

Carlton Nursing Homes Ltd

Carlton Autistic Care Centre

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

Summary of findings

Overall summary

This was an announced inspection carried out on the 19 March 2016. The service was last inspected on 18 September 2014 and we found the provider met the all regulations we looked at.

Carlton Autistic Care Centre is part of Carlton Nursing Homes Limited and provides care and support for up to 18 people with learning disabilities. The centre was registered in October 2010. Service is provided in 4 houses.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

We spoke with two people who used the service and they told us they felt safe at the home. We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

People's medicines were stored safely and they received them as prescribed. Staff were trained in medicines management.

Accidents and incidents were monitored by the registered manager and the organisation to ensure any trends were identified and acted upon.

The service had utilised guidance in relation to providing an autism friendly environment for people who use the service. This work was to be reviewed annually by the local NHS trust.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals. People's nutritional needs were met. The menus offered a good variety and choice and provided a well-balanced diet for people who used the service.

People had detailed, person centred, individualised support plans in place which described all aspects of their support needs. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Staff and people who used the service had a great rapport and had developed meaningful relationships.

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified. People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

People's views were listened to and acted upon by staff.

There was strong leadership and systems were in place to monitor the quality of the service. People were not put at risk because systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff told us the service was well managed and they were encouraged to put forward suggestions to help improve the service. They spoke positively about the registered manager and said they were happy working at the home.

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.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service yet also encourage and promote their independence.

People's medicines were stored safely and they received them as prescribed.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified and acted upon.

Is the service effective?

Good 

The service was effective.

The service had utilised guidance in relation to providing an autism friendly environment for people who used the service. This work was reviewed annually by the local NHS trust.

Staff told us they received good training and support which helped them carry out their role properly.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals.

People's nutritional needs were met. The menus offered a good variety and choice and provided a well-balanced diet for people

who used the service.

Is the service caring?

Good ●

The service was caring

People had detailed, person centred, individualised support plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a great rapport and had developed meaningful relationships.

Is the service responsive?

Good ●

The service was responsive.

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified.

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

People's views were listened to and acted upon by staff.

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

There was strong leadership and systems were in place to monitor the quality of the service. People were not put at risk because systems for monitoring quality were effective.

Staff told us the service was well managed and they were encouraged to put forward suggestions to help improve the service. They spoke positively about the registered manager and said they were happy working at the home.

Carlton Autistic Care Centre

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 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 19 March 2016 and was announced. The provider was given 48 hours' notice because the location was a care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one Care Quality Commission (CQC) inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home. This included previous inspection reports and statutory notifications. We also contacted the local authority for feedback.

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke with two people who were using the service, two support staff, the deputy manager and the registered manager.

We looked at four people's care records and four staff files as well as records relating to the management of the service. We looked round the building and saw people's bedrooms (with their permission), bathrooms and communal areas.

Is the service safe?

Our findings

People were protected against potential abuse. People we spoke with told us they felt safe in the home and did not have any concerns. One person said, "We have meetings with the staff and talk a lot about our safety and when we're out as well." Information was displayed in the home to help people understand how to be safe. The registered manager told us they had no on-going safeguarding cases. We saw previous referrals to the local authority had been appropriately made and in a timely manner.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding vulnerable adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included personal care, using public transport and using kitchen appliances. These identified hazards people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

People lived in a clean and safe environment. Generic assessments for managing risk were available and covered key areas such as infection control. We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. We saw a range of environmental risk assessments had also been carried out and covered areas such as gas boiler/heating system, food preparation, electrical items and changing light bulbs. Records showed a fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

Through our observations and discussions with members of staff we concluded there were enough staff with the right experience to meet the needs of the people who used the service. We observed staff had sufficient time to carry out their duties and did not have to rush. Staff spent dedicated time with people who used the service. The staffing levels we observed were as per the rota we reviewed. The staff we spoke with also told us they thought there were enough staff to meet people's needs. The registered manager told us the service did not use agency staff as regular staff were willing to cover any shortfalls. At the time of our visit the home did not have any staff vacancies.

We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We looked at the recruitment records for four staff and saw they contained

references from previous employers and documentation to show a Disclosure and Barring Service (DBS) check had been completed. The DBS is a national agency that holds information about criminal records. This helped ensure people who used the service were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at a sample of medicines and records for people using the service as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. We looked at the medication administration records (MAR) for four people who used the service and no gaps in recording were seen which meant people's medicines were administered as prescribed. Staff who administered medication had been trained to do so and we saw their competency was checked regularly.

Any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. The registered manager confirmed there were no identifiable trends or patterns in the last 12 months. They also told us that records of any incidents or accidents were kept for each person and reviewed on a monthly basis. We saw that any actions taken to prevent re-occurrence were documented and communicated to staff.

