J C Care Limited

Carlton House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service.
Carlton House is a residential care home providing accommodation and personal care to 14 people with learning disabilities at the time of the inspection.

Carlton House accommodates up to16 people in two individual adapted buildings situated within the same grounds.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had not always consistently applied them.

Carlton House is two large houses, bigger than most domestic style properties. It is registered for the support of up to 16 people. 14 people were using the service. This is larger than current best practice guidance. However, the size of the service did not have a negative impact on people. This was because the building design fitted into the local residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going out with people.

People's experience of using this service and what we found.
People were not safe from the risk of infection. The premises were not clean and mal odour was present.

Laundry rooms were not clean and cross infection risks were observed. Safety procedures were not followed, and potentially hazardous cleaning materials were accessible.

Dirty mattresses and other waste was stacked up outside the building. Premises cleanliness issues were brought to the attention of management, were addressed and agency cleaning cover was arranged.

Accidents and incidents were recorded. However, monitoring to identify patterns or trends for lessons learned we not recorded and shared with staff. We have made a recommendation that these needed to be improved.

Audits and monitoring systems were not always effective at managing the service and making improvements required. Health and safety checks were in place, however they failed to address the infection control and safety issues found on inspection.

People had care plans in place and work was on going to improve them. Some were written in a person-centred way and included a one page profile. However, there were no end of life plans in place for people who needed them. This was addressed following the inspection.

Medicines were managed well, administered and recorded accurately keeping people safe. People who received 'as and when required' medicines had clear instructions in place. We have made a recommendation that these needed to be improved to be more personalised and to record what outcomes where achieved.

There were enough staff to support people and staff were always visible. A recent reduction in agency use was noted. However, staff fed back to the inspector that agency use had a negative impact on them and the people, but they felt it was improving.

People and staff spoke positively about the new manager.

The manager was working in partnership with the local authority commissioners on an action plan to ensure the quality of the service was continually improving.

Staff received support and a variety of appropriate training to meet people's needs.

Individualised risk assessments were in place. Staff were confident to raise concerns appropriately to safeguard people.

Robust recruitment and selection procedures ensured suitable staff were employed.

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.

People were supported to have enough to eat and drink.

Appropriate healthcare professionals were included in people's care and support as and when this was needed.

There were systems in place for communicating with staff, people and their relatives to ensure they were fully informed via team meetings and communications.

People had good links to the local community through regular access to local services.

People were supported to be independent where they could, their rights were respected and access to advocacy was available.

Support was provided in a way that put the people and their preferences first. Information was provided for people in the correct format for them.

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

The outcomes for people did not fully reflect the principles and values of Registering the Right Support for the following reasons; the premises didn't meet everyone's needs and peoples care plans were not completed to ensure choices were offered to them regarding end of life care. Also the environment was un clean and lacked homely features.

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 good (published 5 December 2016)

Why we inspected.
This was a planned inspection based on the previous rating.

Enforcement.
We have identified breaches at this inspection in relation to the cleanliness of the premises, infection control, care planning records and oversite from management.

Please see the action we have told the provider to take at the end of this report.

Follow up.
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Carlton 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector carried out the inspection.

Service and service type
Carlton House is a residential care home that provides accommodation for adults with learning disabilities.

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

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The Manager and provider were working closely with the local authority commissioners on improving the quality of the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spent time with people living at the service. We spoke with four people who used the service, the manager, area manager, three care staff, a local authority commissioner and a visiting social worker.

We reviewed a range of records. This included three people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visit the service.

Requires Improvement

Is the service safe?

Our findings

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

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed from infection control issues.

Preventing and controlling infection

- The premises were unclean, there were stains on the walls in communal areas and bedrooms and thick dust and debris in corners, skirting and floors. Peoples ensuite bathrooms were not cleaned and there was mal odour present.
- The laundry rooms in both houses were unclean with no system in use to prevent cross infection from dirty laundry to clean laundry.Used mops and buckets were stacked up beside dirty laundry.
- Cleaning materials that could be hazardous were accessible in an unlocked cupboard and an unlocked laundry room.
- Old mattresses and other waste was stacked up at the side of the premises.
- There were no domestic staff working at the service and no cover to carry on domestic duties.
- Care staff we spoke with told us, "The cleaning needs to be improved, there's no house keeper. The house gets busy, it's so hard to keep on top of, it's not our job. Definitely an issue."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This place people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed agency cleaning staff were in place and suitable checks of the environment and equipment were in place.

