

Mrs Barbara Davidson

Carleton House

Inspection report

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Tel: 01524831496

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04 February 2016

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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

This announced inspection took place on 04 February 2016. The registered provider was given 24 hours' notice because the location was a small care home for people living with mental health conditions who are often out during the day; we needed to be sure someone would be in.

Carleton House is a small care home registered to provide care and accommodation for up to three people. The home is two semi-detached properties which are joined to give open access between the two. Although there is joint access, the people who live at the home have their own kitchen and private lounge. There is also access to a garden area, which has a patio and a summer house. Care is provided by the owner of the service. The house is close to all amenities and is also on a bus route. There were three people living there at the time of the inspection.

There was a registered provider in place. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider was the main carer to the people who lived at the home. Care was also provided at times by the registered provider's daughter who was the deputy manager. The service employed a handyman who visited the home weekly to ensure suitable upkeep of the premises. They did not employ any other staff.

The service was last inspected 17 February 2014. We identified no concerns at this inspection and found the provider was meeting all standards that we assessed.

At this inspection in February 2016, we found people were safe. The registered provider had systems in place for responding and reporting abuse.

People who used the service told us they were happy with the staffing levels provided. Current arrangements allowed people to have their own privacy but help was nearby if it was required. People described the registered provider as reliable.

Medicines were stored securely. Robust systems were in place to ensure medicines were managed and administered correctly to each person. People's medicines were given according to their preferences.

Risks were managed informally on an ongoing basis. The registered provider was confident they could do so as they worked closely with each person on a daily basis. People were encouraged to take risks if they were calculated as safe to do so and of benefit to the person.

People's healthcare needs were monitored by the registered provider. Concerns in regards to people's

health were referred to the relevant health professional in a timely manner. The registered provider encouraged a holistic approach to health care and promoted health through exercise and mental well-being.

Feedback regarding the provision of meals was positive. People told us the food was good and tailored to their preferences. Regular snacks and drinks were available to people between meals.

The registered provider had not received training in regards to the Mental Capacity Act (2005) however did have some knowledge of some of the principles and the Act.

People told us the registered provider was caring. We observed people being treated with respect. Privacy and dignity was promoted at all times.

Care was provided in a person centred way. People were routinely involved in their own care planning and the development of their service. The registered provider worked proactively to ensure care provided met the person's expectations.

The registered provider worked towards promoting and maintaining independence wherever possible. People were encouraged to develop and maintain relationships to prevent isolation. People told us they were valued members of their community.

People who lived at the home told us they were happy with the service and had no complaints. People were confident they could approach the registered provider if they were unhappy. The registered provider said she would ask people if she suspected they were unhappy. Complaints were dealt with in a timely manner.

Feedback about the management of the home was positive. People who lived at the home said they were more than happy with the way in which the home was organised and did not want it to change.

The registered provider was committed to ensuring the home was adequately maintained. We noted the environment was clean and free from odours. A handyman was employed on a weekly basis to ensure the home was appropriately maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People who lived at the home told us they felt safe.

The registered provider had a policy in place for reporting of safeguarding concerns and was aware of their responsibilities to report any concerns.

The registered provider had suitable arrangements in place for storing, administering, recording and monitoring of people's medicines.

The home was suitably maintained and all certification for health and safety was up to date.

Is the service effective?

Good ●

The service was effective.

People told us the food provided was wholesome and good. It was tailored to meet their personal preferences.

People's needs were monitored and advice was sought from other health professionals in a timely manner, where appropriate. The home focussed on health promotion to promote the wellbeing of the people who lived at the home.

The registered provider was not fully aware of the Mental Capacity Act (2005) however, had a sound knowledge of the surrounding principles.

Is the service caring?

Good ●

Staff were caring.

People who lived at the home were positive about the registered provider and the family environment. They described the home as an "Extended Family."

People's preferences, likes and dislikes had been discussed. There was a clear focus on delivering person centred care.

The registered provider was aware of people's human rights and promoted these through service delivery.

