

Carlton Home Care Ltd

Carlton Home Care

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Carlton Home Care provides a domiciliary care service, providing support to people in their own houses and flats in the community.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, 58 people were receiving a regulated care service.

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

People told us they received their medicines as prescribed. Staff completed medication training and their competency was checked

Care plans were person-centred with information about people's life history and their preferences. Some aspects of care planning needed further detail which was added during our inspection. Staff demonstrated their knowledge of people's care needs and action needed to reduce risks to people.

Overall governance systems were effective. Issues identified during our inspection were acted on promptly. Staff told us they felt able to approach the registered manager with any queries or concerns.

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.

People felt safe and protected from the risk of harm. Staff described signs they would look for to identify abuse and records showed appropriate action was taken to safeguard people.

There were sufficient numbers of staff who were safely recruited. People and relatives said they had not experienced any missed calls. Staff received a regular programme of support through training, supervision and appraisal. The training matrix showed high levels of completion in mandatory and specialist subjects.

People were supported by staff to access healthcare services and records. Staff provided good examples of occasions when they recognised a deterioration in people's health. People's dietary needs were identified and met by staff.

People and relatives told us staff were kind, caring and compassionate. People's privacy and dignity needs were met and staff supported their equality, diversity and human rights. People's communication needs were recorded in care plans.

Risk assessments identified individual risks to people.

We have made recommendations to the registered provider to continue to monitor improvements in assessing the likelihood of risk and with regards to monitoring call times.

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 requires improvement (published 3 October 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Carlton Home Care

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

The inspection was carried out by one inspector and an Expert by Experience contacted people receiving this service and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

The service had a manager registered with the Care Quality Commission. This means 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 announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. The inspection started on 2 October 2019 at the office location and a second day at the same premises took place on 4 October 2019. An Expert by Experience made phone calls to people and relatives on 3 October 2019.

What we did before the inspection

Before the inspection we reviewed the information we had received from the service including notifications about incidents in the service the registered manager is required to make. We also asked the local authority, safeguarding teams and other professionals, including Healthwatch who have contact with the service for any information they could share. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We did not receive any information of concern. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the care coordinator, two team leaders, the training coordinator, the governance lead and four other members of staff, four people who received this service and five relatives. We looked at five people's care plans in detail as well as other records including those connected with recruitment and training, medicines administration and quality monitoring.

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 requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments identified risks to people and included a risk rating. After the inspection, the registered provider told us about improvements they would make. We recommend the registered provider continues to monitor improvements in assessing the likelihood of risk.
- Accidents and incidents were recorded and this information was evaluated to look for themes and trends.
- Staff understood their responsibilities and knew action to take in the event of an accident or an emergency. Staff told us the out of hours system was effective.

Using medicines safely

- Where people were assisted by staff to receive their medicines, people confirmed this was managed appropriately. One person said, "They deal with all my medication and always fill in the [medication administration record] (MAR)."
- MARs showed people received their medication as prescribed.
- Medication records in people's care plans contained a list of items prescribed and possible side effects which was good practice. In one case, the MAR and care plan did not include the dosage required. The care coordinator updated this during the inspection.
- One person's care plan included instructions around medicines staff were required to administer. The registered manager said this needed reviewing and later confirmed this person was able to manage their own medicines.

Staffing and recruitment

- Recruitment processes were safe. Three staff files were reviewed and each of these showed relevant background checks were completed before staff commenced working.
- Half the staff team were using an electronic system to log in and out of calls with their own phones. The registered manager was looking at ways to enable all staff to use the same system.
- Most people told us their call times were consistent and staff attended calls on time. However, one relative said, "It's a very good service, we just have an issue with times." The registered provider did not have an overview of call times as this was not being checked to measure performance. No one we spoke with reported experiencing any missed calls. At the time of our inspection, the registered provider was not using agency staff.
- All staff we spoke with said they had sufficient travel time between their calls and commented positively on how rotas were managed.
- Most people told us they had regular care workers, although on a weekend, they were unsure who to expect as this often changed.