Is the service effective?

Our findings

The registered manager told us the service had utilised guidance on the suitability of the environment in which they provided care to people living with Autism. This was completed in November 2015 and submitted to the 'Service for Adults with Autism/ADHD' team at the local NHS trust. The service received a score of 49 out of 53. The trust will review the service on an annual basis. The following areas of the environment which were considered 'Autism friendly' included; a sensory room with various materials and sensory toys to use. A sensory garden which was available for people using the service to have their own quiet area. This included a range of sensory flowers and bushes and also a water feature. A sensory room where the walls are chalk boards which enabled people to be creative and aided communication. The furniture used in the communal areas of the home was all movable by staff to allow people using the service to have flexibility in how rooms were used. Staff's presentation was taken into consideration which resulted in staff wearing a blue uniform with plain black pants and shoes to avoid becoming a "stimuli" to people using the service. The bedrooms have all been painted using low stimulus coloured matt paint as shiny surfaces could upset people's depth of perception. There are minimal use of pictures around the service and both blinds and curtains were used in all communal areas. This enabled staff to make the area dark and use sensory lights if required. The registered manager told us there were a number of examples of where adaptations to the environment had impacted positively on people which was demonstrated in their positive behaviour. This demonstrated that the service had followed guidance relating to the environment and made adaptations which have ultimately benefited people using the service.

They registered manager told us they were a member of National Autistic Society network and the service was part of the 'Dignity in Care' initiative. In addition, the service was part of 'PBS Coalition UK' and the provider also participated in CQUIN (Commissioning for Quality and Innovation) initiatives. The governance lead ensured these good practice measures were rolled out within the service. The service was part of the 'Learning disability communication best practice initiative' to aid service development and promote best practice. This meant the service was following best practice guidance and was therefore able to assure themselves they were achieving high standards of care for people who used the service.

People's needs were met by staff who had the right skills, competencies and knowledge. The provider had effective systems in place to make sure staff received appropriate training. The registered manager told us they checked the training matrix on a monthly basis and identified what training had been completed and what still needed to be completed. We looked at training records which showed staff had completed a range of training courses including health and safety, safeguarding adults and children, emergency first aid, food safety, nutrition, MH and LD awareness, equality and diversity including dignity, positive behaviour support, MCA and DoLS, fire safety, and documentation training. Some staff had also completed training in the 'Care certificate' standards to help them work more effectively with individuals. Staff we spoke with told us they felt they received the training they needed to meet people's needs and fulfil their job role. Two staff members said, "The training we've had has been great, there's a lot of it but it really helps with the job." The training record showed staff were up to date with their required training.

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) within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We were told that eight people using the service were subject to authorised deprivation of liberty. Our review of people's care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. We spoke with members of staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff also told us they had received training on the MCA and our review of training records confirmed this.

We also saw people's individual care records contained good information about how their health needs were being met. Records confirmed that people had health checks with their local GP and support from health care professionals to meet any specialist health care requirements. When people attended healthcare appointments clear records were made; dates for any follow up appointments were documented. We saw people had a 'hospital passport' in place. This gave information on essential needs and would accompany people to any hospital admissions. Staff told us good systems were in place to monitor people's health and their healthcare needs were well met.

People told us the quality of food and menus were good. They said they always had plenty to eat and drink. One person said, "The food is really nice. Over the week we talk about what we want to eat. The staff are good at cooking and are here to help us if we need them to." Staff told us they actively encouraged people to eat balanced and varied diets. A member of staff told us everyone using the service was involved in choosing what they wanted to eat. They also said people sometimes helped with the food shopping. Another member of staff told us everyone's food preferences were taken into account when menus were planned.

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home. One person said, "During the time I have been here, I have been very satisfied with everything that has happened. I am over the moon to be in such a place which I never thought existed." People who used the service told us the staff were lovely. One person said, "It's like a family here. We all get on with what we've got to do and the staff are here for anything we need. Its good to know that support is there at any time of the day. I really think I am very lucky to be here."

People were very comfortable in their home and chose how to spend their time. During our inspection we observed positive and warm interactions between staff and people who used the service. Staff were respectful, attentive and treated people in a caring way. It was evident from the discussions with staff they knew the people they supported very well. Staff spoke clearly when communicating with people and care was taken not to overload the person with too much information. Whilst observing staff interaction with one person who was being supported to move to a different part of the service, we saw this was conducted in a very caring, interested and unhurried manner. The staff knew the people by name, and some of the conversations indicated they had also looked into what people liked, and what their life history had been. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people.

