J C Care Limited

Carlton House

Inspection report

24 Wakefield Road
Rothwell Haigh
Leeds
West Yorkshire
LS26 0SF

Tel: 01132827110
Website: www.craegmoor.co.uk

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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

This inspection took place on 2 and 9 November 2016. Day one was unannounced and day two was announced. At the last inspection in July 2015 we found the provider was in breach of two regulations; they did not have systems in place to make sure the number of staff and range of skills met the needs of people who used the service and the care provided did not always meet people's individual needs. At this inspection we found the provider had made improvements which were sufficient to meet regulation.

Carlton House provides care for up to 16 people who have a learning disability. The service had a registered manager. 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.

At this inspection people told us they felt safe. Staff understood safeguarding procedures and were equipped and supported to work with people who displayed behaviours that challenged. The provider had risk management systems which ensured hazards were identified and minimised. This included effective recruitment of workers, health and safety, risk assessment and management of medicines. Some minor issues were identified with medicine administration and dealt with promptly. There were enough staff to meet people's needs; people who received funding for one to one staff support had allocated workers.

Staff were trained and supervised which ensured they had the skills and knowledge to carry out their job well. Staff and management told us recent improvements had been made which included better support for staff. People could make decisions about their care and support, and whenever they needed help staff provided appropriate support. The provider had arrangements in place to meet people's nutritional needs and was further developing these to make sure people were actively involved in the menu planning process. Systems were in place to help make sure people stayed healthy.

People told us they enjoyed living at Carlton House and were complimentary about the staff who supported them. We observed staff were caring and friendly, and knew the people they were supporting well. The provider had some accessible information available to help keep people informed, and included how to stay safe, the type of care they can expect and how to raise concerns. However, this was not readily available for everyone; the registered manager agreed to develop systems for accessing information. The provider nominated an 'employee of the month' where they recognised good practice.

People's needs were assessed and support plans clearly identified how staff should deliver care. Regular reviews were held and people spent time with their key worker discussing their care. People had activity programmes which were person centred and provided them with opportunities to engage in varied activities within the home and the community. Communal space within the service was not well utilised and this resulted in people congregating in one main area which sometimes became hectic. People were comfortable talking to staff if they were worried, upset or had any concerns. Complaints were responded to

and resolved where possible to the satisfaction of the person.

The provider had an effective management structure in place. We received feedback that recent changes had improved service delivery and staffing arrangements. Checks were carried out by the management team at Carlton House and by senior managers when they visited although it was not clear if all action points were followed up. A new governance monitoring format was being introduced across the sector so everyone would be following the same system. People were given opportunities to share their views at meetings, however, meeting records were not easily accessible and did not always show suggestions were acted upon. The registered manager was looking at how they could better capture information so everyone was confident they were being listened to.

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.

People felt safe and staff understood how to ensure people were safeguarded from abuse.

There were enough staff with the right skills and experience to keep people safe.

Systems were in place to manage medicines; some minor issues were identified which were dealt with promptly.

Is the service effective?

Good

The service was effective.

Staff received training and support to help them understand how to provide appropriate care to meet people's needs.

The provider had arrangements in place to meet people's nutritional needs and was further developing these to make sure people were actively involved in the menu planning process.

Systems were in place to help make sure people stayed healthy.

Is the service caring?

Good

The service was caring.

People told us they enjoyed living at Carlton House.

Staff were caring and friendly when they interacted with people who used the service. Staff knew the people they were supporting well.

The provider had easy read and pictorial information to help keep them informed. Some information was not easily accessible so the registered manager was looking at how they could develop this.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed and care was planned, which ensured care delivery was person centred.

People enjoyed a range of activities within the home and the community.

Systems were in place to respond to concerns and complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had an effective management structure in place.

Systems for involving people in the running of the service continued to be developed.

The service had improved and continued to be developed. More effective systems were being introduced to make sure quality and safety were monitored effectively.

Carlton House

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 2 and 9 November 2016. Day one was unannounced and day two was announced. We announced the second day because we wanted to make sure the registered manager was available and we had access to management records. One adult social care inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service and contacted the local authority 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 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.

At the time of the inspection there were 15 people living at Carlton House. During the visit we looked around the service, observed care, spoke with nine people who used the service, seven members of staff, the registered manager, deputy manager, a positive behaviour support practitioner and regional manager. We spent time looking at documents and records that related to people's care and the management of the home. We looked at four people's care records.

Good

Is the service safe?