The registered provider treated people with patience, warmth and compassion and respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were kept under review and staff responded quickly when people's needs changed. People were involved in the development and review of their care plans.

People were encouraged to live valued lives. The registered provider worked closely with other agencies to build up community networks.

The registered provider worked very closely with people to ensure people were satisfied with the service. People were encouraged to come forward and discuss any concerns or comments they had.

Is the service well-led?

Good ●

The service was well led.

People who lived at the home spoke positively about the registered provider and the quality of the support provided.

There was an informal quality assurance system in place to monitor the quality of the service.

Carleton House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions and 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 04 February 2016 and was announced. We gave the registered provider 24 hours' notice of our visit so we could be sure someone would be at the home. The inspection was carried out by one adult social care inspector.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people.

Information was gathered from a variety of sources throughout the inspection process. We spoke with the registered provider and the three people who lived at the home. We observed interactions between the registered provider and people to try and understand the experiences of people who lived at the home.

We also spoke with two health care professionals to see if they were satisfied with the care provided.

To gather information, we looked at a variety of records. This included care plan files belonging to the three people who lived at the home. We also viewed other documentation which was relevant to the management of the service including health and safety certification and training records.

We looked around the home to assess the environment. We did this to ensure it was conducive to meeting the needs of the people who lived there. We gained consent from one person who lived at the home to look in their room to ensure they were maintained to a safe standard and met people's needs.

Is the service safe?

Our findings

We spoke with three people who lived at the home. They told us they liked living there and felt safe. All three people told us they were happy living at the home and did not want things to change. One person said, "I feel safe here. I don't want to lose my home." Another person said, "[Registered provider] makes us feel safe."

People opted to sit together and discuss their experiences within a group situation. People told us the home provided them with stability and it felt more like an extended family rather than a home. One person said, "We are like a family."

We spoke with the registered provider who told us it was important that people who lived at the home felt safe. The registered provider said they had carried out significant work with one person in particular to enable them to have trust in the environment and feel safe. This person did not like being alone but now with reassurance was spending time alone.

People who lived at the home told us they were satisfied with staffing arrangements between themselves and the registered provider. They were happy with the support provided and said the registered provider was "reliable" and "there when needed."

People who lived at the home were independent and on the day of inspection people were free to leave the house of their own free will. The registered provider told us people were encouraged to live an independent life. People had access to mobile phones and the registered provider could always be contacted in an emergency. We noted the registered provider also had emergency provisions in place just in case they were absent or ill. People were given contact numbers of other people to contact. This ensured continuity of care as care would be provided by another family member who knew the people well.

We looked at how risks were managed by the registered provider. We noted there were no formal risk assessments in place but the registered provider was able to talk about each person they supported and any relevant risks. The registered provider said because each person had lived there so long they knew all the people's needs and any identified risks.

The registered provider said people were encouraged to take risks. Their role was to provide support and guidance to people to ensure all risks taken were carefully thought through. They said if they had any concerns about the risks they would consult with health professionals and family members.

The registered provider had a safeguarding policy in place. The policy contained information signposting staff to the Local Authority and the Police should any concerns be raised. The registered provider said they were aware of the need to report any safeguarding concerns immediately.

We looked at systems in place for ensuring people employed were of suitable nature. The registered provider confirmed there were only herself and her daughter providing support. A handyman was employed

for 16 hours per week to ensure the upkeep of the home. We saw evidence DBS checks had been carried out for each employee. A DBS certificate allows an employer to check the criminal records of employees and potential employees to assess their suitability for working with vulnerable adults. This prevents people who are not suitable to work with vulnerable adults from working with such client groups.

We looked at how medicines were managed within the home. We saw people's medicines were checked and confirmed on admission to the home by the registered provider. The registered provider said they were responsible for dispensing of people's medicines. The registered provider had assessed people's competency and took people's choices into consideration before taking responsibility for medicines. We spoke with all three people who lived at the home and they were happy with systems in place for administering medicines. One person said, "I used to look after my own medicines but I couldn't manage it. [Registered provider] looks after it for me now. I am ok with that now."

