

Fircroft Services Limited

Carlene 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

About the service:

Carlene House provides care and support for up to ten adults with learning disabilities. Ten people were using the service at the time of inspection.

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.

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

There were systems to reduce the risk of abuse and to assess and monitor potential risks to people who used the service. People were protected by safe recruitment procedures. There were enough staff to meet their care and support needs. The provider had a system in place to record and monitor accidents and incidents. Medicines were managed in a safe way. People were protected from the risks associated with the spread of infection.

People were supported by staff who had the necessary skills and knowledge to meet their needs. They had access to appropriate health care professionals when required. 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. Staff encouraged people to have a healthy and nutritious diet.

People were treated with kindness and their privacy and dignity were respected. They received care and support from staff who knew them well. Staff supported people to maintain their independence where possible. People were able to make choices about their care and their views were taken into account.

People received personalised care, which was recorded in their care plans and reflected their wishes and preferences. Care plans were reviewed and updated in a timely manner. People were supported to engage in meaningful activities of their choice and were involved in the local community. People and their relatives knew how to make a complaint if they were unhappy about the support they received.

There was an open culture within the service, which was focussed on people. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. There was a quality assurance system in place to monitor the quality of the service people received. The provider continually sought feedback about the service from people, relatives, staff and other professionals.

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

Rating at last inspection:

At the last inspection the service was rated good (published 28 April 2017).

Why we inspected:

This was a planned 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 safe.

Details are in our safe findings below.

Good ●

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 ●

Carlene House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Carlene House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager registered with the Care Quality Commission. The provider explained that due to circumstances beyond their control, there was a delay in the application process for the manager to register with us. Registered managers similar to providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service one and half hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection:

We reviewed the information we held about the registered provider, including previous notifications. A notification is information about important events, which the registered provider is required to send to us by law. We used the information the provider sent us in the provider information return (PIR). 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.

During our inspection:

We spoke with four people who used the service, two members of staff and the manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us.

We reviewed a range of records. This included three people's care records and multiple medicine records. We looked at three staff files in relation to recruitment, training and staff supervision records. We also looked at records relating to the management of the service and a sample of policies and procedures.

After the inspection:

We continued to seek clarification from the provider to corroborate evidence found. We spoke with three relatives by telephone to obtain their views of the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse or harm and staff understood how to keep them safe. People told us they felt safe at the service and had no concerns on the way staff provided them with the care and support they needed. One person said, "Yes I am safe here." One relative told us, "[Family member] is safe for sure. They have been there a long time and we have no concerns."
- Staff were clear about their responsibilities to report concerns and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff told us, "I will report any safeguarding concerns to the manager." Staff had received safeguarding training and were aware on how to escalate any concerns that they might have to external agencies.

Assessing risk, safety monitoring and management

- People had risk assessments which explained possible risks and the actions staff needed to take to reduce them. Each person had a risk assessment based on their individual needs, for example, when people went out in the community.
- Staff knew about people's health needs and ensured they were safe when carrying out any task. The provider also had an environmental risk assessment in place which identified potential risks and how to minimise them.
- The provider had a system to ensure all equipment was maintained and serviced. We saw fire safety checks were undertaken on a regular basis and the hot water temperatures were monitored to ensure people were not at risk of scalding.

Staffing and recruitment

- People and their relatives told us there were enough staff working on each shift at the service. One person replied "Yes" when we asked them if there was enough staff on duty. Some of the staff had worked at the service for a long time. This helped to ensure people received consistent care from staff who knew them well. The provider did not use any agency staff.
- People were protected by appropriate recruitment processes. The provider ensured appropriate checks had been carried out such as criminal records check before staff were employed and started work. This helped to ensure people were not exposed to staff who were not suitable to work with people using care services. □□

Using medicines safely

- Medicines were managed in a safe way. People told us they received their medicines when they needed to have them. The service had a medicine policy which outlined the safe handling of medicines.

- Where people needed assistance to take their medicines, there was guidance in place on how staff must support them. Staff had received appropriate training to ensure they were competent to administer medicines.

- We saw medicine administration record (MAR) sheets were completed correctly and there were no missing signatures. Any medicines prescribed to be given 'as necessary' were monitored and protocols were in place to explain when these medicines should be given.

Preventing and controlling infection

- The provider had systems in place to prevent the spread of infection and ensure people as well as staff were safe. Staff had personal protective equipment (PPE) such as gloves and aprons available to them to protect the spread of infection. They also had received training in this subject and were aware of their responsibilities. Relatives commented that the service was always clean when they visited.