Our findings

People told us they felt safe living at Carlton House. One person said, "They keep you safe. I get on with all staff." Another person said, "They ask me about safety and if I feel safe. I do feel safe." We saw that people met with their keyworker on a regular basis and one of the discussion points covered 'if people feel safe'. A keyworker is a member of staff who provides additional support and takes part in developing support plans with people who use the service.

Staff we spoke with told us people were safe. They understood safeguarding procedures and how to report any incidents and areas of concern. Staff were familiar with the provider's whistleblowing procedure and information about safeguarding and whistleblowing was displayed in the office which was accessed by the staff team. A helpline number was also displayed. Whistleblowing' is when a worker reports suspected wrongdoing at work. Training records showed staff completed safeguarding vulnerable adults training.

We reviewed information which showed safeguarding incidents had been referred to the local safeguarding authority and investigated. Some people who used the service displayed behaviours that challenged. Staff we spoke with said they felt equipped to deal with volatile situations. All staff we spoke with said they had received appropriate training. One member of staff said, "We don't see anywhere near as many incidents now. If anything occurs we all know what to do and make sure everything is recorded." We spoke with a positive behaviour support practitioner who worked alongside the staff team. They developed assessments and support plans with the team to ensure everyone understood how to provide care which minimised the likelihood of behaviours and respond to situations consistently.

People's care records contained a number of assessments and supporting documents that showed risk management was centred on the needs of the person. Individual risk assessments clearly 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 with the minimum necessary restrictions. One person told us they went through their risk assessments with their keyworker, and other staff had read and signed the assessments. They told us risks around bike riding and going out had been assessed.

People lived in a clean and safe environment. Rooms were decorated to individual taste and people could choose what items to keep there. The premises and equipment was checked to make sure it was safe. We looked at records that showed safety tests were carried out on fire equipment, gas appliances, water systems and electrical wiring. Regular fire drills were practiced, and the service had in place personal emergency evacuation plans for each person living at the home.

At the last inspection we identified the provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs and circumstances of people using the service. Support workers had to carry out tasks such as cleaning, cooking and laundry, and could not always work directly with people who used the service who were observed sitting round for long periods. At this inspection we found the staffing arrangements had improved.

The provider had employed a housekeeper who was responsible for cleaning the environment in one unit. Staff told us this worked well and enabled them to focus their time with people who used the service. Staff also discussed a 'rolling rota' system which had been introduced. Staff we spoke with said this had further improved the staffing arrangements. One member of staff said, "Morale is higher now that we can plan our home and work life balance, and because there are teams now we all muck in and help."

The registered manager told us they were confident there were enough staff to meet people's needs. They said they had increased the number of senior support workers working at the service, which had commenced two weeks before the inspection, and told us this was in response to senior support workers being stretched when they were on shift. Some people were funded for one to one staffing throughout the day; we reviewed records which confirmed there was a system in place for allocating staff. In one unit we found it was not as structured and the arrangements were not as clear. The registered manager said they would ensure the allocation was discussed at daily handovers which would ensure people's one to one support was not overlooked.

In the PIR the provider told us, 'The service has a robust recruitment process. All new applicants undertake a value based questionnaire prior to being given the opportunity to apply for the post. If applicants are successful through this process they are then invited to apply for the role and these are then shortlisted alongside other applicants. They are then invited to a face to face interview. There is clear evidence of the pre-employment checks, including right to work, appropriate references and an enhanced DBS, references are requested from previous employer and personal reference. We spoke with two members of staff who had started working at the service within the last nine months. They both confirmed this recruitment process had been followed.

We looked at the arrangements in place for managing medicines in the service and found overall there were appropriate arrangements for the safe handling of medicines although some issues were highlighted during the inspection, which the provider dealt with promptly.

Each person had lockable facilities in their room which were used to store their medicines. We observed staff asking people to go to their room so they could support them with their medicines. Staff told us they always administered medicines with people in their room. This helps makes sure medicine administration is personalised and the right person receives their medicines. Staff told us they had received medication training and records we reviewed confirmed this.

Most medicines were dispensed from a monitored dosage system which was supplied by a local pharmacist, and staff signed a pre-printed medicine administration record (MAR). We saw these were usually completed correctly. However, one person had a medicine prescribed at 7.00am because this should be taken before food but staff confirmed this was administered later and sometimes when the person was eating. The registered manager and regional manager said they would review these arrangements straightaway. On the second day of the inspection we saw the provider had arranged with the pharmacist to provide more clarity on the MAR and the support plan was updated.

