

Care Worldwide (Carlton) Limited

Amelia House

Inspection report

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Ratings

Overall rating for this service

Not sufficient evidence to rate



Is the service safe?

Not sufficient evidence to rate



Is the service effective?

Not sufficient evidence to rate



Is the service caring?

Not sufficient evidence to rate



Is the service responsive?

Not sufficient evidence to rate



Is the service well-led?

Not sufficient evidence to rate



Overall summary

About the service

Amelia House is a care home registered to provide accommodation and personal care to adults with physical disabilities and/or learning disabilities or autistic spectrum disorders. The service can support up to 10 people in one adapted building. At the time of this inspection no one was living at Amelia House. As a result we were unable to provide a rating for this service.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The provider had systems in place for people who move into Amelia House to receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

Summary of findings

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

There were systems in place to help keep people safe. Staff understood how to protect people from abuse. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. There was the facility for medicines to be stored safely and securely, and procedures were in place to help ensure people received their medicines as prescribed. The premises were clean and well maintained.

Staff were provided with an induction, relevant training and ongoing support to make sure they had the right skills and knowledge for their role. Staff received training in understanding the Mental Capacity Act 2005. The provider's policies and systems were set up to support people to have maximum choice and control of their lives and for staff to support them in the least restrictive way possible.

Staff knew what it meant to treat people with dignity and respect. They were keen to support people to engage in meaningful activities and socialise.

There were systems in place to monitor and improve the quality of the service. Safety and maintenance checks for the premises and equipment were in place and up to date. The provider had policies and procedures which reflected current legislation and good practice guidance.

The provider had policies and systems in place for the service to apply the principles and values of Registering the Right Support and other best practice guidance.

These should help ensure when people live at Amelia House they can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

As no one was living at Amelia House we were unable to evidence whether outcomes for people reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion and whether people's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection and update

This service was registered with CQC with the new name of Amelia House on 9 April 2019 and this is the first inspection. It was previously called Carlton Lodge. The provider remains unchanged. The last rating for Carlton Lodge was inadequate (published 1 September 2018) and there were multiple breaches of regulations.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action taken by the provider since our last inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carlton Lodge on our website at www.cqc.org.uk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We were unable to rate this domain.

Details are in our safe findings below.

Not sufficient evidence to rate



Is the service effective?

We were unable to rate this domain.

Details are in our effective findings below.

Not sufficient evidence to rate



Is the service caring?

We were unable to rate this domain.

Details are in our caring findings below.

Not sufficient evidence to rate



Is the service responsive?

We were unable to rate this domain.

Details are in our responsive findings below.

Not sufficient evidence to rate



Is the service well-led?

We were unable to rate this domain.

Details are in our well-led findings below.

Not sufficient evidence to rate



Amelia 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

The inspection team was made up of two inspectors.

Service and service type Amelia House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service was in the process of appointing a manager. They would then apply to register with the Care Quality Commission. This means that 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

We gave the service 48 hours' notice of the inspection. This was because no one was living at the service and we needed to be sure the provider would be there to meet with us.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed the action plan and other information the provider had submitted since our last inspection. We used this information to plan our inspection.

During the inspection

We spoke with the clinical director, two operations directors, the deputy manager and two members of care staff. As there was no one living at Amelia House at the time of this inspection the deputy manager and the two care workers were working at the other two services run by the provider in the Wakefield area.

We reviewed a range of records. This included two 'mock' care records which had been made up by the provider so we could see what a completed care record could like for anyone moving into Amelia House. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This service was previously called Carlton Lodge. The service changed its name to Amelia House on 9 April 2019 and this is the first inspection under this name. The last rating for Carlton Lodge was inadequate (published 1 September 2018) and there were multiple breaches of regulations.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection we found people were not safeguarded from abuse. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- Staff were aware of how to report any unsafe practice. We saw the provider had safeguarding adults and whistleblowing policies and procedures. There was also a safeguarding easy read booklet in the reception area.
- Staff we spoke with confirmed they had received training in safeguarding adults. They knew how to report possible abuse and were confident their concerns would be taken seriously by management.
- The provider had systems in place for the safe management of people's finances. This included regular checks the amount of money people had reconciled with their bank statements.
- As no one lived at Amelia House there were no examples of lessons learnt following incidents or accidents since the last inspection. However, we saw the provider had systems in place to record and analyse accidents and incidents. Any safeguarding concerns were recorded as part of this system. The clinical director told us these records were also held electronically on a central database to identify any wider themes or trends. This information was then used to help reduce the risk of further incidents.