We noted good practice guidelines were followed. Medicines were stored in a secure cabinet. Medicines administration records (MAR sheets) were accompanied with a photo of each person so they could be easily identified. MAR sheets were also signed by the registered provider once the person had taken their medicines. Storing medicines safely prevents mishandling and misuse. Patient information leaflets relating to each person's medicines were also in the file so staff could make quick reference to the medicines, reasons for taking them and the potential side effects.

As part of the inspection we looked around the building to ensure it was clean and appropriately maintained. We looked at communal areas including the kitchen, living room and bathroom. All these areas were clean and maintained. One of the people who lived at the home was very proud of the new bedroom carpet the registered provider had purchased them. There were no odours within the house.

Whilst carrying out the inspection of the home we identified two large windows which opened at height. The windows were large enough for a person to access. The registered provider was unaware of recent Health and Safety Executive guidance regarding falls from height in care homes. We discussed the risks associated with large windows and the recent guidance. The registered provider agreed to take action immediately to ensure HSE guidance was being met. We were provided with evidence after the inspection to demonstrate these works had been completed.

We viewed records in relation to equipment and appliances in use by the home. The registered manager had systems in place to ensure safety checks were up to date. We viewed gas, electrical checks and fire safety systems and noted they were all up to date. We noted the registered manager had not carried out any recent portable appliance testing of all electrical equipment. We brought this to the attention of the registered manager and they acted upon this immediately by sourcing an electrician to carry out the work. The registered manager provided evidence to show this had been completed.

When we undertook this inspection visit there had been no reportable accidents or incidents.

Is the service effective?

Our findings

People who lived at the home spoke positively about the effectiveness of the care provided. People said the care, "Was the best." One person said, "I have come out of my shell since I moved here." And, "I am much more healthy these days."

People who lived at the home had lived there a significant amount of time. Effective care was provided as the registered provider knew each person well. The registered provider told us, "I know everything there is to know about each person, we have been together for such a long time."

The registered provider said that prior to a person coming to live at the home they would consult with the relevant professionals. The registered provider knew their own limitations and was aware of the type of people that could be successfully supported at Carleton House.

Each person who lived at Carleton house had an individual care record. Care plans were reviewed yearly. There was evidence within care plans that people were consulted with and consent was gained prior to services being delivered.

Documentation within care files demonstrated the health needs of people who lived at the home were met by a variety of health professionals. Individual care files showed health care needs were maintained and monitored. Monthly records were kept of all health professionals input. This ensured continuity of health care needs for each individual.

The registered provider was proactive in managing people's health and took a holistic approach to promote a person's well-being. The registered provider said, "I think good food, making people feel safe, ensuring they get their medicines and fresh air all accumulates to people's well-being."

Monthly records showed people who lived at the home had regular appointments with general practitioners, dentists, community nursing staff and other relevant people. People also had access to health promotion services as a means to promote health and wellbeing. We noted people had recently undertaken annual health checks at their general practitioner (GP). One person had a health action plan created following a health check.

The registered provider said they had a good relationship with all health professionals involved in managing people's mental health. They said they would not hesitate in contacting health professionals if they had any concerns. This meant people's mental illness was managed sufficiently and health was promoted.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. In situations where the act should be, and is not, implemented then people are denied rights to which they are legally entitled.

We spoke with the registered provider to clarify their knowledge of the MCA and its impact upon people who lacked capacity. The registered provider said all the people who lived at the home had capacity to make decisions and were fully supported to make their own decisions. The registered provider said people were never deprived of their liberty and were free to leave the house whenever they wished. The registered provider said people's mental health was stable and people did not experience any times in which their capacity fluctuated.

Whilst carrying out the inspection we saw people were free to leave the home at their own will. We observed two people going out alone to carry out hobbies and interests. We observed no restrictions in place to limit people's freedom. One person who lived at the home told us, "[Registered provider] told me 'It's not a prison.' I can go out whenever I want." People who lived at the home confirmed they had their own keys to the home and could come and go as they pleased.

