Care Quality Commission

Care Worldwide (Carlton) Limited

Carlton Lodge

Inspection report

28 Carlton Street
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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?	**Requires Improvement**
Is the service well-led?	**Good**

Overall summary

The inspection of Carlton Lodge took place on 4 March 2015 and was unannounced. This was the first inspection for this service under Section 60 of the Health and Social Care Act 2008.

Carlton Lodge is a converted property which provides care and support for ten adults with a learning disability. The home is in a suburban street and is only a short journey from local shops and amenities.

The service had a registered manager in place. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe. People's records contained risk assessments to ensure their care and support was planned and delivered in a way that reduced risks to their safety and welfare.

We saw there was a system in place to ensure the premises and equipment were adequately maintained to

Summary of findings

provide a safe environment for staff and the people who lived at the home. We saw that much of the home required redecorating, the registered manager assured us a plan was in place to refurbish much of the home.

There were enough staff to meet people's needs and there was a system in place to cover any short term staff absence.

The system for managing people's medicines was safe. Staff told us they had received training in a variety of subjects including medicines management.

Systems to support people to manage their money were individualised, there was also a system in place to protect people from the risk of their money not being handled effectively. People we spoke with told us how staff supported them to access their money as they needed it.

The cook was knowledgeable about people's preferences and people who lived at the home spoke positively about their meals.

The home was a converted property and there was limited communal space. People had single bedrooms which each contained a washbasin, there was access to a spacious communal bathroom on both floors.

During our inspection we did not witness any interaction between people and/or staff that gave us any cause for concern. However, one person we spoke with told us that sometimes staff did not speak appropriately to people.

Not all the people who lived at the home had the support of family or friends. One person we spoke with said they would like to have an advocate. We asked the registered manager if this could be arranged.

Some of the people we spoke with told us they had a key to their bedroom door. Bathroom doors also had locks on to ensure people could have privacy if they wished.

People we spoke with told us about the activities they participated in, however, they also told us they were bored and there was not enough to occupy them. Peoples care records detailed the activities they had participated in and the care and support they required.

The registered manager told us the service had not received any complaints.

People and staff spoke positively about the registered manager and told us they were able to report any concerns they may have to her. The registered manager was knowledgeable about people's needs and she was visible to people who lived at the home.

People's views and opinions were gathered and listened to. Regular staff and resident meetings were held and an annual quality feedback survey was conducted.

Systems for auditing the quality of service provision were in place.

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 documented evidence that staff had received training in safeguarding vulnerable people. The registered manager told us there was a plan in place to implement a programme of refurbishment. Procedures for managing medicines and staff recruitment were safe.	**Good**
Is the service effective? The service was effective. Staff received supervision and the training and they needed. The registered manager was aware of their responsibility in regard to the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. People had access to external healthcare support.	**Good**
Is the service caring? The service was caring. People told us they were happy at Carlton Lodge. Staff knew people well and were able to tell us about people's individual care and support needs. We found staff respected people's right to privacy. Staff were able to tell us how they maintained people's dignity.	**Good**
Is the service responsive? The service was not always responsive. People we spoke with told us they were bored and their was a lack of activity to engage them. Peoples care and support records were person centred and detailed the care and support each person required. People told us they were aware of how to raise a complaint or concern.	**Requires Improvement**
Is the service well-led? The service was well led. The home had an experienced registered manager in post. We saw evidence of meetings with people who lived at the home and staff.	**Good**

Summary of findings

There was an effective system in place to assess and monitor the quality of service provision.	

Care Quality Commission

Carlton Lodge

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 4 March 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for a person who uses this type of care service. The expert by experience on this occasion had experience in supporting someone who was living with a learning disability.

Before the inspection we reviewed all the information we held about the service and spoke with the local authority. We had also received some information of concern regarding the support people received at Carlton House. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people who lived at the home. We spoke with the registered manager, deputy manager and the cook on the day of our inspection. We looked around the home, observed practice and looked at records. This included two people's care records, three staff recruitment records and records relating to the management of the service After the inspection we spoke, on the telephone, with two support workers and with two relatives of people who lived at Carlton Lodge.

Good

Is the service safe?