Systems and processes to safeguard people from the risk of abuse

- People felt safe being supported by staff. One person told us, "I feel very safe with them (staff)." Staff received training in safeguarding people from abuse and described appropriate action they would take if they became aware of abuse. A staff member said, "We'd report it straightaway."
- Examples of safeguarding concerns were looked at and these records showed they were dealt with appropriately by the registered manager.
- Financial audits we reviewed showed an effective system was in place to reduce the risk of financial abuse occurring.

Preventing and controlling infection

- Infection control was well managed. One relative said, "They (staff) always wear a plastic apron and gloves."
- Training records showed staff received training in infection control.
- Staff consistently told us there were sufficient supplies of personal protective equipment available when they needed them.

Learning lessons when things go wrong

- Lessons were learned through unwanted events. Staff meeting minutes showed evidence of how the service learned lessons from unwanted events and shared these with staff.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were good, and people's feedback confirmed this.

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

- People's care and support needs were assessed to enable up-to-date care plans to be written to show how their needs would be met. One relative told us, "They (staff) came out to do an initial assessment to discuss what we needed."
- Care and support was planned, delivered and monitored in line with people's individual assessed needs.

Staff support: induction, training, skills and experience

- People told us staff were suitably trained and competent to carry out their roles. One person said, "They [care workers] use the hoist to move me and they're very well-trained. There's never been any problems and they always ask before moving me."
- Staff received a robust induction which was delivered over five days. Staff were required to shadow experienced staff until ready to undertake lone working. A relative told us, "Three of them once turned up together and they asked if it was okay for the third carer to shadow. I was very impressed by that."
- Staff training records showed high levels of completion. As well as mandatory subjects, staff received specialist training such as Autism awareness, dementia and epilepsy. A staff member told us, "The training was really good. Every module you get a test at the end of it." The training coordinator was scheduled to attend a 'train the trainer' course with a dental hygiene body.
- Staff received formal support through supervisions and appraisals.

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

- People received support from staff with meals where this was agreed as part of their care package. Daily records confirmed people were assisted to have enough to eat and drink.
- One person was at risk of weight loss. The risk of weight loss had been identified and planned for.
- The training coordinator showed a good understanding of people's cultural and religious beliefs relating to meal preparation.

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

- During the inspection it was evident through records and staff conversations that health professionals such as GPs, district nurses and dieticians were involved in people's care.
- Staff told us they worked with other professionals to meet people's needs. One staff member said they noticed a change in a person's health and contacted 111. This person was later diagnosed as having a urinary tract infection which they received treatment for. Another staff member said they liaised with a

person's husband when they felt medical assistance was needed. The staff member contacted the GP and found later the person was diagnosed with pneumonia.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

- Staff were taking a specific action on behalf of one person who lacked capacity as there was a risk to their health if staff did not do this. However, there was no mental capacity assessment or best interest decision in place for this. Following the inspection, the registered manager contacted the relevant professional to follow this up.
- Other people's care records showed their mental capacity had been assessed and reviewed. Care plans indicated where people needed support with their decision making.
- Staff were aware of their responsibilities relating to the MCA and knew to promote choice. People told us they directed their own care as they were supported to make their own choices by care staff.

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

- Feedback from people and relatives about the care staff was mostly good, although one person said, "The experienced carers are pretty good, but the new carers don't know what they are doing, I have to explain how things are done". Other people said, "They're (care staff) very nice and they do the job right", "They're (care staff) always very polite and invariably chatty which is nice when you're on your own" and "They're really lovely (staff)."
- Relatives commented, "Staff are very caring and gentle and always polite and chatty", "We have a bit of banter and they're always chatty which (person) enjoys", "They're always very cheery and (person) enjoys that, it brightens (name) up. They're always very pleasant and respectful to me as well and to our home" and "The (staff) are good, they get on with the job and don't mess about. They're cheery, chatty and polite."
- People's needs were known to staff who were familiar with their care preferences. Staff demonstrated knowledge around people's communication style, as well as their support needs.
- Staff received equality and diversity training. Care plans we looked at showed people's equality, diversity and human rights were respected. Cultural and religious beliefs were recorded and care plans showed how staff were to support people to meet these needs. One staff member shared an example of wearing shoe covers when visiting a person to meet their religious needs.
- Staff were motivated and enjoyed their role. One staff member said, "I love it. I wouldn't leave. It's a really good job."
- The registered manager said they wanted to gather support for a defibrillator to be fitted nearby as there were no others in the area. They were creating a plan for raising the necessary funds.

