried out with their clinician and professionals told us this was a measure of how successful the service was at managing people's long-term mental well-being. This meant people received the healthcare they needed.

One healthcare professional told us, "The placement is well sought after and I am currently awaiting a vacancy for one of my service users who I feel will be well suited to Carleton supportive environment. Carleton also liaise well with external professionals keeping up-to-date with the progress of our service users.

We reviewed how the service used technology to enhance the delivery of effective care and support. Some people had been supported individually to make positive use of computers, such as downloading song lyrics and to support interests and hobbies, and book holidays.

The service was adapted to meet people's needs. The registered manager discussed how they achieved this, "We are committed to our service users being able to access the natural therapeutic environment and to this end have extensively developed the external garden areas and potting sheds. Service users use these areas for their artwork and help grow flowers and produce which are used in the house and kitchen."

Is the service caring?

Our findings

People spoken with made positive comments about the staff team and the care and support they received. Throughout the inspection we saw numerous examples of kind and caring support being delivered. People told us that staff were very kind and considerate and worked hard to make sure they were settled. One person told us, "The staff know me so well that they can spot changes in my mood. They always point this out in a way that is not in your face, its low key. They are always kind like that." Another person told us, "The staff are really great. We have all known each other for a long time now. There's always someone to listen if you have a problem."

People were treated with dignity and respect. There were policies and procedures to inform and guide staff about treating people with respect and providing support which met each individual's needs, rights and wishes. People indicated they had been involved with their care plans and ongoing reviews.

Staff had received equality and diversity training. One person commented, "The staff are very open minded and accept who you are. They don't label here."

Throughout the inspection we saw that options and choices were explained to people even when staff made decisions for them in their best interests. Staff took people to one side and away from communal areas if they wanted to discuss sensitive or confidential matters with them. Staff addressed people by their first names and knocked and waited for permission before entering their rooms.

External professionals were positive about the caring attitude of the staff and the owners. One told us, 'All staff were very welcoming and friendly. It felt very homely.'

People were supported to be as independent and live as full a life as possible. They described how they had been enabled to develop independence skills, by accessing the community resources and doing things for themselves and others. They said, "They do encourage us to do things, but they don't tell us what to do," and another person told us, "I go out to the shops independently." Staff emphasised to people that the service was their own home and that they should treat it as such as much as possible. For example, one person had been supported to have friends over for a visit, while another had been supported to have overnight stays with a friend.

Throughout the inspection we saw people were encouraged to do as much for themselves as possible. Staff were knowledgeable about people's communication support needs and preferences, which meant they could support people to participate and make themselves heard. This information was also recorded in people's support plans. For example, staff had used this knowledge to help one person plan and go on holiday.

People in the home had been supported by advocates that had been arranged by the home. Advocates help to ensure that people's views and preferences are heard. Support plans contained information on how advocates were involved in people's support, including by promoting their rights and taking part in as many

opportunities open to them as possible.

Staff described how they upheld people's privacy within their work, by prompting people sensitively with their personal care needs and maintaining confidentiality of information. Arrangements were in place for the safe storage of records to promote data protection.

Is the service responsive?

Our findings

We looked at how people received personalised care that was responsive to their needs. We discussed with people, external care coordinator, the registered manager and staff, examples of the progress people had made, resulting from the service being responsive and developing ways of working with them. People said, "The staff here have helped me a lot" and "The staff support us they are very fair."

The care and support plans and other related records we reviewed, included people's needs and choices. The plans contained details on how people's care and support was to be delivered by staff. They identified specific areas of support such as; physical health, personal hygiene, nutritional health/diet, finances, vulnerability, relationships, cultural needs and religious beliefs. There were identified 'signs and triggers' to help staff respond to people when they needed support. There was additional information around people's likes, dislikes and choices, for example in relation to their activities and how they liked their bedroom set out. This meant that people had individual care and support plans, which had been developed in response to these needs and preferences.

All the people spoken with had an awareness of their support plans and said they were involved with reviews. They said, "We have been through my care plan" and "They ask me to look through it and say if I want any changes." There was recorded evidence to confirm people had been consulted on the content of their care plans and ongoing reviews. The registered manager told us, "The majority of service users have been discharged from the care of a Community Psychiatrist due to improved and maintained stability. These success stories relate to people who have been under the Community Mental Health Team (CMHT) for most of their adult lives. Now 100% of service users receive an independent review. We have had 0% re admissions due to deterioration of a mental health issue. We also support people to attend all their healthcare appointments."

Rehabilitation formed part of the care planning process. This focussed on promoting people's well-being and recovery and included support with meals and cooking, financial management, medication, social skills and domestic tasks. The registered manager told us that rehabilitation and short-term goals, to motivate people in developing skills and achieving even greater levels of independence and confidence building were to be developed within the service. They said all care plans were to be reviewed and updated with as part of this review of the service. The service had been running for 40 years however since the owners had taken over seven years ago they had developed from an institutional model of care to one with a rehabilitation focus.