People had protocols to guide staff around administering medications, which included guidance for 'as required' medicines. This ensured people received their medicines consistently and in their preferred way. For example, one person's protocol for paracetamol clearly stated how staff would know when to administer pain relief. One person had 'as required' medicine for constipation. The senior support worker on duty said they used a chart to monitor when to administer the medicine, however, when we reviewed the chart it was not up to date and the person did not have a protocol for this medicine. The registered manager and regional manager said they would review everyone's PRN protocols and administration records to

ensure there were no other similar issues with people's medicines.

Good

Is the service effective?

Our findings

People we spoke with seemed confident that staff knew how to support them appropriately. They were complimentary about staff and management. One person said, "Nice people; mixed staff." Another person said, "Staff now are better than the ones before." Another person said, "Staff are ok. You can have a laugh with them."

Staff we spoke with said, in the main, they felt well supported and received training that gave them the knowledge and skills to do their job well. Some said support systems had improved recently and changes in the staff rostering systems had made a difference, which included an extra senior support worker being employed. The registered manager said they were continuing to develop systems to make sure staff were appropriately trained and supervised. We saw from a recent report the provider was checking staff had received supervision and completed the required mandatory and refresher training; opportunities were being created where staff were struggling to complete training within their working week.

The training records showed staff received an annual appraisal and completed a range of training courses including basic life support, fire safety, food safety, infection control, safeguarding vulnerable adults, moving and handling, confidentiality and data protection, introduction to health and safety, person centred support and infection control. New starters completed the 'Care Certificate' which is an identified set of standards that health and social care workers adhere to in their daily working life. The summary training report we reviewed showed there was a variance in the percentage of staff that were recorded as having 'current' training. The registered manager and regional manager gave assurance the actual training statistics met the provider's requirements of 92%; they explained the data was not always accurate because some training completed by new staff was not captured. The regional manager said the provider monitored training data every week.

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 so that they can 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).

We received consistent feedback that people could make decisions about their care and support. People who used the service told us they chose where and how to spend their time, and when to go to bed and get up. Staff felt confident that people made their own decisions and whenever they needed help staff provided appropriate support. We saw assessments and support plans in people's care records which confirmed this.

Staff we spoke with said they had received training about the MCA and the data we reviewed stated 80% of staff had 'current' training status. Staff had good knowledge around when they should support people with decision making and when people had the right to make decisions even though these might be unwise. One

member of staff discussed a recent example where one person had been outside and the weather was very cold. They explained, "We can advise about the weather, clothing and suggest warming up inside but ultimately they understand the risks and insist on staying outside, and we have to respect that."

We got a mixed response when we asked people about food choices. People told us they enjoyed the food and some said the choice of meals was good. One person said they didn't think there was a good choice and two staff we spoke with said the choice of menus could be developed.

The service had menus that were agreed each week. We looked at the records of the weekly discussions and found there were inconsistencies in how the meals were planned. The last discussion record was detailed and included ideas for main meals and snacks; we saw people's ideas had been added to the menu. The three previous discussions records were either not available or not detailed so it was not clear how the menu was decided. We looked at four week's menus and saw a variety of meals were offered, for example, pasta with meat balls, roast beef dinner, red Thai curry, beef stew and dumplings with homemade Yorkshire pudding. However, it was not evidenced if people could choose an alternative meal because only one option was recorded on the menu. It was not clear if people had eaten vegetables with their mean meal because these were often not recorded on the menu or on people's individual food records. The registered manager said they had discussed with staff the importance of maintaining accurate records which was why the last weekly discussion session was detailed. They said they would monitor how choice of meals was provided and ensure menus contained sufficient detail to evidence that people's nutritional needs were being met.

In the PIR the provider told us how they were going to make things more effective in the next 12 months, and said, 'Enhance staff skills further around nutrition. Arrange the relevant face to face training with all support staff. Develop a core team focussed on healthy eating to support the menu planning meeting with residents, with a view to exploring new ideas and food choices.' The registered manager said they had recently employed a member of staff who had been involved in catering and would be utilising their skills to develop the meal planning process.

People told us they received good support with their health needs. One person told us they were asked about any health problems or concerns at their key worker meeting. They showed us the last keyworker meeting record where they had said they had no concerns. People had health action plans (HAPs) and appointment records. These showed people's individual health needs were identified and monitored. The records we reviewed showed people attended regular healthcare appointments. We saw one person had attended recent dental, psychiatrist, doctor and podiatrist appointments.

Good

Is the service caring?

Our findings

People told us they enjoyed living at Carlton House. Comments included; "I like it. They are really good, I've been around and I like here best", "Oh I've no problems, they look after you here", "I've no complaints everything's fine", "There's nowhere else I would want to live", "I'm happy here, I go with the flow".