Our findings

During our visit we asked people whether they felt safe in the home. One person said, “I have always felt safe here.” Another person said, “If I didn’t feel safe I would talk to (registered manager or deputy manager).” Both relatives we spoke with also told us they felt their relation was safe.

Staff we spoke with told us they had received training in safeguarding vulnerable adults and this was corroborated when we looked at staff training records. Staff told us they would report any concerns they may have to the registered manager.

The registered manager told us they had competed safeguarding training with the local authority which was specific to their role. They understood the procedures they needed to follow in relation to reporting any incidents or situations which might put people at risk of harm. This showed the registered manager was aware of how to raise concerns about harm or abuse and recognised their personal responsibilities for safeguarding people who lived at the home.

In each of the care and support records we looked at we saw evidence of detailed risk assessments. These included risk assessments regarding people’s care and support, for example, falls and nutrition. There were also risk assessments in place to support the person in the home, for example, using the stairs and access to the kitchen. The risk assessments were detailed and there was evidence they were reviewed regularly. One member of staff told us, “We let them do things but manage the risk.” One person said, “I have to have staff with me to go out – but next week I can start to try to be more independent, staff will follow me to Asda.” This demonstrated the staff team were considering the balance between people’s protection and freedom.

We noted that a number of peoples bedrooms did not have a plug in the wash basin. We asked one person why they did not have a plug, they said, “It’s so that we don’t flood the sinks.” Another person did not have taps on their sink. We asked the registered manager about this. They told it was to prevent this person causing water damage by allowing the water to overflow from their sink. We spoke with the registered manager on the day of the inspection regarding the possibility of replacing this person’s taps and looking at alternative methods of controlling the water flow.

The registered manager told us they had a system in place to ensure all relevant premises and equipment checks were up to date. We saw certificates which evidenced that regular checks were made on the fire detection system, gas and electrical equipment by external contractors. We also saw frequent checks were made by staff to ensure the nurse call was functioning and people’s wheelchairs were safe. One person we spoke with told us they helped staff complete the weekly fire checks.

During our inspection of the home we noted that the majority of areas were looking worn and in need of redecoration and refurbishment. For example, the linoleum by the kitchen had holes in it and much of the wall paper and paintwork around the home looked ‘tired’ and worn. The registered manager told us they were currently working on a refurbishment programme for the home. They showed us a document which recorded each area of the home and the work that was planned. The registered manager told us they did not yet have a start date for the work as quotes were still being obtained and finalised. One of the members of staff we spoke with also told us about the plans to redecorate areas of the home. We asked if people who lived at the home had been involved in this process. The staff told us about one person’s particular interests and said that their wall paper was going to reflect this. One person we spoke with told us they had chosen the colour of the paint for their bedroom walls.

We looked at the recruitment records for two staff. We saw staff members had completed an application form, references had been sought and they had been checked with the Disclosure and Barring Service (DBS) before they started work at the home. The DBS has replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. However, we could not see documented evidence that gaps in one person employment history had been explored. That meant the staff member had not been properly checked to make sure they were suitable and safe to work with people.

Good

Is the service safe?

People told us there was enough staff to meet people's needs. One person said, "Yes there are enough staff." A relative also told us they felt there were enough staff and their relative received the level of support from staff that they needed. Staff also told us they felt the home was adequately staffed to meet people's needs. The registered manager told us the home employed about 20 staff, comprising of team leaders, support workers, cooks, an activity organiser and a handyman. We asked the registered manager what action they took in the event of staff being unable to attend for rostered shifts. They told us that other staff would pick up the shifts to cover for them. They said they were able to use agency staff in the event of them not being able to cover shifts with their own staff, however, they had never had to use them. This showed the registered manager had contingency plans in place to enable it to respond to unexpected changes in staff availability.

During our visit we looked at the systems that were in place for the receipt, storage and administration of medicines. We saw a monitored dosage system (MDS) was used for the majority of medicines with others being supplied in boxes or bottles. We reviewed a random sample of four medicines including one which was stored in the controlled drugs (CD) cabinet. In each case we found staff had recorded the amount of each medicine the home had received and the stock tallied with the number of recorded administrations.

