

Standwalk Ltd

92 Carlton Road

Inspection report

92 Carlton Road
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

92 Carlton Road is a residential care home. The service provides support with personal care and accommodation for up to six people. At the time of our inspection, there were five people living at the home. The service was providing support to people with a range of needs, including younger and older adults, people with a learning disability, autism and mental health needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service and what we found.

New and improved systems and processes had been introduced for the reporting and recording of issues related to safeguarding and accidents and incidents. The management team and wider staff group fully understood their individual and collective responsibilities in this area. The management team were able to provide examples of good practice where the service had been proactive and acted decisively concerning safeguarding issues.

Risks to people at the home were regularly assessed and reviewed. General environmental and specific risk assessments were completed and the provider had improved oversight of this. Medicines were managed safely. Lessons were learned when things went wrong. Regular checks on the safety of the environment took place and prompt action was taken to mitigate any risk identified.

Since our last inspection we found the provider has completed a full-service review of their training resources provided to staff. Work in this area was at the early stages due to constraints of COVID-19 delaying some aspects of the training implementation.

Staff members employed at the service were recruited safely. The number of staff on duty was sufficient to meet people's needs and the service increased the daily staffing provision by 12 hours to allow more flexibility within the service.

Risks relating to infection prevention and control (IPC), including in relation to COVID-19 were assessed and managed. Staff followed good infection, prevention and control (IPC) practices. They had access to the required personal protective equipment (PPE), and they used and disposed of it safely.

It was clear the team the management demonstrated a renewed commitment and willingness to improving the quality and safety of care provided at 92 Carlton Road. The registered manager also demonstrated a greater breadth and depth of understanding in respect of their role and legal responsibilities. Improvements to the governance systems ensured a better oversight of performance and quality.

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

Rating at last inspection

The last rating for this service was inadequate (published 22 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 92 Carlton Road on our website at www.cqc.org.uk.

Why we inspected

A decision was made for us to inspect, examine and follow up what improvements had been made since the last inspection in January 2020. Due to the COVID-19 pandemic, we undertook a focused inspection to only review the key questions of Safe, Effective and Well-led. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 safe.

However, the improvements needed to be embedded and sustained over a longer period to achieve a rating of good.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

However, the improvements needed to be embedded and sustained over a longer period to achieve a rating of good.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

However, the improvements needed to be embedded and sustained over a longer period to achieve a rating of good.

Details are in our well-Led findings below.

Requires Improvement ●

92 Carlton Road

Detailed findings

Background to this inspection

The inspection

This was a focussed inspection to check whether the provider had met legal requirements following the inspection in October 2019 where breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations were identified relating to Safe Care and Treatment, Staffing and Good Governance. Three key questions were inspected; 'Is the Service Safe?' 'Is the Service Effective?' and 'Is the Service Well-Led?'

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a care home. It provides accommodation and personal care to people living at 92 Carlton Road. The service had a manager registered with the Care Quality Commission. 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

We gave 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people and staff prior to our site visit. This helped minimise the time we spent in face to face contact with the management team.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities with whom the service works. On this occasion the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people's relatives about their experience of the care provided for their family members.

Due to the service type we were unable to talk with the people who lived there. We did however complete a tour of the home and introduced ourselves to the people who were in on the day of inspection. We spoke with six members of staff including the registered manager, new home manager, one team senior support worker and three support workers.

We reviewed a range of records, some remotely by asking the provider to send us key information prior to meeting with them. We reviewed two people's risk assessments and multiple health and safety records. We looked at one staff record in relation to recruitment. A variety of records relating to the management of the service, including a number of audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, we would need evidence that these improvements would become embedded and were sustained before we were assured that consistently safe care was provided.

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

At the last inspection the health and safety of the premises was not well managed. Specific risk assessments were not always followed by the staff team and the providers approach to managing accidents and incidents was inconsistent. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service was better organised and had introduced effective systems to identify risks connected to the service.
- Checks on the premises and equipment took place, with improved provider oversight. The passenger lift received its six monthly 'Lifting Operations and Lifting Equipment Regulations' 1998 (LOLER), this had been missed previously.
- Fire drills were conducted more often, however we discussed with the management team there was further scope for improvement to accurately record whether the drill went to plan, and establishing the staff members understanding of the evacuation procedures.
- All people's associated risks, such as self-harm, behaviours that challenge others and safe eating and drinking was assessed and documented. The management team discussed people's known risks with staff to ensure they were knowledgeable of the risks people might face and how to prevent or manage them.
- Improvements were made to the homes approach when accidents and incidents had been recorded. The provider introduced a service monitoring database, which ensured any type of incident was reviewed and signed off by the service development manager to ensure there was greater oversight.
- Work was still ongoing with a small number of support workers to ensure they clearly recorded and reported incidents.

