

# Westminster Society - People with Learning Disabilities

## Carlton Gate

### Inspection Report

10 Florey Lodge  
Admiral Walk  
Harrow Road  
London  
W9 3TF  
Tel: 020 8968 7376  
Website: [www.wspld.org.uk](http://www.wspld.org.uk)

Date of inspection visit: 17/04/2014  
Date of publication: 23/07/2014

#### Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	5

### Detailed findings from this inspection

Background to this inspection	6
Findings by main service	7

# Summary of findings

## Overall summary

Carlton Gate is a care home providing accommodation, personal care and support for up to six people with a learning disability. The service is divided into two units, each for three people. When we visited, six people were living in the home.

People told us they felt safe in the home, they liked the staff and enjoyed the activities provided. Their comments included “I like living here” and “I feel happy speaking to staff, I like the staff.”

The care staff we spoke with demonstrated a good knowledge of people’s care needs, significant people and

events in their lives and their daily routines and preferences. They also understood the provider’s safeguarding procedures and could explain how they would protect people if they had any concerns.

The home had a registered manager in post. Staff told us the manager, senior staff and the provider provided strong leadership and promoted high standards of care.

We saw all communal parts of the home and some people’s bedrooms, with their permission. We saw the home was clean, hygienic and well maintained.

We found the provider to be meeting the requirements of the Deprivation of Liberty Safeguards.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

People living in the home told us they liked living in the home, they felt safe and well cared for by staff.

People living in the home had assessments of risks to their health and welfare and these were reviewed at least every six months. However, staff did not always take action in response to changes in people's health care needs.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards.

We found the provider was meeting the requirements of the Deprivation of Liberty Safeguards.

While no applications had been submitted, proper policies and procedures were in place but none had been necessary. Relevant staff had been trained to understand when an application should be made, and how to submit one.

### **Are services effective?**

People's care needs were assessed and they told us staff understood and provided the care and support they needed. People were involved in making decisions about their health and personal care wherever possible. If people could not contribute to their care plan, staff worked with their relatives and other professionals to assess the care they needed.

People's care plans were detailed and covered all of their health and personal care needs. Staff made sure the plans were reviewed at least each month, or more regularly if a person's needs changed.

Staff told us there were usually enough staff available to support people living in the home to access the local community. During the inspection we saw there were enough staff available to give people the support and care they needed.

### **Are services caring?**

People living in the home told us staff were kind and caring. They also told us they were offered choices and staff knew about their preferences and daily routines.

Staff working in the home said their training had included issues of dignity and respect and they were able to tell us how they included this when they cared for and supported people.

# Summary of findings

## **Are services responsive to people's needs?**

People told us they enjoyed the activities provided, especially trips out of the home.

Where people were not able to make decisions about their care, staff worked with their relatives and other professionals to make sure 'best interest decisions' were agreed. Staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. We saw arrangements were in place to carry out an assessment of people's capacity to make specific decisions, if this was necessary.

The provider had systems in place to record, investigate and respond to complaints from people living in the home or others.

## **Are services well-led?**

The home had an experienced and qualified manager who promoted high standards of care and support. Staff told us they felt well supported by the manager, senior staff and the provider. They also told us they understood their roles and responsibilities.

The provider had systems in place to monitor standards of care provided in the home, including monthly monitoring visits by senior managers.

We saw evidence the home worked well with other health and social care agencies to make sure people received the care, treatment and support they needed.

# Summary of findings

## What people who use the service and those that matter to them say

We spoke with three of the six people who lived in the home. People living in the home who were able to express their views told us they were very happy with the care and support they received.

When we asked people about the food provided their comments included “you can have all the food you want” and “yes, its nice food, nice drink.”

Everybody spoke about how they enjoyed going out. One person spoke about how they liked to have a walk in the

mornings and another about how they liked going out shopping for clothes. They spoke about how they did things on their own as well as group activities such as birthday dinners.

The people we spoke with confirmed they can have people come and visit them as well as being supported to go out and visit their friends and family.

There were only positive comments about staff and all of the people we spoke with said they liked the staff.

