J C Care Limited

Carlton House

Inspection report

24 Wakefield Road
Rothwell Haigh
Leeds
LS26 0SF
Tel: 0113 282 7110
Website: www.craegmoor.co.uk

Date of inspection visit: 27 July 2015
Date of publication: 17/09/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

This inspection took place on 27 July 2015 and was unannounced. At the last inspection in August 2013 we found the provider was meeting the regulations we looked at.

Carlton House provides care for up to 16 males who have a learning disability or a mental health need. At the time of the inspection, 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.

People we spoke with told us they were happy with the care they received and were complimentary about the staff who supported them. They looked well cared for. People were relaxed in the company of staff and others they lived with. Staff interactions were friendly, respectful and caring. Visiting relatives were happy with the standard of care and told us the service was well led.

Summary of findings

We observed people who used the service were sitting around for much of the day. Support staff were very busy but were mainly engaged in tasks such as cleaning, cooking and laundry, and often not working directly with people who used the service. People had to wait for staff before they could engage in activities. People enjoyed the food and received good support to make sure their health needs were met.

People's care and support needs were assessed and plans identified how care should be delivered. However, some concerns were raised by health professionals because staff did not always implement care plans effectively. Sometimes information to help monitor care needs was not being recorded. People consented to care and where a person lacked capacity to make decisions appropriate systems were in place to support them.

Staff understood how to keep people safe and knew the people they were supporting very well. Overall, people were protected against the risks associated with medicines. Two medication issues were identified during the inspection; the deputy manager took prompt action to address these.

Staff received support to help them understand how to deliver appropriate care. Recruitment processes were generally thorough but did not always highlight a mismatch between different pieces of information. The deputy manager discussed a new process that was being introduced and was confident this would identify any future discrepancies.

People got opportunity to comment on the service and influence service delivery. Effective systems were in place to monitor the quality and safety of the service.

We found the home was in breach of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

Staff were confident people living at the home were safe. They knew what to do to make sure people were safeguarded from abuse.

The staffing levels and skill mix of staff did not respond to the needs of people who used the service.

Overall, we found there were appropriate arrangements for the safe handling of medicines.

Requires improvement

Is the service effective?
The service was effective.

Staff were supported to provide appropriate care to people because they were trained, supervised and received appraisals.

People had plenty to eat and enjoyed the food.

Systems were in place to monitor people's health and they had regular health appointments to ensure their health needs were met.

Good

Is the service caring?
The service was caring.

People were happy with the care they received and were complimentary about the staff who supported them.

People looked well cared for, and were tidy and clean in their appearance.

Staff knew the people they were supporting well and were confident people received good care.

Good

Is the service responsive?
The service was not always responsive.

Everyone had allocated members of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified.

The range of activities within the home and the community was limited and people often had to wait for staff to complete other tasks before activities commenced.

Systems were in place to respond to concerns and complaints.

Requires improvement

Is the service well-led?
The service was well led.

Good

Summary of findings

People who used the service and staff were asked for their views and this helped drive improvements. They told us the home was well managed.

The provider had systems in place to monitor the quality of the service.

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 27 July 2015 and was unannounced. There were 16 people living at the home when we visited. An adult social care inspector, a specialist advisor in behaviours that challenge and an expert-by-experience visited. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert had experience in learning disability services.

Before this inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. We contacted health professionals, 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.

During our visit we spoke with nine people who lived at Carlton House, two relatives, five support workers, a senior support worker and deputy manager. The registered manager was on leave at the time of the inspection but we spoke with them when they returned. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at five people's support plans.

Requires improvement

Is the service safe?

Our findings

Carlton House provides a service to people with complex needs and behaviours that challenge. We looked at how the service managed this and kept people safe. Care plans and risk assessments identified potential risk relating to behaviours that challenge and how these should be managed. Risk incidents that related to behaviour were recorded on an individual incident file. We saw people were given time to reflect on incidents and encouraged to talk through the incident and their feelings. Where appropriate, the person involved had signed the incident record and relevant others had been informed. Staff had received specialised training to help them manage situations effectively.

We received feedback from a health professional who told us, "The management have been forthcoming in freeing up the keyworkers of my patient to enable me to carry out in-depth assessments of his behaviour, which was helpful. There appears to be some very good staff who will implement guidance when asked and are able to feedback information from their own experiences which contributes to the development of care plans. Unfortunately this is not consistent amongst the staff team and I have found if I visit the unit when particular staff are not there then I struggle to get information about my client."