Assessing risk, safety monitoring and management

At our last inspection we found the provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and the provider had not ensured the premises were safe to be used for their intended purpose. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The mock care records we looked at contained comprehensive risk assessments. Where relevant to the person, there were separate risk assessments to be completed covering areas such as, 'My health' and 'My personal cleanliness and comfort'. The level of risk in each area was recorded alongside the likelihood of it occurring. There was clear guidance in place for staff on what actions to take to reduce the level of risk.
- The guidance for staff on working with risk was based on positive behaviour support models. Positive behaviour support aims to enhance the life of people who can show behaviours that challenge by focusing on and encouraging the positive things they want to achieve.
- The provider had systems in place to reduce risks to people in the event of a fire. We saw a blank copy of their fire safety record book to be completed when people lived at Amelia House. Since our last inspection the provider had arranged a fire risk assessment to be undertaken by a private company. We saw as many of the required actions as possible had been completed. Until people lived at Amelia House some actions could not be completed, such as appointing fire wardens.
- The provider had plans in place for dealing with emergency situations. For example, the provider had an emergency contingency plan in place for Amelia House.

Staffing and recruitment

At our last inspection we found there were insufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Is the service safe?

- The process of recruiting staff was safe. We checked three staff files and we saw each file contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. This helped to ensure people employed were of good character. All three staff had been recruited since our last inspection. The plan was for all three staff to work at Amelia House.

Using medicines safely

- Amelia House had a locked room with a fridge ready to securely store people's medicines.
- Staff we spoke with told us they had received training in medicines management and their competency in this area was checked by management.
- The provider had a comprehensive set of policies and procedures covering all aspects of medicines management.

- The deputy manager explained to us the medicines administration system they were planning to use at Amelia House. This included the use of electronic medicine administration records (MARs) to record when people were supported to take their medicines or record a reason why a medicine was declined. The mock care records we looked at contained clear guidance for staff on when a person may need their 'when required' (PRN) medicines.

Preventing and controlling infection

- There were systems in place to reduce the spread of infections. The provider had infection control policies and procedure in place.
- We saw the premises were clean and well maintained.
- Personal protective equipment, such as plastic gloves and aprons were available in the communal bathrooms and kitchen areas. Hand sanitiser was accessible throughout the building.

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.

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

At our last inspection we found people's nutritional and hydration needs were not met. This was a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The regional director told us people would be supported by care workers to undertake their own shopping and meal preparation wherever possible. The plan was for menus for the week ahead to be decided on Sundays by people living at Amelia House with support from staff as required.

Staff support: induction, training, skills and experience

At our last inspection we found we found staff did not have the skills, training and experience to provide appropriate care and support. This was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- Staff told us they received appropriate training and the support they needed to undertake their jobs effectively. Staff told us they had an induction to their jobs. This included mandatory training and shadowing more experienced members of staff. The staff files we looked at confirmed staff had completed an induction and received regular training and ongoing support.

- Staff told us training was a mix of eLearning and face to face training. Staff told us they completed mandatory training in areas such as safeguarding. They also received more specialised training in supporting people with learning disabilities. A member of staff told us, “The training has been good and gave me the skills I need. It was really thorough in everything. It went into detail.”

- The provider’s ‘Staff Supervision and Performance Appraisal’ policy stated, ‘All Staff require to have the following forms of supervisions per annum; formal 1 - 1 supervision/development meetings a minimum of three times a year, and 1 appraisal meeting.’ Staff we spoke with confirmed they had regular supervisions and felt supported by management.

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).

At our last inspection we found people were not consulted or appropriate consent sought for their care and treatment. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The provider had installed CCTV in communal areas at Amelia House. We saw they had consent documents in place in relation to this and other areas of care and support for people or their representative to sign.● The provider had proformas in place to record best interest meetings and their outcome when significant decisions needed to be made for a person lacking capacity.

Is the service effective?

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

- We saw the premises were set up to meet the needs of people it was designed to support. The regional directors told us the building had been significantly refurbished since our last inspection. The whole building had been redecorated in neutral colours to allow people to personalise it to their own taste when they moved it. There was also wheelchair accessible garden with a separate building to be used as an activity and craft room.

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

- There was a process in place for people's needs to be assessed before they moved into Amelia House. The regional director told us this included checking there were compatible staff available to support the person. A staff matching profile was completed with potential new staff as part of the interview process.

- The mock care records contained assessments of people's care and support needs which were person-centred. Some people requiring the type of support that could be provided at Amelia House may display behaviours that challenge. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. We saw the mock care records contained information for staff on how to intervene and diffuse any potentially challenging situations. A member of staff told us, "It's someone's life so it's important to understand people triggers. [Their care record] gives you a lot of information."