People's care was tailored to meet their individual preferences and needs. People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

Staff we spoke with told us they were confident people received good care, all staff said how they supported people to make choices and there was a strong emphasis on person centred care. We saw people's independence was maximised and one person told us, "They always give me time to do the things that I can. I've got my plan set out for how I spend my day and staff are right on this, they know me very well. This makes me happy."

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The premises were spacious and allowed people to spend time on their own if they wished.

People using the service were given appropriate information and support regarding their care or support. We looked at care plans for four people using the service. There was a great level of detail and guidance in each of the support plans we looked at. This was to a level which would enable a new staff member to provide a good level of care to the person concerned. We also saw evidence which demonstrated the person and/or their relative had contributed to the development of their support plans.

Staff spoke about the importance of ensuring privacy and dignity were respected, and the need to respect individuals personal space. They gave examples of how they did this. One member of staff said, "When I am helping with personal care I close their bedroom door and leave the bathroom for a few minutes when required." Throughout the inspection staff demonstrated to us they knew people well, they were aware of

their likes and dislikes and the support people needed.

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. Information was gathered from a variety of sources, for example, any information the person could provide, their families and friends, and any health and social care professional involved in their life. This helped to ensure the assessments were detailed and covered all elements of the person's life and meant the home was able to meet the needs of people they were planning to admit to the home. The information was then used to complete a more detailed care plan which should have provided staff with the information to deliver appropriate care.

People's care plans were person centred and reflected the needs and support people required. They included information about their personal preferences and were focused on how staff should support individual people to meet their needs. In each care plan we saw a summary of identified needs which captured all of the basic information on one sheet. We saw evidence of care plans being reviewed regularly and the reviews included all of the relevant people.

People enjoyed a range of person centred activities. There was opportunity for people to be involved in a range of activities within the home and we saw evidence of connections with the local and wider community. This included day care activities, shopping and meals out. We saw other activities included board games, nights out, museum visits and bowling. On the day of our inspection some people were being supported by staff to go out into the local community.

One person we spoke with told us they enjoyed going shopping and were able to do this anytime they wanted as they had several hours per day with one to one time from staff. They were also able to go home for visits and went out for meals with their family. We saw from the daily records they did both activities on a frequent basis.

People told us they would talk to staff or the registered manager if they had any concerns. One person said, "If you want to talk to them about anything they will listen." We saw the complaints policy was displayed in the home and this was in a pictorial format. The registered manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. Staff said people were given support if they needed to raise any concerns. The registered manager told us there was one on-going complaint. This was from a person's relative and was around communication between staff at the home.

Is the service well-led?

Our findings

The home had a registered manager who had been in post for 11 years. The deputy manager had also worked in the team for the same period of time. Staff spoke positively about the management arrangements and said they were both very approachable and supportive. They said they received good support from the deputy manager and the registered manager. They said they were kept informed of all changes that were appropriate to them and their role. One staff member said, "I love working here, it is the best job I have ever had" and "I feel fully supported." Another staff member said, "I enjoy working here and we have a good team. They are all supportive and approachable." Staff told us they felt happy working at the home and felt the level of care delivered was to a standard they would hope to see their own relatives receive. One staff member told us, "I would be happy for any relative or friend of mine to be supported by the staff who work here."

Staff spoken with said they knew the policies and procedures about raising concerns, and said they were comfortable with this. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation. There was a culture of openness in the home, to enable staff to question practice and suggest new ideas. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw the meeting minutes for March 2016 and discussion included care, training, maintenance and infection control.

The registered manager told us that people using the service were supported by staff to give their views and opinions on the service with support from staff. We saw the documents used were pictorial to aid people's understanding. We reviewed a number of these and found them to be very positive. Comments included, "I like all the staff that support me." "I like the managers and when they talk to me to ask how I am, they do this everyday." "Things that make me happy are my staff taking me to the cinema, costa, leisure centre, going on holiday and days trips." We also saw the service had sent out satisfaction surveys to people's relatives to gather their views about the care and support the service offered. We saw this had recently been carried out in February 2016 and noted positive comments about the service had been made. These included, "I feel my feedback, concerns and complaints are dealt with in the right way." "Thanks to support staff for all their hard work, wonderful people!" "The standard of care has remained admirable." "Communications are good and always positive."

There was a system of audits completed by the home's management team. Records showed the audits and checks were carried out on a regular basis and covered key areas such as cleanliness of the home and medication. Staff told us good systems were in place to make sure everything was done properly. Two members of staff said they felt the service was currently running very smoothly and there was a real positive culture. The registered manager also said this. The quality lead and the compliance officer also carried out audits when they visited the service. Reports were completed and areas for development were identified. These looked at areas which included health and safety, care records, finances and nutrition.