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

- People told us they were involved in the setting up of their care package and subsequent reviews of their needs.
- Care plans were reviewed by team leaders every three months. People said they were involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and staff were able to explain how they met this need. One person told us, "They (staff) come specifically for personal care and I'm very satisfied with them. They absolutely respect me."
- One staff member told us, "We cover people up and make sure doors and blinds are closed." The same staff member said they would politely ask people's friends and relatives to leave the room if they needed to

provide personal care in that space.

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 now deteriorated to requires improvement. This meant people's needs were not always clearly recorded.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at contained some discrepancies. For example, one care plan described a series of personal care tasks which were no longer needed as an outcome of a complaint. The care plan had not been updated and this was previously identified in the governance lead's July 2019 audit of daily notes. The same person's care plan referred to them as 'Joan', although this wasn't the person's name. The care plan stated Carlton Home Care had no responsibility for social activities, despite the person having a three hour call every week for this purpose.
- One person was recorded as having epilepsy, although there was no information about the risks this presented to the person. This was immediately dealt with during the inspection.
- The content in care plans was person-centred and contained information about people's preferences and wishes. Immediate action was taken to rectify any issues found.

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.

- The registered provider was meeting the requirements of the Accessible Information Standard. Where needed, people had communication care plans in place which provided staff with relevant guidance.
- One person had specific communication needs. The registered manager shared with us how this person's communication had improved in a short space of time as they had become used to and trusted staff providing their care.

Improving care quality in response to complaints or concerns

- People knew how to complain if they were dissatisfied with their service. Formal responses were sent in response to complaints. Most people told us they did not have cause to complain, although one person who complained said they weren't satisfied with the response they received. Where people were not satisfied with their complaints response, the governance lead followed this up.
- The governance lead had reviewed complaints from January to August 2019. This review looked at themes and what action was taken to resolve these issues.

End of life care and support

- Evidence was seen that end of life care needs were discussed. The care coordinator made an amendment to one person's care plan to show they had declined this support.

- The registered manager and the care coordinator belonged to the local end of life network. The registered provider had their own end of life care champion who had undertaken additional training as part of this role.
- A compliment received praised staff for the quality of end of life care provided.

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 has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Overall governance systems were effective. Issues identified during our inspection were acted on promptly. We recommend the registered provider monitors call times to help in measure this performance as the service expands.

- Spot checks were taking place to ensure staff practice was consistent with the values of the registered provider.

- 'Champions' were in place for end of life care, equality and diversity, dementia and mental health. The registered manager was sourcing additional training for these roles.

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

- Relatives told us, "I would definitely recommend Carlton to other people. They've made a difficult time as pleasant as it can be" and "The management do listen to you and they're very co-operative."

- Staff consistently told us they would recommend the service and would be happy if a family received support from Carlton Home Care.

- Staff were happy with the support they received from the registered manager. Their comments included, "[Registered manager] knows when to be firm, but she's easy to talk to. You feel very relaxed" and "She's easy to get on with and she's a nice manager."

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 registered manager responded appropriately to concerns about specific events. They took appropriate action and responded to people and relatives to reassure them.

- Notifiable events were reported to the Care Quality Commission which is a legal requirement.

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

- People and relatives said they were asked for feedback about the service through telephone calls and satisfaction surveys. Survey results were found to be positive.

- Staff meetings were regularly taking place and were found to be effective. It was evident the registered manager was identifying concerns and addressing them directly with staff.

- 21 staff completed the February 2019 satisfaction survey. This showed staff felt valued, motivated and

recognised for good work by the management team. An action plan was created in response to feedback.

Working in partnership with others

- The registered manager and training coordinator attended the registered manager's network meetings which facilitated the sharing of good practice.
- The training coordinator worked on the safeguarding adults board as well as the Yorkshire and Humber learning disability network.
- In July 2019, staff raised money for the Alzheimer's Society through running a 'cupcake day'.