

Carlton Home Care Ltd

Carlton Supported Living

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Carlton Supported Living is a domiciliary care agency. The service provides personal care and support to people with learning disabilities or autistic spectrum disorders, older people and young adults living in their own homes and flats. Not everyone who used the service received personal care. CQC only inspects the service being received by people provided with '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 the inspection six people were receiving support with personal care.

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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There were enough staff to meet people's support needs. Safe recruitment procedures were followed. We recommended the provider review the way they provided induction training to new staff to ensure people's confidentiality was not compromised.

The service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare. People who used the service were provided with information about how to keep themselves safe both at home and in the community.

Risks to people's safety and welfare were identified and managed. People's medicines were managed safely. People were supported by staff who had received training relevant to their roles.

People were supported to meet their dietary needs and to access healthcare support where needed.

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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported by staff who were kind and caring and knew them well. People were supported to take part in activities which reflected their interests and provided opportunities to develop relationships

with their peers. People were supported to maintain relationships with family and friends.

People were given information in a format suitable to their needs. Complaints were taken seriously and where necessary changes were made to improve people's experiences.

The provider had systems in place to monitor the safety and quality of the service. The provider was committed to the continuous improvement of the service and there was an improvement action plan in place to support this. People were given the opportunity to share their views and suggestions for improving the service.

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

Rating at last inspection

This service was registered with us on 21 December 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Carlton Supported Living

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. 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

The service provides care and support to people living in a 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered 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

This inspection was unannounced on the first day.

Inspection activity started on 10 December 2019 and ended on 18 December 2019. We visited the office location on both dates.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service about their experience of the support provided. We spoke with two support workers, the deputy manager, the operations manager and the governance lead. We spoke with several more staff and one relative by telephone.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection

We reviewed the additional information sent to us by the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Each person had an allocated number of one to one support hours every week as agreed in their assessment. In addition, there were some core hours allocated to the houses where people lived in shared accommodation.
- People were given a copy of the rota every Friday so that they knew who would be providing their support the following week. People did not raise any concerns about the availability of staff to provide their agreed support.
- Safe recruitment procedures were followed to make sure prospective employees were suitable to work with vulnerable adults. Staff started their induction training before all their pre-employment checks were completed. During induction new staff had access to people's care records and because they started induction training before their employment was confirmed this could compromise people's confidentiality.

We recommended the provider review their induction training to ensure prospective employees did not have access to information about people who used the service until their employment was confirmed.

Systems and processes to safeguard people from the risk of abuse

- The provider has systems in place to safeguard people from abuse.
- Safeguarding concerns were reported to the relevant agencies. Staff received safeguarding training and records showed this was reinforced through discussions in one to one supervision meetings.
- People who used the service were given information about staying safe in their homes and in the community. They told us they felt Carlton Supported Living was a safe place to live.

Assessing risk, safety monitoring and management

- Risks to people's safety and welfare were identified and managed.
- Support plans included information about risks and the actions to be taken to manage these risks. Examples of risk assessments included self-neglect, skin integrity, nutrition and behaviours which challenged.

- People were given information about fire safety and were involved in fire drills. Their records included information about the support they would need in the event of an emergency.

Using medicines safely

- People's medicines were managed safely.
- Medicines were stored securely within people's own houses or flats. Medication administration records

showed people received their medicines as prescribed.

- Staff who supported people with their medicines had received training. Competency assessments were carried out to make sure support workers were following the correct procedures. We found some inconsistencies in how frequently they were done. We discussed this with the operations manager and were assured it would be dealt with.

Preventing and controlling infection

- The provider had suitable arrangements in place to prevent and control infections.
- Support workers were provided with personal protective equipment, such as gloves and aprons. Support workers and people who used the service were encouraged to have flu vaccinations.
- People were supported to keep their homes clean. For example, one person's records stated, "Support [name] to clean their home after cooking. You will need to show [name] how to clean and support [name] to do this."

Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify trends or patterns and where appropriate action was taken to reduce the risk of recurrence.
- The provider has systems in place to make sure lessons were learned with things went wrong. Learning from accidents and incidents was discussed at staff meetings and where appropriate learning was shared with other services operated by the provider.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained for their roles.
- New staff received induction training and shadowed more experienced support workers until they were assessed as competent to carry out their roles. Staff received training in safe working practices and in topics related to the needs of people who used the service. In addition, staff were supported to undertake nationally recognised qualifications in health and social care. The training matrix showed some training was overdue, however there were plans in place to address this.
- Staff told us they felt supported and had regular one to one supervision, team meetings and an annual appraisal. This was confirmed by the records.

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

- People's needs were assessed.
- Detailed assessments of people's needs were carried out before they started using the service and at least once a year thereafter. Protected characteristics under the Equality Act 2010 such as religion, culture and sexual orientation were considered during the assessment.
- People and those involved in their care were included in the assessments. Before deciding about moving in people were supported to visit, at least once, to meet other people who lived there and staff.
- Care and support was delivered in line with good practice guidelines and standards. Examples included the principles of Building the Right Support which had been used to develop survey questionnaires for people who used the service.

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

- People were supported to eat and drink enough to maintain a balanced diet where this was part of the agreed support package.
- People were supported to plan menus, shop and cook and their records included information about their dietary needs and preferences.
- When people were identified as being at risk of poor nutrition referrals were made to other health care professionals. For example, one person had been referred to a dietician for support with weight loss.