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

- The mock care records we looked at showed people were supported to access to a range of health and social care professionals. People had a separate 'Professionals Contacts' book for staff to records details of visits and any outcomes.

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.

This service was previously called Carlton Lodge. The service changed its name to Amelia House on 9 April 2019 and this is the first inspection under this name. The last rating for Carlton Lodge was inadequate (published 1 September 2018) and there were multiple breaches of regulations.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection we found people were not treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The staff we spoke with talked about the people they supported at the provider's other services with compassion. They clearly knew these people well and were able to tell us about their care and support needs in detail.

- Staff were able to tell us what it meant to treat people with dignity and respect. One member of staff told us, "Knock on the door, make sure curtains are closed, cover people over if they needed changing. It should be natural. Supporting people to be independent. Getting them to do things, working with them."

- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race. In our discussions with the directors, deputy manager and care staff they were keen to stress people's rights were central to everything they did.

- The provider's policies and procedures and service user guide had a strong emphasis on promoting people's dignity and independence.

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

- The provider had systems in place for people to be involved at all levels of decision making about their care and support needs. This included a yearly review of their care and support plan and monthly meetings with their key worker. These meetings including looking at what had worked out well for the person and what hadn't in the previous month and adapting their support accordingly.

Is the service responsive?

Our findings

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

At our last inspection we found people did not receive person-centred care based upon their needs. There were no meaningful activities and people were not included or consulted about their care and support. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- The mock care records we looked at were written in a person-centred way. They were written in the first person and gave detailed information about the person's background, their social history, what they enjoyed and what they did not like.
- The mock care records also held information on the person's current health and support needs. This included clear information for staff on how best to support the person to meet these needs.
- Staff told us they had time to read people's care records at the provider's other services and they kept up to date with any changes via staff handover meetings.
- The provider had systems in place to encourage people to maintain contact with people who were important to them. There was space in people's care records to record who these people were and the level of contact they wanted.
- Staff spoke enthusiastically about supporting people to engage in social activities they enjoyed, such as football and horse riding. The deputy manager told us they planned to keep chickens in the garden at Amelia House, if people wanted to get involved in looking after them.

- Staff gave us examples of supporting people to gain employment. For example, they held a mock interview with a person to help increase their confidence before they attended their real interview.

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.

- We saw information was made available to people in a format they could understand and readily access. We saw key information for people was displayed in easy read, pictorial formats as well as written formats.
- People's preferred methods of communication were referred to throughout the mock care records we looked at.

Improving care quality in response to complaints or concerns

- As no one has lived at Amelia House there have not been any complaints. The provider had a 'How to Make Things Better' pictorial poster displayed in the reception area. They also had a compliments and complaints process in place for staff to ensure any feedback about the service was dealt with consistently.

End of life care and support

- People's care records contained booklets to record how a person wanted to be supported at the end of their life. The deputy manager told us people would be supported to complete these if they wanted to.
- We were also told the service would have a member of staff as an end of life champion. This member of staff would be supported to complete a qualification in this area so they could work with people to complete their plans.

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.

This service was previously called Carlton Lodge. The service changed its name to Amelia House on 9 April 2019 and this is the first inspection under this name. The last rating for Carlton Lodge was inadequate (published 1 September 2018) and there were multiple breaches of regulations.

At our last inspection we found there was very poor leadership and management of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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

- Staff told us the managers were supportive and approachable. Comments from staff included, “Everything is in place now, they're [managers] approachable, before the managers weren't approachable. Its smooth now. [Name of deputy manager] is always on the phone, the support is excellent” and “The support we get [from managers] is wow [amazing]. I just love my job.”
- The staff we spoke with came across as highly motivated to support people and each other. Their morale was high. They all told us they enjoyed working for the provider.
- The directors and deputy manager were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

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

- The provider had quality assurance systems in place. Quality assurance systems enable registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. There was a clear yearly cycle of audits for managers to follow. The provider had oversight of these.

- There were systems in place to ensure regular checks of the buildings and the equipment were carried out to help keep people safe. The home had safety certificates in place for the premises and the current electrical equipment in use.

- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance.

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

- The provider had numerous systems in place for people, their relatives and staff to give feedback about the service. These included questionnaires, team meetings, residents meetings, keyworker meetings and supervisions.
- The clinical director told us feedback would be analysed and the shared through meetings, and noticeboards. For example, ‘You said, We did’ displays.
- We saw the provider produced a regular newsletter for people and staff at their other services. The clinical director told us this would be replicated at Amelia House.

Working in partnership with others

- The deputy manager told us they were keen to establish links with other organisations in the community.