Staffing and recruitment

At the last inspection the service did not demonstrate staff on duty were suitably qualified, competent, skilled and experienced to manage people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Oversight of the recruitment process had improved. The provider was actively recruiting new staff, this

meant the use of agency staff had reduced greatly and no agency staff had been used for several months.

- Staffing levels were appropriate to meet the needs of the people using the service. Sufficient staff were available to meet people's needs promptly throughout our inspection and to enable people to follow their chosen activities or routines. Since the last inspection the provider had introduced an additional daily 12-hour shift that could be used flexibly to meet people's needs.
- At the last inspection we found the service had not ensured there was sufficient senior support to lead the night shift or frequent checks to observe staff practice. At this inspection we found the service had increased the number of management unannounced spot checks, which on one occasion found a night support worker asleep. This matter was investigated by the service and the staff member resigned. The management team also covered night shifts on occasions and the service was actively looking to recruit a second senior support worker to cover a number of the night shifts going forward.
- People were supported by staff who had been through a robust recruitment selection process. This included all pre-employment checks, such as references and a criminal record check.

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we received concerns about the conduct of a number of staff members. These concerns had been investigated and some staff members had been dismissed due to their poor practice.
- At this inspection we found there was a reduction in the number of safeguarding allegations. An overriding factor for the reduction was due to one person moving to a new placement. Staff and the management team also provided examples of when they had been pro-active in identifying and escalating potential safeguarding concerns to the local authority safeguarding team.
- Shortly after our inspection the new home manager followed the correct course of action and reported a safeguarding due to a person having unexplained bruising. We await the outcome of this investigation.
- The management team were also due to receive extensive safeguarding training bespoke to Standwalk. The provider had a robust oversight of all safeguarding concerns due to the introduction of the monitoring database.
- Staff demonstrated a good understanding about how to recognise abuse and how to safeguard people from this. Comments from staff included, "I wouldn't hesitate to raise my concerns, in the past I have done this and I have been supported" and "I feel the service has come a long way since CQC last inspected. We are changing the culture and staff have moved on as a result."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the inspected premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Using medicines safely

- People's medicines continued to be managed safely and only administered by staff with the relevant training and ongoing competency assessments.
- Where people were prescribed medicines they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicines records were complete and legible.

- Since our last inspection there had been four medicines errors involving staff. We found the service ensured these matters were reported in a timely manner and investigated to prevent a reoccurrence.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that consistently effective care was provided.

Staff support: induction, training, skills and experience

At the last inspection the service had not ensured staff were competent, skilled and experienced to make sure that they could meet people's care and treatment needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- At this inspection newly developed training systems had been introduced, ensuring the management team were fully aware of individual staff skill and competencies and when staff members were due for refresher training.
- At the last inspection we found the service was over reliant on the use of Creative Intervention Training Responses for Untoward Situations (CITRUS). Records showed for one person in particular, CITRUS was not fit for purpose when their behaviours challenged others.
- Since our last inspection the provider reflected on this across the whole of Standwalk services. Clear plans were in place for services to move away from the use of CITRUS and Standwalk services will soon adopt a new person-centred approach that follows a recognised accredited model around behaviours that challenge others. Due to the constraints of COVID-19, work on this delivery model has been delayed. However, the provider was in the final stages of ensuring all of the staff team received bespoke training on this new approach by the close of 2020.
- The management team commented that this new model of support will focus on a person specific approach to challenging behaviour, with the support of the providers in-house trainers to ensure bespoke techniques and strategies are specific to each person. We will review the progress of this at our next inspection.
- Supervision and appraisal systems, and staff meetings continued; this supported the development of staff. The staff we spoke with told us they felt supported. Comments included, "Yes I am well supported. [The registered managers name] is lovely, she is like a mother to me and the new manager is like a father, they both have listening ears" and "Yes I feel 100% supported, the service has come a long way, we are not there yet but we are getting close."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection we made a recommendation that the registered manager considers the current guidance on assessing capacity and making best interest decisions.
- Improvements were found at this inspection, as we found the principles of the MCA were now being followed and best interest decisions had been completed when people did not have the capacity to consent. This was clearly documented within care plans.
- The management team ensured testing for COVID-19 was explained to people in a format that they could understand. Where people lacked capacity, we found the manager completed specific mental capacity assessments.
- Staff were able to describe their understanding of the MCA and how they provided support in line with guidance. Staff told us how they provide choice to people in every aspect of their lives.