Learning lessons when things go wrong

- Records showed that accidents and incidents were recorded in details and these were investigated by the manager to prevent or minimise them from happening again. This helped to ensure that people remained as safe as possible and where necessary, measures were put in place to avoid any repeat events.

- However, we noted the guidance on how to care for one person following a certain type of incident could be more comprehensive. This was discussed with the manager and they sent us an updated version of the guidance following our inspection.

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 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

- The management team carried out an initial assessment of people's needs before they started using the service. This was done with the involvement of the person and their relatives and covered a number of areas such as people's care needs, wishes, and past histories. This helped to ensure if the service would be able to meet people's needs.

Staff support: induction, training, skills and experience

- New members of staff completed a structured induction which included mandatory training. They also shadowed an experienced staff member until they were assessed as competent to work alone. The induction included new staff completing training courses and familiarising themselves with the policies and procedures of the service. During this period, they also got to know how to support people who used the service. A member of staff told us, "I did my induction with [manager], I went through the [people's] files."
- People were supported by staff who had received appropriate and relevant training. Staff had attended various training programmes related to their roles, such as safeguarding adults, medicine management, infection control, moving and handling, first aid and health and safety." A person told us, "The staff know what they are doing."
- Staff told us they had undertaken regular training, and this was confirmed from their training records. One member of staff said, "I have recently done my infection control training. There was a system in place to monitor which training staff had attended and when they were due for refresher training. Staff felt the training courses were good."
- Staff were given an opportunity to discuss any work-related issues, such as any training needs as well as needs of people in the service. They received regular one to one meeting with the manager and this helped the management team regularly assess and monitor the staff's ability to meet people's needs. A member of staff told us, "I had my supervision last week."

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

- People were supported to eat and drink enough to meet their needs. One person told us, "The food is good." Another said, "Yes, good food, I can choose what I would like to eat." We noted some people supported staff with preparation of the meals. Some people made their own lunch boxes when they went out for activities in the community.
- We saw people were given choices about their food and drink. Staff knew what people's likes and dislikes were or if they had any special dietary requirements due to their medical condition.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The manager worked closely with other professionals to ensure people were supported with their healthcare needs. Where people required it, the manager sought healthcare advice and support for them from external professionals such as GP's.
- Information about the involvement of healthcare professionals in people's care was available in their care plans. Staff accompanied people to their health appointments as needed. On the day of our visit, one person went to see their GP with a member of staff.

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.

- People told us staff always sought their permission before they carried out any tasks. One person told us, "The staff do ask me if I am happy for them to do things." The manager and staff were familiar with the processes and principles of the MCA and DoLS. A member of staff said, "If someone lacked capacity to make certain decisions, we will have a best interests meeting."

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 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

- People told us the staff were very kind and caring and treated them in a respectful manner. One person said, "The staff are good." Another told us, "They[staff] are alright." Relatives also said the staff were caring. A relative told us, ""The staff are absolutely fabulous, they look after [family member] very well."
- Throughout our visit we saw staff as well as the manager interacted with people who used the service in a kind and courteous way. People were relaxed in the presence of staff and had built up good relationships with them.
- Staff were aware of the needs and preferences of people. They were able to give us a clear account of the person's likes and dislikes and their life history. For example, a member of staff told us, "[Person] likes jacket potatoes with mince."
- The provider promoted the equality and diversity of people. They ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle. For example, people had equal access to activities taking into account their individual circumstances.

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

- People were encouraged to exercise choices on how they wanted to be supported. One person told us, "I can choose what I like to do." People and relatives were involved in planning and reviews of the care and support being provided by staff.
- Staff ensured relatives were kept up to date about changes in their family member's needs. One relative said, "I am aware of what is going on with my [family member]." Records showed people had been involved in planning the care and support they received.
- We found information about people was treated in confidence. Records were kept locked when not in use. Staff were aware to whom they could share confidential information with. They knew that they should not share people's personal information with anyone, unless they had the right to have that information. One member of staff told us, "I don't talk about a resident with another resident."

Respecting and promoting people's privacy, dignity and independence

- People told us staff ensured their privacy and dignity was maintained. One person told us, "The staff always knock on my door to check if it is ok to come in." Staff understood the importance of respecting people's privacy and dignity.
- The service had staff who were dignity champions. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, and that care services must be compassionate, person centred, as well as efficient.

