

Carlton Nursing Homes Ltd

# Carlton Specialist 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 unannounced inspection carried out on the 10 March 2016. The service was last inspected on 6 March 2014 and we found the provider met the all regulations we looked at.

Carlton Specialist Care Centre is part of Carlton Nursing Homes Limited and provides care and support for up to 10 people with learning disabilities. The centre was registered in October 2010. On the day of our visit there were nine people using the service.

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.

Not all of the people spoken with during the inspection were able, due to complex care needs, to tell us about their experience of living at the home. People we spoke with told us they felt safe at the home. There were effective systems in place to ensure people's safety and manage risks to people living at the home, whilst also encouraging and promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

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.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medicines management.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs well. Staff spoke highly of their training and said this prepared them well for their role.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, individualised care plans in place which described all aspects of their support needs.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity, decisions had to be in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Suitable arrangements were in place and people were supported and provided with a choice of suitable

healthy food and drink ensuring their nutritional needs were met.

People participated in a range of activities both in the home and in the community and received the support they needed to help them stay in contact with family and friends. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people living at the home. Staff were aware of how to support people to raise concerns and complaints. The complaints procedure was also available in a pictorial format. We saw the provider had not received any complaints in the last 12 months.

There were effective systems in place to monitor and improve the quality of the service provided.

## 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 said they felt safe. Risks were managed in a way that enabled and empowered people while keeping them safe.

Staffing levels ensured people could follow preferred routines and spend time out in the community.

Robust recruitment practices were followed to make sure staff employed were suitable and safe to work in the care home.

People understood safeguarding and how to raise any concerns as this was discussed and promoted. Staff understood the safeguarding procedures and knew how to put them into practice.

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

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 use the service. This work is reviewed annually by the local NHS trust.

Staff were trained and supported to meet people's needs.

Seven people living at the home were subject to the Deprivation of Liberty Safeguards (DoLS). Staff were trained in, and had a good understanding of, the requirements of the Mental Capacity Act 2005 and DoLS.

People had access to healthcare services when they needed them.

People were involved in the planning, preparation and cooking of meals and had free access to food and drink.

### Is the service caring?

Good ●

The service was caring.

People said staff were kind and caring.

Staff had developed positive relationships with people, listened to them and supported them in making decisions.

People were supported to build and retain individual living skills. Staff enabled people to be as independent as possible.

People's privacy and dignity was respected and maintained.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was planned with them and staff worked flexibly to meet people's individual needs and preferences.

People accessed activities of their choice in the community. People's views were listened to and acted upon by staff.

People knew how to raise complaints. No complaints had been received within the last 12 months

### 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.

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

People spoke positively about the approach of staff and the management team. Staff were aware of their roles and responsibilities and knew what was expected of them.

# Carlton Specialist 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 10 March 2016 and was unannounced.

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. Not all of the people spoken with during the inspection were able, due to complex care needs, to tell us about their experience of living at the home. We spoke with three people who were living in the home, two support staff, the site coordinator, the governance lead 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 who lived at the home told us they felt safe and well looked after. They nodded, laughed and smiled when we asked them this. One person when asked what they liked about the home said they enjoyed going out with staff and being able to walk to the shops. They also said they got the help they needed when they required it. Another person told us, "I have a treat day every Saturday. It's my choice and I really enjoy it."

We saw positive interactions throughout our visit and people appeared happy and comfortable in the company of staff. There was an excellent rapport between people and staff. Staff said they treated people well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

There were effective procedures in place to make sure that any concerns about the safety of people who lived at the home were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff had received training in the safeguarding of vulnerable adults and the records confirmed this.

Staff spoke of their training in managing behaviours that could challenge the service. They said they were trained in 'Positive behaviour support' and felt confident that this safely managed any incidents of behaviour that could challenge others. Staff told us they received an annual update of this training and the records we looked at confirmed this.

Risks to people living at the home were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm, while also maintaining and promoting independence. For example, making hot drinks and cooking. The risk assessments were also linked to care plans and activity involved in the delivery of care such as bathing or showering. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise the risk of harm.

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. Records also showed that firefighting equipment had been serviced. People and staff told us any maintenance works were dealt with quickly and effectively. This meant the environment was safe.