Learning lessons when things go wrong

- Accidents and incidents were recorded on an individual recording basis. These were not being analysed to look for any patterns or trends to minimise risk of further incidents.

We recommend the provider introduce a monitoring system that incorporates lessons learned to enable the manager to have oversight of incidents within the home to reflect on them with staff.

Using medicines safely

- People who received 'as and when required' medicines had clear instructions in place. However, these were not always personalised and there were no outcomes recorded from administering these types of medicines to show if they were successful or not.

We recommend that instructions be more personalised, follow best practice and record what outcomes where achieved.

- People received regular medicine reviews with their GP and other healthcare professionals. The manager

wasn't familiar with STOMP (Stopping over-medication of people with learning disabilities) best practice. However, the area manager told us this was planned to be implemented in all their services.
● Medicine administration records (MARs) were clear and completed fully. People received their medicines as prescribed, at the right time.

Assessing risk, safety monitoring and management
● Regular maintenance checks, risk assessments and repairs were carried out to keep the home and equipment safe. However, the environment checks were not addressing the issues we found during our inspection.
● People had individual risk assessments; these were regularly reviewed, where risks were identified, care plans addressed the way in which staff could mitigate these risks.
● People had updated personal emergency evacuation plans.
● A fire risk assessment was in place and fire drills took place regularly.

Staffing and recruitment
● There were enough staff on duty to meet people's needs individually and safely. Staff were always visible.
● Recent improvements had been made to reduce the amount of agency staff working? at the service. One member of staff told us, "Agency is getting less and more new starters coming in, it has had an impact on people and staff, but it's getting better."
● People told us staffing levels were right. One person said, ''Yes always staff here."
● Safe recruitment procedures were being followed.

Systems and processes to safeguard people from the risk of abuse
● Staff had received safeguarding training and were able to raise any concerns appropriately.
● Where safeguarding concerns had been raised, investigations had taken place and appropriate action was taken.

Good

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.

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

- Soft furnishings such as curtain and blinds in communal areas were missing or broken this looked tired and not homely. One person who used the service pointed this out to us and told us; "We need new curtains and they (the blinds) need fixing, they have come down." This was discussed with the provider who agreed they would be replaced.
- The outside area of the home and was well used and maintained. This was shared between the two houses and had a garden house and badminton net.

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

- People's preferences, care and health needs were assessed and regularly reviewed.
- Any changes to people's needs were reviewed with them and reflected in their care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained. Staff told us they valued the training on offer and could ask for extra if needed.
- New employees completed an induction. The care certificate training was used for people new to care; they also shadowed more experienced members of staff to get to know people before working with them.

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

- People's nutrition and hydration needs were met and people were provided with a varied and nutritionally balanced diet.
- People planned a weekly menu of their choices with staff and some helped to cook meals.
- The staff were aware of people's dietary needs and kept up to date records.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked regularly with external professionals to support and maintain people's health, for example GPs and specialist nurses.
- Staff supported people to attend health appointments.

Supporting people to live healthier lives, access healthcare services and support

- Referrals were made to other healthcare professionals such as dieticians where appropriate in a timely

manner.

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.

● Health professionals completed capacity assessments to ensure people were supported appropriately to make decisions.
● Staff ensured people were involved in decisions about their care; they understood their role in making decisions in people's best interests.
● Where people did not have capacity to make decisions in an area of their life, they were supported to have maximum choice and control of their lives.
● People who could were asked to give consent to their care and treatment, we saw this was recorded in care files.

Good

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
- There was a positive rapport between people, support staff and management.
- People were supported to maintain relationships; they were supported to see relatives and to visit family.
- Staff were trained in dignity and respect. Staff treated people with kindness and respect at all times.
- People were supported to follow their chosen religion and to attend their place of worship.
- Staff were able to give us examples of how they respected and supported peoples diverse needs and one staff member told us, "We used to support someone who was Christian and we support a person who attends the salvation army, another who is Muslim."
- One person who used the service was admitted to hospital at the time of our inspection and a staff member brought them to the home to visit everyone as they were missing people and everyone was pleased to see them.