We also looked at the records for one person who had a cream prescribed. We saw their records included a body map, this recorded the name of the cream and when to apply it. The body map also had an area which was highlighted to ensure staff had clear guidance about where the cream was to be applied.

Prior to the inspection some of the concerning information we received related to inappropriate use of specific medicine for one person. We looked at the medication administration records for an eight week period and could not see any evidence this medicine had been administered inappropriately.

The deputy manager told us all staff received training in medicines management. Staff also had an annual assessment of their competency.

This meant there was a safe system in place for managing medicines.

Good

Is the service effective?

Our findings

During our visit we asked people who lived at the home if they felt staff had the skills to support them. One person said, “Yes the staff know there jobs”.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

The registered manager told us four people who lived at the home had a DoLS authorisation in place. They said this was due to the individuals not being able to make a decision about where they lived. This process is carried out if the service needs to make a decision on someone's behalf and ensures the decision involves the relevant professionals and is made in the persons’ best interests.

We saw from the registered provider’s training matrix that all staff had received training in MCA and DoLS. Staff we spoke with confirmed they had received training, one staff said, “We know who can make their own decisions”. Another member of staff told us they sometimes had to make decisions in people’s best interest, “(Person) may choose not to eat, we can give them nutritional supplements then”. This showed the staff we spoke with were aware of their responsibilities under this legislation.

We asked the registered manager how people managed their own money. They told us that people’s money was managed differently depending upon their abilities. They told us that one person had their own bank account and bank card and with staff support they managed their own money. They told us another person’s family handled their money. We saw a document in one of the support plans we looked at which recorded that the person managed their personal allowance money. The records detailed their bank card was kept in the safe and the person had access to this when they wanted to go shopping. We asked this person about their money, they said, “People look after my money for me, the managers and staff look after it. I ask them if I need money.” Another person we spoke with told us they went to the bank with the registered manager when they needed to access their money. One of the relatives we spoke with told us their family member managed their own money. They said, “They (the staff) manage (person’s) money, but they (person) know what they (person) want to spend their money on”. This demonstrated people were supported to manage their finances.

The registered manager told us that where a person wished to make a single purchase which cost £100 or more, then they would involve the individuals family, social worker and, where appropriate, their senior manager. They said that some people who lived at the home also had an Independent Mental Capacity Assessor (IMCA). The role of the IMCA being to support and represent people who lack capacity, to make major decisions including financial transactions. This demonstrated the registered provider had a system in place to reduce the risk of financial abuse for people.

We spoke with three members of staff about the training and support they had received. The care staff we spoke with told us they received regular training and supervision. One staff member said, “We get all the training and monthly supervision.” We looked in one person’s personnel file and saw evidence they had received regular supervision with their manager.

We saw from the training matrix staff received training in a variety of topics. This included fire awareness, infection prevention and control, food hygiene and moving and handling. We saw the majority of staff were up to date with their training. This showed the registered provider had a system in place to ensure staff training was updated regularly.

We looked to see how new members of staff were supported in their role. One staff member told us new staff spent a few days shadowing and then they worked with a more experienced member of staff. When we looked in the employment record of a new member of staff we saw a log of their induction. This showed the registered provider had a system in place to support new and inexperienced staff.

We asked people who lived at the home about the meals they received. Comments included, “The food is ok here, we can have fruit between meals”, “I got the menu changed when I asked, I wanted chicken kiev’s”, and “I am happy with the food… I love my salads. There is lots of fruit here for snacks”. The cook told us menus were often discussed at resident meetings. They said people could eat whatever they wanted for breakfast and there were always two

Good

Is the service effective?

choices of meal for lunch and tea. The cook was aware of people's individual likes and dislikes and said there were always alternatives available if people did not like the choices on the menu.

We saw documented evidence where people had received the input of external healthcare professionals. For example, GP, district nurse and dentist. One person said, "I see the doctor and the dentist". 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.

Each person who lived at the home had their own bedroom which was individually furnished. The communal bathrooms were spacious and there was a communal lounge and a separate dining room. There was also comfortable seating in the entrance hall and during the period of our inspection we saw people spent time sitting in the entrance hall as well as the lounge. We asked the registered manager about the use of the entrance hall for seating. They told us as a result of feedback from a professional's quality survey in May 2014 they had removed the seating from the entrance hallway. However, it had been replaced as they said residents wanted to sit in this area. The landing area on the first floor also contained a sofa, however, we noted that other than people's individual bedrooms the only space they could relax or engage in activities within the home was in the lounge, dining room or entrance hall. There were no separate facilities for a 'quiet' or 'activity' room and the place people could speak privately to either staff or visitors was in their bedrooms.