We noted that one person's records showed a high number of incidents had occurred since January 2015. Staff were able to describe how they managed situations, however, discussions with staff and our observations on the day showed that, at certain times during the day, there was very little stimulation for people. BILD (British institute for learning disabilities recognises that an environmental factor that may influence a person's behaviour includes the quality of the social environment and includes whether the person is bored and under stimulated).

On the day of the inspection we observed people were sitting around for much of the day. Support staff were very busy but were mainly engaged in tasks such as cleaning, cooking and laundry, and often not working directly with people who used the service. At the time of the inspection, 16 people were living at the home but only one person got involved in home based activities. Support staff confirmed they cleaned communal areas and bedrooms, cooked meals and did the laundry. One support worker said, "We don't have time with people, we are carrying other jobs in the house. People will often stay in their room." On the day of the inspection we noted a support worker was supporting five people but also had to carry out domestic tasks around the house.

We spoke with the deputy manager about staffing arrangements. They confirmed the service did not employ any ancillary staff and acknowledged this resulted in support staff spending much of their time focusing on non-caring duties. We concluded that 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. This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived at the home were safeguarded from abuse. People we spoke with told us they felt safe. One person said, "I do feel safe and protected." Another person said, "We are safe here, safe and looked after."

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of the safeguarding processes that were relevant to them, could identify types of abuse and knew what to do if they witnessed any incidents. Staff were confident people were safe and if any concerns were raised the management team would respond appropriately and promptly. Staff were aware the provider had a whistleblowing policy and knew who to contact if they wanted to report any concerns.

Staff we spoke with told us they had completed safeguarding training. The homes compliance summary report showed 100% staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We asked staff about incidents between people who used the service. Staff said there were occasions where people may become agitated or distressed and could be aggressive towards others but because these situations were well managed they prevented incidents from escalating. Staff were was confident that if people were abused by others they lived with this would be reported and dealt with through the appropriate channels. We saw that where incidents had occurred the management team

Is the service safe?

had referred these to the local safeguarding authority and notified the Care Quality Commission. The deputy manager told us there were no open safeguarding cases at the time of this inspection.

We looked a range of records which showed the environment and equipment was well maintained. Any potential risks were addressed. For example, during a health and safety audit it was identified that a fire drill had not been completed recently, and this was actioned promptly. One person who used the service explained the fire drill procedure, how often these happened and then walked us through their evacuation plan. They discussed checking that doors were securely closed and fastened at night.

The home had measures in place to help keep people safe, which included restricted access to the community. People we spoke with said they understood these measures were in place to help keep them safe. One person said, "I still don't like them but I do understand they are there for your own protection. I know the gates are there to keep me safe and everybody else safe. I am happy here now, very happy here." Another person told us they had difficulty adjusting to the security measures but understood the necessity of these measures. Staff told us risk was well managed so people were safe and had the most freedom possible.

In the main, the home followed safe recruitment practices. We spoke with two staff who had been recruited in the last few months and they told us the process was robust. They had filled in an application form, attended an interview and were unable to start work until relevant checks were completed. We looked at the recruitment records for two members of staff and found a number of checks had been carried out. We saw completed application forms, interview assessments, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people. However, when we looked at both application forms, the employment history only contained the year of employment so it was not possible to establish if there were any gaps in employment. It was also noted the dates provided by the applicant did not correspond with dates provided by referees. There was no evidence this was followed up by the provider. The provider's safer recruitment and selection policy stated that it was essential to check where there is a mismatch with references to the information provided by the candidate. The deputy manager explained that a new electronic recruitment process had just been introduced so any similar discrepancies should be highlighted in future. On the day of the inspection, the deputy manager shared our concerns relating to the discrepancies with the human resources department.

We looked at the systems in place for managing medicines in the home and overall, we found there were appropriate arrangements for the safe handling of medicines. We saw regular checks were carried out to make sure medicines had been administered appropriately. Reasons for non-administration were recorded. Controlled drugs, which are medicines that require extra checks and special storage arrangements because of their potential for misuse, were administered, stored and disposed of appropriately. The controlled drugs book was accurate and medicines were clearly recorded.

Medicines were stored appropriately Some medication was stored in a central medication room; some people had medication in their room. We checked the medicine stock for five people. Three people's medicine stock corresponded with the amount of medicines recorded on the medication administration records (MAR's). One person's medicines did not correspond because one tablet was missing; this had been picked up through the home's auditing process, however, was not passed onto the management team. Another person had not received their medication on the morning of the inspection, staff said this was because they were late getting up so just had their lunch medicines. This again had not been shared or discussed with the senior support worker or deputy manager. The deputy manager took prompt action in response to the failure to report the medication concerns, and said they would ensure staff were reminded that any future errors or omissions were reported in accordance with the provider's medication policy.