In the PIR the provider gave examples of how they ensured the service they provided was caring. They told us, 'Staff are trained around dignity and respect, human rights and the Mental Capacity Act 2005 (MCA). This all forms part of the induction which is recorded on the internal foundations for growth training programme site.' They also said, 'Consideration is given always to an individual around rights of privacy and dignity; staff always knock on doors before entering; staff also ask service users before they complete tasks on their behalf, such as assisting with shoes/coats, dressing, personal care etc. With people who have limited verbal communication support staff always explain to the resident what they are doing and why during a specific task like dressing or personal care.' People who used the service agreed staff were respectful.

During the inspection we observed staff were caring and friendly when they interacted with people who used the service. Carlton House had a low turnover of staff so most of the staff team were experienced and knew the people they were supporting well. Staff we spoke with said the service successfully provided consistency of care because when new staff started a robust shadowing and buddy system was in place to make sure they understood how to provide appropriate care; staff also said they did not work with people independently until they read their support plans which provided clear guidance around care delivery.

On the first day of the inspection we looked around the service. In one of the units there was some easy read information displayed in communal areas to help people understand procedures and keep them informed. This included 'how to make a complaint', 'what is a Deprivation of Liberty Safeguard' and information about consenting to care and the standards people can expect in their care home. In the other unit there was very little information displayed for people who used the service but there was information for staff. One member of staff said, "People would definitely benefit from having more information especially about being healthy." The registered manager said they were waiting to put up notice boards with perspex covers to prevent the displays for people who used the service getting damaged. We pointed out that information for staff was displayed and this had not been damaged. On the second day of the inspection we saw notice boards had been erected in the dining room and there was information around safeguarding. The registered manager said they were going to continue to develop systems to keep people informed and would be displaying more information within the service.

In the PIR the provider told us they recognised good practice and 'ran an 'employee of the month' vote whereby all service users, and staff vote for an individual staff member that they feel deserves recognition in the month. Voting is done via sealed ballot box and then counted up before each team meeting; the nominated employee of the month is then awarded a small prize as token of appreciation from the service and their photo is displayed'. We saw nominations for the employee of the month were displayed. A senior support worker told us by "acknowledging and recognising when staff go the extra mile helps staff feel valued".

Good

Is the service responsive?

Our findings

We looked at support plans which were person centred and covered key areas of care and support. They contained good detail which showed people's needs were assessed and how staff should deliver care. For example, one person had information about accessing public transport and their night time routine; staff described the support provided and this reflected what was recorded in the support plan. People had information to help staff understand them, such as 'what people admire and like about me', 'what is important to me', 'how best to support me', and 'good days and bad days'.

We saw people's support plans were reviewed regularly and keyworkers spent time with people discussing their care. One person showed us their support plan folder and was familiar with the contents. They said, "My keyworker goes through my support plan with me. We look at what's best for me and then put things in place so I don't do anything wrong." Another person's records showed they had met with their keyworker monthly and discussed their activity programme. One person's records indicated they had not had a keyworker meeting since June 2016. The registered manager said they would follow this up because meetings should be held more frequently.

We looked at people's daily support and care records. These provided good details about what the person had done each day and covered personal care, meals and activities. There was a section to show choices that were offered and reasons why there had been changes to the planned programme. Staff used these sections and had recorded, for example, when someone had selected a different activity to the one on their activity planner.

In the PIR the provider told us what they did to make sure the service was responsive. They said, 'Activity planners are developed with residents; these are updated regularly. Some residents have developed photo album diaries detailing activities that they have enjoyed the development of domestic skills around the house, cooking meals and celebrating special occasions such as Halloween, Christmas and birthdays. The service staffing rota has become more flexible in line with requests from residents to develop closer links with the local community. Some residents have requested to go out more in the evening to local pubs and clubs. Either as a group or individually.' People told us they enjoyed a range of activities and we observed during the inspection people engaged in activities within the home and had opportunity to go out to the local community.

On both days of the inspection we saw in one unit people tended to use the dining area as the main communal area to gather and spend time. The service had a sensory room and cabin but these areas were not generally used. In the dining room we noted that during one part of the day, there was a craft session and at the same time a 'karaoke' and 'musical instrument' session. Another member of staff was writing reports. On another occasion, two people were eating, staff were writing reports and one person was listening to music. One person commented that it was noisy. We discussed our findings with the registered and regional manager who said they were looking at space within the service to see how it could be better utilised.

We saw at key worker meetings people were asked if they had any concerns about the service. People we spoke with told us they would talk to staff if they were worried, upset or had any concerns.