# Carlton Gate

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we reviewed information we held about the home. This included the last inspection report from July 2013 when we found the service was meeting all of the national standards we looked at.

We visited the home on 17 April 2014. The inspection team consisted of a Lead Inspector and an Expert by Experience who had experience of services for people with a learning disability.

We spent time talking with people living in the home, managers and care staff. We looked at all communal parts of the home and some people's bedrooms, with their agreement. We also looked at people's care records and records relating to the management of the home.

On the day we visited we spoke with three people living in the home, four care staff, one of the home's managers and two service managers from the Westminster Society.

# Are services safe?

## Our findings

Although risks to people's welfare were assessed and recorded, staff did not always take action in response to changes in people's condition. We looked at care records for three people living in the service and saw risk assessments were completed when required. These covered falls; moving and handling, pressure care, medication and nutrition. Where risks were identified, staff were given clear guidance about how these should be managed. For example, one person's moving and handling risk assessment identified the need for two care staff to assist with personal care and transfers and we saw this was provided. Staff told us people's risk assessments were reviewed at least every six months and more frequently when required. Staff told us if there were changes in a person's care needs they would report to the manager and a risk assessment would be reviewed or completed. However, we did see in one person's health care records that staff had recorded a significant change in one person's weight in the past year. It was not clear from the records we saw what action had been taken and the risk assessment had not been updated. This meant there had been a breach of the relevant legal regulation (Regulation 20 (1) (a)) and the action we have asked the provider to take can be found at the back of this report. We discussed this with the manager and service manager during the inspection and they agreed the person would be reviewed by their GP.

People who use the service told us they felt safe. One person said "there's no disrespect here." We asked all of the people we spoke with if they liked living in the home and if they felt safe? They all said yes and one person added "I like living here." One person spoke about how they told staff about a problem and it stopped. This person enjoyed going out for walks in the morning but didn't go out at night alone "because it's not safe".

The provider had policies and procedures for safeguarding people and whistle blowing. The safeguarding policy referred staff to the provider's procedures and pan-London guidance on safeguarding people. Staff had access to up to

date procedures to make sure people were cared for safely. Staff we spoke with told us if they had any concerns about a person's welfare they would immediately report to the provider. One member of staff said "some people here can't speak up for themselves and they need us to make sure they are safe at all times." A second person said "the most important thing is we keep people safe and I would tell the manager straight away if I was worried about someone living here." Staff also told us they would expect any concerns to be passed on the local authority safeguarding adults team.

The provider had training records for staff working in the home and all staff had completed safeguarding training as part of their induction and regular refresher training. Staff told us they had also completed other training, including health and safety, first aid and food hygiene. Staff had the training and information they needed to make sure people were safe.

Staff told us two people living in the home had Positive Behaviour support plans, developed with support from the local multi-disciplinary Learning Disability Team. The plans detailed behaviours that were challenging for staff to manage and included identified triggers and techniques for staff to make sure the person, and other people, were safe. Staff we spoke with told us they had been trained to manage behaviours that challenged the service and were able to describe clearly these behaviours, triggers and management techniques. This meant staff had information and support to help them to make sure people were cared for and supported appropriately at all times.

The provider met the requirements of the Deprivation of Liberty Safeguards. Where people were not able to make informed decisions about their care we saw the provider worked with their relatives, the GP and professionals from the Learning Disability Team to agree decisions in the person's best interests. The Service Manager for the service told us the provider was reviewing the Deprivation of Liberty Safeguards and applications would be made to the local authority if needed.

# Are services effective?

(for example, treatment is effective)

## Our findings

People were asked for their views about their support needs and how these should be met in the home. People's views were clearly recorded and care plan actions were based on their wishes and aspirations. For example, following a period of ill-health, one person's care plan said they wanted to be supported to regain a level of independence. Staff told us they were aware of this person's wishes and worked to promote independence. One member of staff told us the person should be offered choices about all aspects of their daily life, given time to express their views and these views and choices should be respected.