- Staff encouraged people to maintain their independence as much as possible, in all aspects of life and daily activity. For example, people were encouraged to clean their rooms and helped with certain chores within the service. We saw what people were able to do independently were recorded in their care plans. For example, one care mentioned, "I can make my breakfast independently." One member of staff said, "[Person] can wash themselves, I encourage them to be independent."

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 were complimentary about how staff supported them with their care and support needs. One person said, "The staff are very helpful and very good." Feedback from relatives was also positive about the care provided by staff. One relative told us, "I am happy with Carlene House and the staff, care is better."
- We saw people received personalised care and support that met their individual needs. Care plans covered a number of areas of the person's care such as, communication, mobility, behaviours, medicines, any medical conditions, and eating and drinking. They also contained people's individual wishes and preferences in the way they wanted their care and support to be provided. For example, one person's care plan said, "I need staff to give me verbal prompting to take my medicines."
- We found people's care plans gave sufficient instructions to staff on how to deliver care and support to people in accordance to their wishes. The care plans were reviewed and updated regularly or when the need arose. Any changes in people's needs were recorded and discussed during staff handovers. This helped to ensure staff had up-to date information about the people who used the service.

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.

- Information on how to communicate with people was included in their care plans. Information was made available in accessible format, for example, we saw the menu was in a picture format. Other records relating to people care needs were also made available to people in an appropriate format that they understood.

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 encouraged and supported people to stay in touch with their relatives. Some relatives visited their loved ones very regularly. Relatives told us they were always made welcome at the service. Some people visited their relatives over weekends and stayed with them. This meant people were supported to maintain relationships and avoid social isolation. A relative told us, "I visit every week and also take some of clients out with my [family member], We attend [a club] every week."
- People told us they could pursue their interests and hobbies, for example they could go out or join in activities within the community. One person told us, "I like to go out every day, I like shopping." Each person had an activity timetable for the week. On the day of our visit, some people went out in the community to take part in different activities. Two people took part in activities within the service. Staff were

knowledgeable about people's preferred routines.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures for dealing with any concerns or complaints. People and their relatives knew they could speak with staff or the management team if they had any concerns. One person told us, "I will talk to the manager." When we asked them who they would speak with if they had a concern. A relative said, "If I have any issues, I will talk to the manager."
- People and their representatives were happy with the service and did not raise any concern with us. The service had received compliments from relatives and professionals. For example, one professional wrote, "The home is clean, caring, well-organised, full of laughter and love."

End of life care and support

- The manager informed us that none of the people using the service required end of life care at the time of our inspection. People's end of life care wishes had been recorded. These helped to ensure people received the care and support they wanted when approaching the end of their lives.

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 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

- People, relatives and staff told us they were very happy with the service. They told us the management team was approachable. One person told us, "I am able to talk to [manager]." Another told us, "The manager is alright." A relative said, "I am very impressed with the home."
- The manager operated an 'open door' policy and were in regular contact with people, relatives and staff to ensure the service ran smoothly. Staff told us that the manager was supportive. One member of staff told us, "[Manager] is lovely, I can talk to them."

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

- The manager understood what their roles and responsibilities were. They kept us informed about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.
- Staff had access to a range of policies and procedures which gave them guidance and instructions in ensuring people receive care and support in a safe manner. They had signed some policies and procedures to indicate they had read and understood them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible. There were regular meetings held with people, staff and relatives. Records showed during these meetings people, staff and relatives had an opportunity to share any ideas for the development of the service and to discuss any concerns they might have. Staff felt these meetings were helpful and mentioned their views and ideas were listened to.

Continuous learning and improving care

- The provider had system in place to assess, monitor and improved the quality and safety of the services provided. There were audits carried out of care records, people's support plans, staff training, infection control and health and safety. If shortfalls were identified, appropriate action were taken, for example, asking staff to complete refresher training if they were not up to date.
- The provider also continually sought feedback from people, relatives, staff and other professionals about the service. These were gained through the use of satisfaction surveys which were completed on a yearly

basis. We saw comments from the recent completed satisfaction surveys were positive. One relative wrote, "Carlene house is a wonderful house, always clean and cares are good to the residents, [family member] is happy living there." The manager analysed the feedback received and this helped to improve the quality of service provided as needed.

Working in partnership with others

- The manager worked closely with other health and social care professionals to ensure the people received the care and support they needed. Records showed they had regular contact with multi-disciplinary teams to discuss people's on-going needs or to seek advice.
- The management team kept themselves up to date with best practice as far as health and social care was concerned. The manager mentioned that they regularly visited our website to make sure they were familiar with our regulations and to be aware of what was happening within health and social care sector.