People we spoke with said the food provided was good and had no complaints. One person said, "Meals are good here. We always have fresh fruit and veg." Another person said, "We like all [registered providers] meals. She knows what we like."

People who lived at the home told us they had their own kitchen where they prepared their own breakfasts and snacks. Main meals were prepared by the registered provider. People said the registered provider cooked good meals including paella, liver, chicken and fish. People were happy with the current arrangements for food preparation.

The registered provider had a good knowledge of what food people liked and disliked and provided a diet accordingly. The registered manager said they placed emphasis on healthy eating and said they felt a good diet contributed to good health. Care records evidenced that people who lived at the home were consulted with regularly to ensure they were happy with the quality of food provided.

One person told us they enjoyed fresh fruit and said there was always an ample supply of fruit available at the home. The person told us they had lost weight since moving into the home. This had increased their mobility and they could now carry out more activities of their choosing.

People had ready access to the kitchen and we observed people making drinks for themselves at their leisure. One person told us, "I can brew up at any time."

We noted from records maintained by the registered provider the home was last visited in 2013 by the environmental health agency to assess hygiene and suitability of kitchen areas. There were no concerns identified with the kitchen facilities at this inspection.

Is the service caring?

Our findings

People we spoke with were complimentary about the caring nature of the registered provider. One person said, "I don't know what I would do without her."

We observed positive interactions throughout the inspection between the registered provider and people who lived at the home. People were relaxed in the presence of staff and we observed people laughing with the registered provider. The registered provider was attentive and responded appropriately when interacting with people. We noted the registered provider hugging one of the people who lived at the home, with delight. The person looked enthused and hugged the registered provider back.

Routines within the home were relaxed and arranged around both people's individual and collective needs. The registered provider described the service provided as, "Family orientated, fitting around the lives of the people who lived there." They said they had no fixed routines; routines were negotiated on the day to meet people's needs.

The registered provider said that decisions on choosing who moved into the home, was a decision made between all the people who lived there and the registered provider. The registered provider said it was important that people who lived at the home were happy.

People's preferences were well known and these were documented in care plans and accommodated into everyday routine. People were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere where people could come and go as they wished.

People who lived at the home said they were given privacy whenever required. During the inspection people were encouraged to speak in private to the inspector to share their experiences. We were told that there were no restrictions and guests could be taken into bedrooms if people wanted privacy. People told us they did not have locks on their bedroom doors. They said they were not required as they just trusted each other and trusted they would respect each other's privacy.

We spoke with the registered provider about advocacy services to see whether or not people were accessing such services. The registered provider said people who lived at the home had some family contact and these relationships were openly encouraged. The registered provider said some people had family living far away. They said they always tried to promote and maintain this relationship by supporting the person to visit their family.

The registered provider spoke fondly about the people who lived at the home and how important they were in their life. They said they didn't consider the care home as a business but saw it more as a family unit where they shared experiences together. The registered provider said the happiness of the people who lived at the home was very important.

Is the service responsive?

Our findings

We looked at care records belonging to three people who lived at the home. Care records clearly detailed people's likes and preferences and included details about skills and talents. There was evidence the provider nurtured people to use their skills and talents when developing care and support for people.

Care plans were developed in conjunction with people and also involved the deputy manager. Care plans addressed areas including general health and leisure and activities. Care plans identified people's needs, actions required and outcomes. It was evident from reading people's care plans that people had developed over the past 12 months.

Each person who lived at Carleton House had an annual review of their service. Records showed that each person who lived at the home was due a care plan review this month but it had not yet happened. Previous review records showed people were involved in the care plan review and were asked to sign each care plan to show they consented to it.

People were encouraged to participate in their own care plan reviews to set and define their own targets for the on coming year. This allowed for all care being provided to be person centred as it was determined by the person themselves.

The registered person promoted a person centred risk taking culture within the home. They said, "My key duty is to provide a safe and secure home and enable people to have fulfilling lives. But service users have right to freedom and choice and a right to take risks."