One person told us about how you can have "all the food you want" and another person added "yes, its nice food, nice drink." Staff told us people were supported to visit a benefits officer who held a weekly clinic close to the service if they wanted advice about their money or benefits.

We looked at the care plans for three people living in the home. All of the people living at Carlton Gate had lived there for at least 7 years and we saw their care needs were reviewed and updated regularly. Most of the home's care planning documents were produced in an easy-read format and used photos, pictures and plain English. This meant people had information about their care in a format that was easier for them to understand.

The care plans and assessments we saw had all been reviewed regularly with the person living in the home, their relatives and professionals involved in their care. Care staff had up to date information about each person's care needs and how these should be met in the home. People had a 'hospital passport' with important information about their health care needs. Staff told us the passport was used when people were taken or admitted to hospital. The passport included up to date information about a person's health issues and medicines when they needed it.

Care staff completed daily care notes for each person and we saw for some people, these mainly covered their health and personal care needs. Each person had a weekly activity plan that included activities in the house and the local community. Where people were supported to take part in activities the care notes showed how engaged they were and whether the activity had been enjoyed or not.

People had access to health care services when necessary. We saw people's care plans included information about visits by the GP or other clinicians and hospital or clinic appointments. People also had a Hospital Passport that included important information to be taken with the person when they went to hospital. The care staff we spoke with were able to tell us about people's health care needs and how these were met in the home. For example, one person had complex health care needs and staff told us how they had worked with the dietician and specialist nurses to make sure they had the training and support they needed to care for the person.

During this inspection we saw there were enough staff working in the home to meet people's needs. One unit had two staff in the morning and two in the afternoon. The second unit had three staff in the morning and afternoon as people's care and support needs were higher. People living in the home and staff told us they felt there were always enough staff. One person said "there are enough staff and they help me when I need them." A member of staff told us "there are always enough of us and we can get extra staff if we need to."

Staff told us checks had been carried out to make sure they were suitable to work in the service and people using the provider's services had been involved in recruitment. We saw the provider had recently been awarded a Skills for Care Accolade for Best Recruitment Initiatives. We discussed this with one of the provider's service managers who told us the award recognised the provider's development of value based recruitment assessment centres led by people with a learning disability.



# Are services caring?

## Our findings

People told us staff were kind and caring. They also said they were offered choices and staff knew about their preferences and daily routines. One person said “I’m not displeased being here, I get on with everyone.” A second person said “the staff are very good, I like them all.” One person spoke about how staff knocked on the door before letting them know that lunch was ready. This person also spoke about how they were helped to have breakfast and get ready for their day every morning before they went out for a walk. This person also talked about how sometimes when they felt angry staff “tell me to go to my bedroom to calm down.” Records we looked at showed this was an agreed method of supporting this person when they felt angry or upset and they had been involved in agreeing this strategy.

During the inspection we saw staff treated people with patience and understanding and spoke with them in a respectful way. We saw staff always knocked on people’s doors and waited for a response before entering their rooms. Staff told us people were able to spend time on

their own in their rooms when they chose and we saw this happened during the day. One member of staff told us “sometimes we all need time on our own and the people living here are no different.”

The staff we spoke with knew the people living in the home very well. They were able to tell us about significant people and events in their lives, as well as their plans and aspirations for the future.

People’s care plans included information about how they preferred to be supported with their care. This information was recorded on a ‘support views’ form that staff told us was used to develop the care plan based on people’s preferences. We saw the care plans that the information recorded in the support views form had been incorporated into the way people were supported by staff. For example, one person’s views about how they wanted to be supported with their personal care had changed and these were recorded and included in the updated care plan. The provider had systems in place to establish and record the views of people living in the home and made sure these were included in their care plan. People’s care plans also included information about their cultural and faith or belief needs and staff were given guidance on how these should be met in the home.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People told us they were supported to take part in a range of activities, some independently and others with support from staff. One person told us "I go out by myself but I have to tell the staff where I'm going." Everybody spoke about how they enjoyed going out. One person spoke about how they liked to have a walk in the mornings and another about how she liked going out clothes shopping. They spoke about how they did things on their own as well as group activities such as birthday dinners.