Through our observations and discussions with people and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. On the day of our visit, all of the staff on duty were providing 1-1 support for people who lived at the service with the exception of one person who had two staff supporting them. The registered manager was also available. The staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. We saw rotas were worked flexibly to meet the needs of people who lived at the home. The service sometimes used agency staff to cover sickness and absence. The registered manager

told us they used regular agency staff who were familiar with people's needs. This meant people who lived at the home could expect consistency of care from staff who knew them well.

We looked at the recruitment records for four staff, including one who had recently been employed. Each file contained an application form, two references from previous employers, interview notes, identification documents and a pre-employment medical questionnaire. Appropriate checks were undertaken before staff began work to make sure they were suitable to work with vulnerable people.

We looked at the systems in place for the receipt, storage, administration and disposal of medicines in the home. We found all of these processes had been maintained safely and staff demonstrated good practice in the administration of medicines. We saw that medicine audits were done monthly with 'spot checks' completed weekly. We also saw that records of what medicines each person took were included within the care plans as well as with the medication administration records (MAR). This included details of what the medicine was for, how the person preferred to take it and what side effects there might be. People's medicine allergies were clearly noted in both care records and with the MAR. This meant that people received their medicines as prescribed and in the way they preferred.

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 said that a record of any incident or accident were kept individually 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

Throughout our inspection we saw that people were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time.

The registered manager told us the provider had a review of the home environment carried out by architects who specialised in autism friendly environments. This looked at ways to make the environment more autism friendly. Suggestions had also been made with respect to staff's presentation which resulted in staff wearing a blue uniform with plain black pants and shoes to avoid becoming a "stimuli" to people using the service. Following this, the provider carried out a vast amount of work to ensure the environment meets the needs of people living at the home. For example, the home adapted neutral colour schemes throughout the home so that it was calm in tone and followed an autism friendly colour palette. This proved successful with people living at the home. Soft furnishings were kept plain and in line with the autism friendly colour scheme used. The provider considered the environment to be cluttered with furniture and in response, adapted a balanced approach as too little space could make a person with autism feel uncomfortable and possibly claustrophobic. In contrast, too much space may result in possible feelings of isolation. Adaptations were made to lighting in the communal area of the home. For example, the home had 'hidden light' that is a representative of natural light which filters into the lounge through panels that prevented it becoming too bright.

The registered manager told us there were a number of examples of where adaptations to the environment had impacted positively on people living at the home. For example, changes to the environment for two of the service users, who had an area of the home made into a 'Home from Home', one with their own kitchen facilities, with a view to supporting them to reach their full potential in terms of the level of independence in everyday activities of living. In addition to this, trend analysis demonstrates an incremental reduction in incidents over the last two years since environmental changes were made.

The service have submitted the work to the 'Service for Adults with Autism/ADHD' team at the local NHS trust and received a score of 48 out of 53. The trust will review the service on an annual basis. This demonstrated that the home had followed guidance relating to the environment and made adaptations which have ultimately benefited people using the service.

The registered manager told us they were a member of National Autistic Society network and the home was part of the 'Dignity in Care' initiative. In addition, the home 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 home was part of the 'Learning disability communication best practice initiative' to aid service development and promote best practice. This meant the home was following best practice guidance and was therefore able to assure themselves they were achieving high standards of care for people who lived at the home.

We saw people were asked for their consent before any support interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent.

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 seven people living at the home 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 saw policies and procedures were in place for the Mental Capacity Act (2005) (MCA) and DoLS. It was clear there was a good understanding of DoLS and the application process. We spoke with staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity. Staff we spoke with confirmed they had received training on the MCA and our review of training records confirmed this.

Care plans showed information regarding people's capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people's best interests. For example, planning and arranging a holiday or making purchases of a laptop.

Records showed that arrangements were in place that made sure people's health needs were met. Each person had a general health care plan in place which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check-ups with GPs, dentists, chiropodists and consultants. There were records of detailed functional vision and hearing assessments for people. Staff were aware of the systems in place to get re-assessments for people should their needs change. We saw people had a 'hospital passport' in place. This gave information on essential needs and would accompany people to any hospital admissions.

People had care plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies was clearly recorded and we saw speech and language therapy (SALT) assessments had been carried out where needed. We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs.