People were supported to have frequent contact with the local community. They told us how they engaged in activities within the local community, including personal shopping, support groups and clubs, church services, walks and visiting places of interest, for bar meals. People said, "If I'm going out, I just tell them," and "I go out quite a lot." Some people were supported to continue to follow interests and hobbies. One person had been given an extra room to carry out clothes design and sewing, while another person had a larger room for painting and was involved in local art groups.

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. The service had not received any complaints since our last inspection, but all the people spoken to were aware of the complaints procedures. They made the following comments, "I can tell the manager if I have a complaint," "We know how to complain." "We can write a complaint form out and give it to the owner and registered manager]. Or we can just say what it is and they will sort it out." People told us that the registered manager and partner were in the home frequently and they always asked people if they were okay and happy with the support given. The complaints procedure which was displayed in the service, provided guidance on making a complaint and how concerns would be

No one using the service needed specialist communication tools but the registered manager told us that they could help staff to gain skills if specialist communication was needed and this would be done before a service started. There was a copy of the Accessible Information standard on the wall in the office and staff knew how to contact specialists if people needed support.

People were supported to make decisions about their preferences for end of life care. Staff made every effort to ensure that people, and where appropriate their families and friends, were empowered and actively involved in developing their care, support and treatment plans at the end of life stages. The service works with healthcare professionals, including palliative care specialists and others, to provide a dignified death that was as comfortable as possible.

Is the service well-led?

Our findings

There home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 home was a family run business with a husband and wife team, who were registered general nurses. They had taken over the home seven years ago and had made major changes and improvements to both the environment and to the delivery of care since then. For example, the home had recently had a new central heating system installed.

The registered manager told us in the provider information return, "We have increased our staffing levels and expertise. This includes an additional full-time manager who is working toward a fully funded NVQ level 5. This role includes acting as a key worker and support worker in addition to covering shifts. We have always believed that this gives managers a real understanding of how the service is being delivered in real terms and that this approach is a vital to ensuring a high-quality service. In addition, we have put a lot of effort into maintaining a stable, quality workforce with the key aim of avoiding reliance on agency or bank staff in order to maintain continuity and quality. With this in mind we have also recruited a further support worker."

People we spoke to expressed an appreciation and satisfaction of how the service was run and they were fully aware of the management and staffing arrangements. They told us, "I think everything is running very well," and "I see the owners nearly every day. I can talk to both of them and the staff. They are all great to talk to and they do listen."

Satisfaction questionnaires were carried out periodically and the registered manager was able to give us a number of examples of changes that had been made as a result of feedback from people who used the service. For example suggestions that had been put forward and actioned for a TV and DVD in the conservatory so people could run a Film Club.

The registered manager carried out a number of quality assurance checks to monitor and improve standards at the service. These included checks of support plans, the environment and infection control. Records showed that where issues were identified remedial action was taken. There were daily, weekly and monthly checks to monitor areas such as, medicine management care/support plans, staff training, maintenance, accidents and incidents, health and safety and the control and prevention of infection.

The service's vision and philosophy of care was reflected within written material including the statement of purpose and policies and procedures. The provider kept up to date with current good practice in the field of mental health and was knowledgeable on recent guidance from CQC, such as the key lines of enquiry (KLOE's).

New staff were made aware of the aims and objectives of the service during their induction training. Staff spoken with were positive and enthusiastic about their work, their comments included, "Team work is good, we have to work well as a team so that things run smoothly." They had a good working knowledge of their role, responsibilities and lines of accountability. Staff had been provided with job descriptions and had access to policies and procedures which outlined their roles, responsibilities and duty of care. Staff confirmed there were daily communication 'handover meetings' and records and discussion showed regular staff meetings were held. Staff spoke positively about the culture and values of the service and said they felt supported in their roles. One member of staff told us, "It's a good place to work, here. We all get on." Another member of staff said, "A lot of staff have been here along time. We are all committed to providing a really good service to people."

The service worked in partnership with other agencies. Arrangements were in place to liaise with others including: local authorities, the health authorities and commissioners of service. There were procedures in place for reporting events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC. We noted the service's CQC rating and the previous inspection report were on display at the service, as is required.

Records were kept of people's daily living activities, their general well-being and the care and support provided to them. There were also additional monitoring records as appropriate, for example, relating to behaviours, moods and specific care needs. There were 'hand over' discussion meetings between staff to communicate and share relevant information. Records and discussion showed processes were in place to review people's care and support. These processes were to enable staff to monitor and respond to any changes in a person's needs and well-being.