The people we spoke with confirmed they can have people come and visit them as well as being supported to go out and visit their friends and family. We were told about trips to Birmingham, the London Eye, Westfield, London Zoo and shown photos of a trip to Blackpool. We asked people if they got to choose where they went on holiday. One person said "I don't mind where I go" another person told us she liked going to Butlins in Bognor Regis. This person also spoke about how they liked going out for meals.

We saw each person who used the service had a named link worker who met with them each month to complete a review of activities, appointments, community involvement and any significant events. The monthly review forms and the daily care notes we saw showed people were supported to take part in a range of appropriate activities in the home and the local community.

Staff told us house meetings were held each month to get the views of people living in the home on menus and activities. The provider's service manager also told us

monthly consultation meetings were held with people living in each of the provider's services to review and obtain their views on the services and support they received. This meant the provider had systems in place to consult with people and respond to their views.

We saw the provider's care planning systems were centred on the individual. Care plans were based on people's views, wishes and aspirations. All of the provider's care planning forms were produced in an easy-read format using pictures and plain English. Other information, including the provider's complaints and safeguarding adults procedures was also produced in ways that made the information easier for people using the service to understand. This meant the provider made sure information for people living in the home was produced in formats they could understand.

We saw the provider had also produced the service's complaints procedure and complaints form in easy-read formats. The complaints form also included space to record the outcome the person making the complaint wanted to see. The provider's service manager told us most complaints were resolved by staff in the service. Formal complaints were passed to the service manager for investigation. In the year to March 2014 there were five formal complaints received from people who used the service. We saw complaints were well recorded and investigations included the outcome for the person making the complaint. This meant the provider had procedures for responding to and resolving complaints received from people living in the home and others.

# Are services well-led?

## Our findings

People we spoke with were confident staff were supporting them well and said they were happy to speak to them if they needed anything. We also spoke with several members of staff, who also showed us around the home. They answered our questions thoroughly and introduced us to the people we spoke with. Throughout the inspection we saw staff communicated well with people using the service. They used language people could understand and used additional methods, including sign language, pictures and objects of reference to help people who used the service understand the care and support they received.

We saw the provider encouraged and supported people living in the home to become involved in and comment on the services they received. This was done through regular individual meetings with a named member of staff, house meetings and a provider-wide consultation meeting each month. We also saw the provider had produced a “Values Into Practice” statement that detailed the organisation’s core values. These included making choices; being consulted; being treated with respect and achieving potential. The statement clearly explained what the provider would do to support people using services and the staff we spoke with were able to tell us how they included values in their daily work. For example, one member of staff told us it was important to work at the pace of the person they were supporting, allowing them time to make choices and decisions. A second member of staff told us an important part of their job was to support people to access community activities.

People living in the home had completed a survey in 2013 that asked for their views on where they lived, the support they received and the way they lived their lives. The survey

was produced in a format that was easier for some people to understand and included actions the provider planned to take to address issues identified. For example, “we need to make sure people know what to do and who to speak to if they are not happy with the people they live with” and “we need to get better supporting people to understand information in their support plan.” This meant people were given the opportunity to comment on the services and support they received and the provider acted on people’s comments.

Managers provided good leadership and promoted a positive culture. Staff we spoke with said managers in the service and the provider organisation provided clear leadership and expected high standards of care and support. One member of staff said “managers do have high standards but people living here have the right to expect that.”

The provider told us accident and incident report forms and complaints were audited regularly and a quarterly report was sent to the local authority. Staffing levels were also monitored and if a person’s needs increased, discussions were held with the local authority to obtain additional funding. Other monthly audits were carried out including staff rotas, finances, risk assessments, fire safety and staff training. The records we looked at confirmed these checks were carried out regularly by the provider.

Managers from the organisation carried out monthly monitoring visits to review the day to day running of the home. We saw a written report was sent to the home following each visit and we saw managers followed up issues identified during the visits to make sure these were resolved. This meant the provider had systems to monitor and review the service provided in the home.