We looked at staff training records which showed staff had completed a range of training sessions. There was a programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am really impressed with the training and how it is organised." The training records we reviewed showed staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice remained up to date. Training included, safeguarding, medication, moving and handling, first aid, infection control and autism.

Staff said they received regular one to one supervision and annual appraisal. The registered manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. Comments we received included: "Really good support, manager is great" and "We are kept well informed and involved in everything going on at the home."

## Is the service caring?

### Our findings

Our observations showed that people living at the home had a great rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, people looked well cared for, clean and tidy, which was achieved through good standards of care. People were dressed with thought for their individuality and had their hair nicely styled.

We saw people were comfortable in the presence of staff and staff treated people kindly; having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we saw that staff had time to attend to people's needs and spend time with them. People enjoyed the relaxed, friendly communication from staff. The staff answered people's questions and requests politely and patiently; giving explanations and information to assist people's understanding.

Staff we spoke with said people received very good care. They described it as person centred, individual and caring. One staff member said they always treated people as they would like to be treated themselves. Staff gave good examples of how they protected people's privacy and dignity. They said they ensured care was provided discreetly and with doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people's preferred name and to make sure people's clothing was arranged in a dignified way and people looked well presented. Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with any care interventions.

Staff said they found people's care plans useful and they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences. They used a number of different ways to communicate with people. This included using the spoken word, writing things down in the required size print and the use of a person's IPAD pictures to enable them to make choices.

## Is the service responsive?

### Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to move into the home. We looked at the assessment that had been completed for someone who was due to move into the home the next day. We saw this was comprehensive and contained detailed information about the persons current care needs. Assessment records we looked at showed how the person, their family and other professionals had been involved in the assessment. Staff said introductory visits and meetings were carried out to make sure all people living at the home were compatible and give opportunity for people to get to know each other.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the support plans for the two people living at the home. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. For example, the level of assistance needed when the person washed their hair or how they liked to be supported when having a shave. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

Activity was arranged to suit the needs and interests of the people living at the home. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities. This included; assisted cycling, bowling, going out for lunch, going to the local pub and regular attendance at the local college. We also saw there was a high degree of emphasis on encouraging independence and participation in daily activity in the service. For example, people had the opportunity to shop for food and cook their own meal with staff support when needed. During our visit, people cooked their own lunch.

People were encouraged and supported to keep in contact with family and friends. The registered manager told us people had visits from their families and were also supported to go on home visits.

We saw the complaints policy was available in the home and we were told this was given to people and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner.

There was a complaints file in the service with all information and documents available should any complaints be made. The complaints procedure was also available in a pictorial format. The registered manager said there had been no complaints made to the service in the last 12 months.

## Is the service well-led?

### Our findings

The home had a registered manager. Staff we spoke with were very positive about the support they received and the management in place at the home. One said, "She is the loveliest person, so approachable, here for us and the service users, we can't praise her enough." Our observations during our visit showed the service was person centred, inclusive and there was a positive approach to people's support and care. Staff described the culture in the home as happy, open and all about the people who used the service.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained. Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. Staff said there was a great emphasis on teamwork and they felt they had a 'great team'.

The registered manager told us that due to complex care needs, not all of the people living at the home were able to provide feedback on the service. Some were able to give feedback to staff on an individual basis from time to time and this was recorded in their care records. They also told us they 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 that (the person) has a good quality of life and is supported very well." "My relative enjoys a very good quality of life as a result of the consistent work, planning and dedication of the Carlton staff who continually review how best my relative can be supported." "Carlton staff consistently demonstrate respect and empathy towards my relative. Their attitude is friendly and patient. My relative considers the staff as 'friends'." "Team leaders, key workers and other staff members and the unit manager all work together to provide individually assessed care for my relative." "Whenever I visit, staff make time to answer my questions and provide information I need so that I know my relative's needs are being fully addressed."

The registered manager told us there was a system of a continuous audit in place. This included audits on care plans, medication, health and safety, mattresses and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. We also saw that these audits were discussed and reviewed at staff meetings to make sure any learning was shared and actions taken.

We were told that the governance lead visited the home regularly to check standards and the quality of care being provided. The registered manager and staff said they spoke with people living at the home and staff during these visits.