One person who lived at the home had made a choice to take their medicines at a different time to the prescribed times. In this instance the registered provider supported the person to seek guidance from their doctor to ensure it would not have harm upon them. Notes were kept to show it had been discussed with the doctor. The person signed a form to show they understood the implications but were happy to take the risk.

The registered provider told us, "I don't like people telling me what to do and how to live my life. I don't expect other people to have to live a life where they are told what to do either." This demonstrated that people were given choices, autonomy was promoted and decisions were respected.

Care records demonstrated that people were encouraged to carry out activities of their own choosing. People who lived at Carleton house had voluntary jobs and attended peer support groups.

The registered provider encouraged people to be active citizens in their own community. People spoke about their roles in the community. Each role had been facilitated by the registered provider. One person had a voluntary job two days a week. Another person knitted for charity and also walked a neighbour's dog. They also provided companionship for a neighbour who was aging. The third person supported a friend who

was recently bereaved. On the day of inspection we were informed by one person they were going to support. This demonstrated the registered provider recognised the importance of social contact and friendships.

The people who lived at Carleton House said they always had an annual holiday with the registered provider. They told us they had a holiday booked for this year and they were looking forward to it.

Positive mental well-being was encouraged by the registered provider at all times. We noted from one person's care records the registered provider had worked intensively to build one person's confidence. This person was now able to go out alone and was using public transport. The person said they had become more confident since they have been supported by the registered provider. The person had made friends in the neighbourhood and went out weekly to the pub. They told us they had made friends in the pub and felt confident in talking to people.

The registered provider said they felt it was important to try and motivate people to keep fit. They said keeping active promoted good health and well-being. We noted people had been encouraged to try out sports such as swimming and walking. The registered provider said whenever possible they tried to encourage people to walk to get exercise and get fresh air.

The registered provider had completed some work with people who lived at the home to address end of life and dying. We saw evidence that discussions had taken place so that people could have their preferred choice of funeral. Plans were in depth and included the type of funeral people would like, who they wanted there and who they wanted to plan the funeral. This showed the registered provider respected people's views and was dedicated in providing person centred support to people throughout their life journey.

People who lived at the home said they had no complaints about the service and they were more than happy with the service provided. They told us the registered provider regularly enquired to see if they were happy. One person said, "All is fine. I like it just the way it is. I've no complaints."

The service had a complaints procedure which was made available to people. The complaints policy included a clear procedure to follow and referred people to other relevant agencies who could be contacted to discuss the complaint. This included the contact details for the Care Quality Commission and the Local Authority.

The registered provider was aware of their responsibilities to keep a record of any complaints if they arose. They told us, "If anyone has any problems. I will talk to them." The registered provider informed us there had been no complaints to date.

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Is the service well-led?

Our findings

The registered provider had been providing care in the home for over twenty years. They also had previous experience as a manager in care before taking upon this role. The registered provider said they had been provided with appropriate training throughout their career to enable them to be successful in their role.

The registered provider had appropriate systems in place to ensure business continuity could be achieved at all times. There was a clear line of responsibility and accountability for care provision. The registered provider communicated regularly with their daughter who was the deputy manager to ensure they were aware of what was happening at the home. The deputy manager sometimes worked at the home to give the registered provider respite and could be called upon in an emergency.

The registered provider was committed to ensuring a high quality service was being delivered at all times. We noted the registered provider had voluntarily taken the last CQC inspection report and had made an action plan to improve quality. We noted the actions they had set themselves had been completed.

People who lived at the home spoke fondly about the registered provider and said they could contact them at all times. One person said, "If we ever need her we just pop through to her house to see her." Another person said, "You wouldn't get better than [Registered Provider.]

People who lived at the home said they all felt part of a family and jointly were responsible for making decisions. These decisions were made on an everyday basis. People said they were openly encouraged to express their views.

The registered provider did not undertake any formal audits but informally audited the quality of service on an everyday basis to ensure high quality service provision.

The registered provider also met informally with the deputy manager to discuss any issues that arose. This allowed them to have over sight into what was happening with the service and promoted continuity of care.