Supporting people to express their views and be involved in making decisions about their care
- People were supported by key workers who held regular meetings with people where they would look at their care plans and discuss any changes needed.
- People were supported to have their say and had independent advocates. The social worker we spoke with told us, "[Name] has an advocate who keeps in touch with them and me too. They have been getting more involved more recently, which is good."
- Staff spent time listening and talking to people.

Respecting and promoting people's privacy, dignity and independence
- People were encouraged to remain as independent as possible. One member of staff said, "We always support people to take part in tasks and if we can make it fun, then it encourages them."
- People were supported to learn skills to promote their independence such as meal planning, shopping, budgeting, handling money, meal prepping and cooking.
- Staff engaged with people in a dignified way. Private conversations and care were conducted respectfully.
- People were actively supported to achieve independence as a personal goal and people could make plans to move on to a home with less support and one person had recently achieved this and moved on.

Requires Improvement

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 had deteriorated to requires improvement.

This meant people's needs were not always met.

End of life care and support
●Care plan records were not completed to include end of life care for people who required them.

People who needed them were not supported to make end of life care plans. The service had not explored people's preferences and choices in relation to end of life care. Records did not include preferences relating to, culture and spiritual needs. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately after the inspection. They confirmed records had been updated and a plan was made for one person who required one.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● The manager had worked together with people to improve the care plans. One-page profiles were in place, these are a one-page document with photos that give an oversight of the person from their point of view.
●Reviews of care plans took place regularly.
● Where people had specific health care needs, these were clearly identified and showed how people should be supported.
●People were supported to plan and set themselves goals. For example, one person wanted to learn to cook healthy meals.
●The support people received was individual to their needs and was delivered in a person-centred way. People could pursue social and leisure interests.

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.
●One person who used the service had developed their own sign language similar to Makaton and this was supported by displaying photos of them and their meanings for them to use with staff.
●Complaints procedure and other documents were available to people in different formats, including easy read.

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

● People were supported to follow interests and to take part in activities that are socially and culturally relevant to them.

● One person enjoyed sports and they were supported regularly to take part actively using the outdoor space. Others visited community leisure centres for hydro therapy and sensory activity.

● During our inspection people were busy coming and going attending activities and going out to the shops.

Improving care quality in response to complaints or concerns.

● An accessible complaints procedure was in place that was followed by the manager and staff.

● People were supported to complain; staff told us; "If they had a complaint I would write it down for them and pass on to my manager."

Requires Improvement

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 requires improvement. At this inspection this key question remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audits carried out by management and the provider highlighted issues such as access to potentially hazardous materials but failed to highlight actions to address the issues.
- A lack of management oversight failed to address the issues in the home regarding cleanliness infection control risks and presentation.
- Care plans reviews failed to identify when end of life care plans were required for people.
- There was a manager in post who was not registered with us, they had submitted their information to begin the process.
- The provider had made notifications to CQC in relation to significant events that had occurred in the home.

Audits carried out by the provider failed to identify actions to address issues found during our inspection. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a good system of communication to keep staff, people using the service and their families informed of what was happening within the service.
- The manager held staff meetings to discuss relevant information and policy updates. Staff told us they valued these meetings.
- People were asked their views on the service.

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

- The manager and provider were open with the inspector during the inspection and took responsibility for issues found and took action to address concerns.

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

● The culture at the home was to support people to practice their chosen religions and for staff to understand different cultural beliefs or preferences.

Continuous learning and improving care

● People who used the service spoke positively about the registered manager and regularly went to them for support.

● The registered manager took on board opinions and views of the people who used the service to make improvements.

Working in partnership with others

● People were supported to be active citizens within their local community by using local services regularly with support.

● The provider was working closely with local authority commissioners on an action plan, attending meetings and sharing information.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Due to poor governance of the service people were placed at risk of harm. There was an increased risk to people from a lack of infection control measures.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audits carried out by the provider failed to identify actions to address issues found during our inspection.