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

- The service worked with other agencies to ensure people received effective care and support.
- Records showed the service made appropriate and timely referrals to other agencies. For example, one

person who had recently started to use the service had been referred for and received dental care.

- People were supported to visit their GPs and attend hospital appointments. Hospital passport documents were in place to ensure the effective sharing of information in the event of a person requiring hospital admission.
- People were supported to make healthier living choices. We saw examples of people being supported to choose healthier food options, manage their weight and take regular exercise.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of inspection, the service was not supporting anyone who had a Court of Protection order in place.
- Care records included information about people's consent to care and treatment.
- Staff told us how they enabled people to make decisions about the care and support they received.

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 is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated well, and their diverse needs were respected.
- Protected characteristics were considered during the assessment process and staff received equality and diversity training. Staff knew people well, they were able to tell us about people's individual needs and preferences and how people liked to be supported.
- The service took account of people's preferences when allocating support workers. They had a diverse workforce which meant they were usually able to accommodate people's preferences.
- People were supported to follow their chosen faith.

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

- People were supported to make decisions about the care and support.
- People told us, and records showed, people were involved in developing and reviewing their support plans and making decisions about their care and support.
- We observed people approaching staff and managers to talk about their support and their plans for the coming days.
- People who lived in shared accommodation were consulted before anyone new moved into the house. A recent survey carried out by the provider showed people were happy with the shared accommodation arrangements. One person commented, "I like living with my housemates, I am happy to share communal areas."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected.
- Staff respected people's private space for example by knocking on doors before entering people's houses or flats.
- The service promoted independence and people were supported to carry out daily living tasks such as shopping, cooking, cleaning, laundry and looking after the garden. People were supported to get travel passes so that they could use public transport either alone or with support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: End of life care and support

- People experienced person-centred care and support.
- People were involved in developing person centred support plans. The plans included information about people's needs and preferences. People were supported to set goals to enhance their quality of life and promote their independence. For example, one person who had recently moved in was being supported to get to know the local bus routes to enable them to travel independently between the service and the city centre.
- Since registration the service had not supported anyone with end of life care. Staff had received training on end of life care. Should a person wish to receive end of life care in their own home the operations manager told us the service would work with other agencies to support this.
- People were given the opportunity to discuss their end of life care wishes. However, most people had chosen not to discuss this aspect of their care and support. This was reflected in their records.

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.

- Peoples communication needs were assessed, and appropriate support was provided where needed. For example, one person's activity planner was in picture format to make it easier for them to follow. Information about the service, such as the vision and values, was provided in easy read format.

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

- People were supported to take part in a range of social activities which reflected their needs and preferences.
- People's social needs were assessed, and they were supported to complete weekly activity plans. A recent survey carried out by the provider showed people felt they were supported to live good and meaningful lives. They described a range of activities they enjoyed which included going to the library, the gym, the theatre, the cinema, cycling, bowling, going for walks, attending day services and visiting family and friends.

Improving care quality in response to complaints or concerns

- People were given information about the complaint's procedure in an accessible format.
- Records showed complaints were investigated and people were given feedback on the outcome. Where

necessary changes were made to reduce the risk of similar issues happening again. Complaints were viewed as an opportunity to improve the service. Learning from complaints was shared with other services operated by the provider.

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 is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager in place at the time of inspection. The manager left in August 2019 and the provider was actively recruiting for this post. Management support was being provided by the operations manager and governance lead. However, the providers registration requires them to have a registered manager in place to ensure the delivery of consistent high-quality and person-centred care.
- The management team understood their roles and responsibilities. Information about significant events in the service was sent to the CQC as required by law.
- People and staff spoke positively about the way the service was managed.
- Regular audits were carried out covering areas such as medication, care records and staff files. Action plans were in place and monitored for any areas where improvements were needed.

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

- The service promoted a person-centred culture which was inclusive and empowering.
- Interactions between people, managers and staff were open and empowering. There was a clear focus on promoting people's independence and supporting them to achieve their goals. This had positive outcomes for people who were seen to be living active and fulfilling lives.
- The provider was committed to improving people's experiences through continuous learning and development. For example, they had recently introduced a rewards scheme for staff. The scheme was put in place to acknowledge care and support which went above and beyond what was expected and to encourage innovation.

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

- Discussions with the management team and records relating to accidents, incidents and complaints showed the provider understood and complied with their duty of candour responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- A service user forum gave people an opportunity to have a say in how the service was run. For example, we saw people had been involved in developing the survey questionnaires for people supported by the service. Forum meeting notes were made available in easy read format.

- The forum also provided an opportunity for people to establish links with other community-based organisations. For example, representatives from Help Me I'm Lost and the Treat Me Well Group, which campaigns for better care in the NHS, had attended meetings in 2019.
- The provider engaged with staff in a variety of ways which included one to one supervision, appraisals, meetings and surveys. Action plans were in place to address areas where improvements were suggested.
- The service worked in partnership with other agencies to ensure people experienced good outcomes. These included health and social care professionals, commissioners of services and voluntary organisations such as Bradford People First which is a self-advocacy group for people with learning disabilities.