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

- People's assessments included advice from other professionals and how the staff could support people to achieve their agreed goals.
- Since our last inspection nobody has moved to the service. One person recently moved to a new placement from 92 Carlton Road. The management team of Standwalk were heavily involved in this process to ensure this was as smooth as possible transition for the person.

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

- The service had been designed to meet people's needs. People's bedrooms were spacious with en-suite shower facilities.
- Since our last inspection the provider ensured a number of improvements to the home had been completed. Such as new flooring in two people's rooms and works connected to the homes plumbing systems.
- The new manager was enthusiastic about the home and had plans to improve the fabric of the home further, to make communal areas of the home much brighter. Plans were also in place to update the décor in people's bedrooms.

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

- We found the service had a robust overview of people's health and wellbeing needs. Staff monitored people's weight and any nutritional concerns, and this was discussed in monthly meetings with the management team.
- Management and staff worked well with external agencies such as the learning disability community team and social workers. The registered manager supplied evidence when the service accessed health professionals if people's needs increased or mental health deteriorated.

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

- People continued to have their meals at times that suited them, and the service ensured specific dietary needs were followed.
- Shortly after our inspection visit the new manager made us aware of a choking incident involving a person at the service. Thankfully, due to the support this person received they managed to make a full recovery. The service was safely equipped to manage this person's eating and drinking needs, associated risk assessments were in place and staff members had received essential first aid training that underpinned awareness around choking.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent and that the culture supported the delivery of high quality and person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, there was a lack of proper oversight of the service, auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The provider invested in additional resources into the service following the last inspection. The provider made improvements to the management structure, with additional support offered to the management team from the internal quality assurance team as well implementing new quality assurance systems.
- The management team worked collaboratively to improve the culture within the home. For example, records showed the management team introduced more observational spot checks and allegations of poor practice was immediately investigated.
- Since our last inspection the provider appointed a new home manager who was in the process of registering with CQC. The existing registered manager was still working at the home and has provided the new manager will a robust handover. The registered manager was due manage another Standwalk service.
- Since our last inspection an external social care consultancy firm had been brought in by the registered provider to support the service in developing new systems for audit, quality assurance and questioning of practice. Overarching trend analysis was also completed at provider level with a clear audit trail of remedial and preventive actions taken.
- Overall performance at the service had significantly improved. Key improvements had been made to areas such as risk assessment framework, which meant the staff team were aware of people's risks and strategies.
- It was clear that this process had identified new ways of working and the provider had implemented new systems to ensure there was better scrutiny and oversight of accidents and incidents. Staff told us they felt the home was a better place to work and felt people received a much better service than before.
- We received positive comments from the staff about the improvements, they included, "The service is making good progress" and "I enjoy working here. There are plans taking place that can only make us better."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- People's relatives were satisfied with the quality of care their relative received from the service. One person's relative said, "The staff have a tough job, for me they do a very good job." Another person's relative said "[Person's name] is happy at the service. If there is ever a problem the manager will call me."
- Staff spoke positively about the service and the journey of changes they had been on. The service was working consistently to ensure people received a person-centred and open culture service. People's relatives and staff echoed this in their comments.
- Regular meetings were held with people where applicable to discuss their progress.

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

- Shortly after our last inspection in January 2020 we found the senior management team had taken seriously the areas of concern noted in the inspection report. They had examined their processes and taken action where they had found improvements were required.
- The registered manager and new manager worked cooperatively throughout the inspection and provided information promptly upon request.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things. The provider had displayed their inspection rating clearly in the entrance to the service.

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

- There were effective systems to keep people updated and informed. People were supported to communicate in a way which suited them. Some people would not fully verbalise their needs, but staff spoke effectively with people to support them.
- Relatives made complimentary comments about the management and staff team. They confirmed staff supported them to maintain contact with their family members during the pandemic and they were kept up to date with any changes.
- Staff meetings continued to be completed on a regular basis. These were a combination of general staff meetings and 'stand up' meetings which were completed every month.
- Management and staff worked in partnership with other agencies including commissioning teams and health and social care professionals. This enabled safe, effective, coordinated care and support for people.
- The management team had sought advice and guidance from a number of external agencies such as the local authority and a care home consultant. This had helped to drive improvements within the home.
- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.
- Family members were engaged and involved in people's care and updates about the service through telephone discussions and emails during the COVID-19 pandemic.