We looked at the provider's complaint record and saw three complaints were logged in the last 12 months. The record showed these were investigated and responded to in a way which resolved the issue where possible to the person's satisfaction, and minimised the risk of the same issue arising in the future. Holding letters were sent when timescales were extended to give the provider opportunity to investigate.

We saw the service had received recent compliments from professionals. A care manager had written, 'I would like to take this opportunity to say thank you and your staff for the hard work and support that has been given to [name of person]'. A best interest assessor provided feedback regarding a person's care file and information regarding their care which was described as 'very positive'.

Requires Improvement

Is the service well-led?

Our findings

At the time of the inspection the service had a registered manager who was based at Carlton House. They were supported by a deputy manager and senior care workers. An administrator also worked at the home. Carlton House management team accessed senior managers when they wanted advice and guidance. The registered manager told us this worked well. A regional manager provided direct line management support and regularly visited the service.

In the PIR the provider shared examples of what they did to ensure the service they provided was well-led. They told us they had an effective management structure. They said, 'Senior meetings occur every two weeks between the manager, deputy manager and senior support workers to ensure the service is on track with the management of health and safety, recruitment, staff supervisions, staff training and any other team or service user related issues.' A support worker said the regional manager had recently praised staff during a visit for some of the "good work they were doing" and felt this approach was "boosting morale".

Staff we spoke with said they understood their roles and responsibilities, and felt systems were in place to ensure shifts were appropriately managed. Some staff said the service had improved recently which included how the service was being managed. One member of staff said, "Communication works well. We have a communication diary and handover sheets which covers everything important. Things keep improving." Another member of staff discussed a recent event where they felt management handled a difficult staffing situation well.

The provider had a number of processes which were used to monitor and assess the quality of the service. Some checks were carried out by the management team at Carlton House and some by senior managers when they visited. The registered manager sent information to the provider which enabled them to monitor what was happening.

We looked at several records which showed the service was being monitored. We saw a management report from August 2016 which identified areas for improvement and an update from October 2016 showed progress had been made. For example, they had evidenced there was better staff handover arrangements and staff allocation.

The provider had different report formats which were used when the service was monitored and it was difficult to establish if all action points were followed up. For example, we saw a 'registered provider monitoring visit record' which was completed in August 2016. There was no follow up report to show the identified areas to improve had been actioned. In the report it was stated that resident meeting minutes (known as 'Your Voice') were very brief and there were no pictures. We looked at the 'Your Voice' minutes from October 2016; there were still no pictures and these were hand written and difficult to read. The registered manager said the minutes should have been typed up to make them more accessible.

The registered manager said the provider had recently introduced a new governance monitoring format that

was being used across the sector so everyone would be following the same system. We saw the registered manager had commenced the new format which started with self-assessment and was then going to be reviewed by other members of the provider management team.

The provider had a system in place to help ensure people were given opportunities to share their views and help drive improvement. This included people attending 'Your Voice' meetings. Local and regional 'Your Voice' meetings were held. Two people returned from a regional meeting on the first day of the inspection. One person told us they had discussed what people wanted at Carlton House which included improving the seating and smoking area in the garden. We saw from the records the meetings were sometimes effective but it was not evident from reviewing the minutes and discussions they were always effective. The minutes showed discussions were often held around individual preferences, for example, what specific activities people wanted to engage in. There was only limited information about what people wanted to happen within the service.

We noted that in the October 2016 minutes they discussed the previous meeting and actions taken in response to people's suggestions, which included 'more pictures around the home'. In the minutes they had recorded 'pictures had been added to communal areas' and under the heading 'are you happy with the outcome' it was recorded 'yes I like them'. However, when we asked to look at the new pictures in the communal area; staff and the registered manager were unsure which pictures were added, and the general view was that none had been added after the suggestion was made. The registered manager and regional manager said they would review the format and look at how they could better record outcomes and ensure people were given the opportunity to share their views about the service. In the PIR the provider told us they planned to evidence better how people had been listened to. They said, they were going to improve the 'You said- We did' board for residents to demonstrate outcomes from meetings such as Your Voice.'

Providers have a responsibility to notify CQC about certain significant events such as safeguarding, serious injury and police incidents. Before the inspection we checked our records and found the provider had told us about a number of events; each notification was detailed and contained a clear explanation that helped us to understand what had happened and how they had responded to it. However, we noted the provider had failed to send a notification about a safeguarding incident from May 2016. The registered manager acknowledged this was an oversight and sent a retrospective notification.

The local authority contract team told us they 'work closely with the provider as part of the contract management process to look at continuously improving performance and quality. The provider is very much engaged in this process'.