Staff who were responsible for administering medicines said they had completed training, and records we reviewed confirmed this. We asked to look at medication competency assessments for three staff that were involved in medication administration on the day of the inspection; One member of staff had an assessment that was completed in July 2014; one had an assessment that was completed in May 2013; one did not have an assessment but said this had been carried out fairly recently. The

Requires improvement

Is the service safe?

provider's medication policy stated that a record of staff competency in medication is available alongside training for medication of administration but the policy did not indicate how often these should completed. NICE guidance for managing medicines in care homes clearly states that staff should have an annual review of their competencies relating to managing and administering medicines. The deputy manager agreed to ensure competency assessments were carried out at least annually.

Good

Is the service effective?

Our findings

Staff we spoke with told us they were well supported by peers and management. They said they received appropriate training and supervision, and were equipped to carry out their roles and responsibilities effectively. Several staff commented that they received good training and support that helped them understand how to support people who displayed complex and difficult behaviours that challenge. One member of staff said, ""I enjoy working at Carlton Lodge; it is giving me some really valuable experience and training. I understand so much more about the service users, their issues and triggers and how to manage them." Another member of staff told us they were involved in a new 'intensive interaction' training programme which helps staff work more effectively with individuals and improve their communication means. Two members of staff who had recently started working at the home provided positive feedback about their introduction to the service. One support worker said, "Good induction, it helped me to settle in quickly." Another support worker said, "Induction was excellent. I felt really prepared for working here."

Staff told us they received supervision and had opportunities to discuss important issues at team meetings. Supervision is where staff attend regular, structured meetings with a supervisor to discuss their performance and are supported to do their job well to improve outcomes for people who use services. We looked at staff files and found that some staff had not received recent supervision. The regional manager was monitoring the frequency of supervisions and had set an action point following their visit in May 2015.

The provider had systems in place to identify what training staff should receive and when this should be completed. Some staff had not done all the required training within the recommended timescales and we saw this was being monitored and action was being taken to ensure any shortfalls in staff training were addressed. Training records showed staff completed crisis management, basic life support, food safety for food handlers, infection control, moving and handling, Proact SCIP (which is a whole approach to working with adults with a learning disability and follows the positive behaviour support model), introduction to learning disabilities, introduction to Asperger's Syndrome, introduction to Autism, Confidentiality and Data Protection, and Equality Act.

Staff were confident any decisions made on behalf of the people who used the service were in their best interest. We spoke with members of staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interest or for their safety. Staff told us they had received MCA training and were able to discuss how they took into consideration people's capacity to make decisions. People's care records contained information about decision making processes.

The deputy manager told us, at the time of the inspection eight Deprivation of Liberty Safeguards authorisations were in place and they were waiting for the outcome of one other. We looked at relevant documentation and found where people did not have the capacity to make decisions about different aspects of their care and support this was assessed and recorded. These records were held separately to other care records and less accessible to staff. It was unclear why these assessments were not held with other relevant documentation but this resulted in limited accessibility and opportunities for staff to familiarise themselves with this information. We discussed this with the registered manager who agreed to ensure copies were held with other care records.

People told us they enjoyed the meals and held a weekly meeting, where they decided what they were eating the following week. One person said, "Meals are not so bad, there is lots of choice." Another person said, "Food is always good. Staff are nice; they cook our meals." Another person said, "I like the food here." One person said, "The food is really good and I can eat what I like when I like." One person told us they were not keen on the meals.

We observed people having breakfast and lunch. Everyone could choose what they wanted to eat and enjoyed the food. People requested snacks in between and were provided with these. The menu was displayed in the kitchen, and was varied. One person talked to us about healthy eating and said staff supported them with this. They said, "I've just been to the shop and bought a load of stuff; a banana, a pear, a plum and an apple. I've got to look after my heart."

Good

Is the service effective?

We saw people's individual care records contained good information about how their health needs were being met. Records confirmed that people had health checks with their local GP and support from health care professionals to meet any specialist health care requirements. When people attended healthcare appointments clear records were made. Staff told us good systems were in place to monitor people's health and their healthcare needs were well met.

We looked at care records which showed other healthcare professionals were consulted and had provided guidance for supporting people with behaviours that challenge and helped identify how risks should be managed in ways that prevented harm. A health professional told us, "They do liaise well with professionals and will seek advice when required."