Good

Is the service caring?

Our findings

We asked people if staff were caring. Each person we spoke with told us they were happy with the staff and the care and support they received at Carlton Lodge. One said, “The staff are nice here”. Two of the people we spoke with told us they had chosen to live at Carlton Lodge as they had been unhappy at their previous home. Both relatives we spoke with spoke positively about staff. One of them said, “They meet (person) needs very well. The ones I know are fantastic, nothing is too much trouble”.

When we asked people if staff treated them with respect and dignity one person said, “Sometimes yes, sometimes no”. They also said that staff sometimes spoke inappropriately to people who lived at the home. During the time we spent at the home we did not see or hear anything that was unprofessional or inappropriate, we observed people who lived at the home were relaxed in the presence of staff and people were eager to talk to us and were able to speak with us freely without staff being present. We spoke to the registered manager about this and were re-assured about the background to these comments and actions that had been taken.

When we spoke with two staff on the telephone after the inspection, we asked them if they felt staff spoke to people in an appropriate manner. They both told us they did, one of them said, “If any one spoke out of turn, I’d tell them and I’d report it. I speak my mind if I see things not being done properly”. This showed this staff member was aware of the importance of reporting poor or unprofessional conduct.

The registered manager talked to us about their plans to implement a ‘dignity champion’ for the home. They explained this was to ensure treating people who lived at the home with dignity was a priority for all staff.

We saw evidence in one of the support plans we looked at that a relative of the person acted as their advocate. However, not all of the people who lived at the home had support from family or friends. One person we spoke with told us they had been offered an advocate but they had decided they did not want one. Another person we spoke with told us they had previously had an advocate involved in their care but no-one had offered them one since. We asked the registered manager if they could arrange for this person to have access to the advocacy service and they confirmed after the inspection that a referral had been made. An advocate is a person who is able to speak on people’s behalf, when they may not be able to do so for themselves.

It was clear from conversations with staff that they knew people well. A staff member told us about the individual needs of one person. They told us how they supported this person and how this person was enabled to maintain a degree of independence. Another staff member told us about the decisions and choices one person was able to make independent of staff intervention. They said, “We prompt people to do things, help and support them we don’t just do things for them”.

One person told us they needed a member of staff with them when they went out of the home. They said the following week they were going to try to be more independent and they were going to go to a local shop on their own. They said a member of staff was going to follow them to ensure they were safe. When we looked at this persons care plan we saw staff had recorded ‘look at independent travel and activities’, this was dated February 2015. This showed staff were aware of the importance of promoting people’s independence.

Two people we spoke with told us they had their own room key and were able to lock their bedroom door when they wanted to. We also noted that bathroom doors had locks in place so that people could be afforded privacy. Staff told us they knocked on peoples bedroom doors prior to entering their rooms and called people by their preferred name. This demonstrated staff respected peoples right to privacy.

Requires Improvement

Is the service responsive?

Our findings

We asked people who lived at the home about what was available to engage them during the day. One person said they went to the Salvation Army every week, they also had regular shopping trips and attended an arts and craft centre. They also told us about a day trip which had been planned for them in the coming weeks. Another person said, "I have trips out 1:1 with staff". They told us about the things they enjoyed such as playing computer games and beauty sessions. One of the relatives we spoke with told us staff had supported their relation to go on a holiday.

Two people we spoke with told us there was little to occupy them. One person told us they were bored and there was 'nothing to do'. They also said, "I don't have a clue about my future". Another person said staff moaned about taking them on their activities. A third person said they were also bored and wanted 'more to do'.

During the day we observed there was little to engage people. People appeared to be spending time around in the entrance hall without any focus. In the afternoon we observed three staff and five residents sat in the entrance hall. After a short period of time a member of staff said, "Lets make Easter cards", another member of staff suggested one person play on their tablet computer. These suggestions appeared to be random suggestions made by staff and did not seem to have any format or purpose.

One persons care records told us about the activities they enjoyed doing and also the activities that they did not enjoy. The daily records recorded the activity the person had taken part in. We saw this was reflective of the individuals preferences. In one persons bedroom their interest was evident from their memorabilia, however, this was not reflected in their care plan.

Not all the people who lived at the home had regular contact with friends and family. The relatives we spoke with told they were always welcome at the home and were able to visit when they chose. One of the relatives we spoke with told us they took their family member out regularly and spoke to them on the telephone. One person who lived at the home told us their parent rang the home regularly and spoke with them on the telephone.

We reviewed the care and support records for two people who lived at the home. Both records were person centred and provided adequate detail of the individuals requirements. For example, personal hygiene, eating and drinking and medication. We also saw, that where appropriate, people had behavioural management plans in place, which included how the behaviour presented itself and action staff should take to de-escalate this behaviour. We noted that one of the plans we looked at did not detail the triggers to the persons behaviour. Having this information recorded can support staff to reduce the potential for a persons' behaviour to escalate.

The care records had been reviewed on a regular basis which ensured the information was current and relevant. However, the registered manager told us they were implementing a rolling programme of three monthly care plan reviews. They said this would involve the person concerned, their key worker and the registered manager. These reviews help in monitoring whether care records are up to date and assist in identifying changes to people's needs so that any necessary actions can be identified and actioned at an early stage.

Two of the people we spoke with told us they had a care plan. One person told us, "I have a plan called a support plan". Another person told us they had a key worker and they met with them to talk about their care and support plan.

People we spoke with knew how to raise a complaint or a concern. One person said, "I'd complain to the big boss". This person also knew the name of the person they would complain to. One relative we spoke with told us they had not had reason to complain however, they said they would speak with the registered manager in the event they wished to raise any concerns. The other relative we spoke with said, "If I bring anything up, they deal with it straight away."

We asked the registered manager if they had received any complaints, they said no complaints or concerns had been raised.

Good

Is the service well-led?

Our findings

We asked one of the relatives we spoke with if they thought the service was well led. They said 'yes', they said they could always speak with the registered manager or the deputy manager. People we spoke with felt able to approach the registered manager or other members of staff if they had any concerns.

The registered manager had been in post for over twelve months. They were confident in verbalising their role and responsibilities. Staff we spoke with spoke positively about the registered manager. One staff member said, "If I have a problem, I go see her (registered manager), she always listens to you."

During the period of time we spent at the home we found the registered manager to be relaxed, professional and knowledgeable about peoples support needs. Both the registered manager and the deputy were visible and accessible to people and staff. The office door was open and we observed a number of people and staff freely entering the office to speak with them. This demonstrated openness and approachability.

We spoke with people and relatives about their opportunities to influence the service and the support they received. One person we spoke with told us there were regular resident meetings. They told us this was where they made suggestions for changes at the home. We saw evidence of meetings held in regularly throughout the previous twelve months. The minutes recorded peoples suggestions and requests. However, the minutes did not record if these suggestions had been actioned. We discussed this with the registered manager on the day of the inspection.

The registered manager told us staff meetings were also held regularly at the service. We saw minutes from meetings dated July and September 2014 and January 2015. Meetings are an important part of the registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and support for people living at the home.

We saw the results of the quality assurance survey conducted by the service in May 2014. We saw that three of the nine surveys sent to external healthcare professionals had been returned and all of the nine surveys issued to residents of the home had been returned. People who lived at the home were asked if they liked living there, eight had responded 'yes'. We saw actions identified from the surveys included redecoration and modernisation of the home.

We saw the registered provider had system in place to monitor the quality of the service provided to people. For example we saw audits were completed on infection prevention and control, health and safety, people's finances, accidents, complaints, care plans and medicines. They told us the registered provider employed a quality assurance manager, whose role was to ensure audits had been completed and that where issues had been identified, action plans had been formulated and acted upon. The registered manager told us they had to submit a monthly monitoring report to the registered provider. This recorded complaints, accidents and concerns regarding weight loss and skin integrity.

To ensure effective auditing, the registered provider was conducting audits of the auditing process.