Good

Is the service caring?

Our findings

People who lived at Carlton House told us they were happy with the care they received and were complimentary about the staff who supported them. People's comments included, "My keyworker comes to show me what to do and helps me. She helps me to shower and is really kind to me.", "I very much like it here and I don't want to move. The staff are very good and they do a pretty good job of looking after us.", "I like living here.", "I like the staff very much. I trust them. They care about me and look after me.", "I can go to the staff with any worries. I would ask a male member of staff about guy things. My key workers help me to make decisions."

We spoke with two visiting relatives who had regular contact with the service. They both told us the staff were caring and knew how to care for the people who used the service. One relative said, "The people here have worked hard to build our trust in them. The way they talk to us, we can walk in at any time, no restrictions. They have made us feel at ease. His keyworker communicates well with us and keeps us in the loop with what is going on. They ring us with any issues and really keep us informed." Another relative said, "We take him out quite often and he doesn't mind coming back. In fact he can't get back fast enough. We can come when we like." A health professional told us, the service their patient experienced was "generally quite caring." Another health professional said, "I do think staff are caring and build good relationships with clients."

Throughout the day there was a pleasant atmosphere. We observed care in communal areas and saw people were relaxed in the company of staff and others they lived with. Staff interactions were friendly, respectful and caring. Staff provided consistent care and used calm interventions when they provided support and these were determined by the individuals care plan which identified how they responded to risk and behaviours that were likely to occur.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

Staff were confident people received good care and were able to tell us about people's needs, likes and dislikes, history and future goals which helped them understand the person and how to respond when offering support. One member of staff said, "I'm very confident people are well looked after." Another member of staff said, "People get good care. We provide a happy home."

Visiting relatives told us the care delivered was person centred and they had been given opportunity to be involved where appropriate. One visiting relative said, "[Name of person] has really settled in well. He is the happiest I have seen him for a long, long time. We have been fully involved in all aspects of his care and if there is anything I want to know I just ask. Communication is very good." Another visiting relative said, "We have been very involved in all aspects of his care. I've been all over his care plan and it is pretty much spot on."

We observed there was information displayed to help keep people informed about what was happening in the home. However, there was also lots of other information displayed on the same notice board, such as staff notices, and it was difficult to find information which was relevant for people who used the service. We spoke with the registered manager after the inspection who said they were reorganising the notice boards to ensure everyone could easily find the relevant information.

Requires improvement

Is the service responsive?

Our findings

People's care and support needs were assessed and plans identified how care should be delivered. The care plans we reviewed contained information that was specific to the person and contained detail about how to provide care and support. Care records showed key areas were covered during the assessment and care planning process and included practical, emotional, psychological, physical, safety, financial, relationships, social and general wellbeing. Care plans were reviewed and any changes in progress were recorded.

Everyone had allocated members of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified. One person said, "My key workers help me to make decisions." Another person said, "My key worker helps me plan my activities."

Some effective systems were in place to recognise people's individual needs, however, we found aspects of the care planning process, especially in relation to the social element was not effective.

People talked to us about activities in the home and the local community; some people told us they would like to do more. One person said, "I would like to go out more." When we asked one person what could improve, they told us, "We could do with more activities. We've got games but it is sometimes boring." Another person said, "I would like to get out more often. I like going to the seaside, museums and the cinema." People gave examples of going to the races, swimming, basketball and rugby. People who used the service and staff told us people regularly visited local shops with staff support.

On the day of the inspection, we noted people were wandering around the building inside and out, waiting for staff to finish domiciliary tasks such as cooking and cleaning before they could engage in activities and socialise with staff. People waited for staff members so they could be accompanied to the local shop or a nearby shopping centre. This did create anxiety for some. There was also very little organised activity within the home or planned programmes of activity. Some people thought they were going on a planned trip to the swimming pool; however staff were unable to confirm this was a definite plan.

A health professional told us they had worked with everyone at Carlton House to develop a behaviour support plan for one person. They said this included planning and implementing a variety of activities throughout the month. They said, the support plan started well but as the professionals began to withdraw their support the frequency and quality of activities declined, and they noted behaviours occurred which led to the use of restraint. Another health professional said, "They need to offer more activity on site."

Another health professional raised concerns because they felt communication systems were failing because staff were not sharing details with each other when a care plan was changed. They said, "My client has complex needs and the management of this will not be straightforward and will require effective communication between the team to ensure care plans are implemented consistently." Health professionals also told us there were inconsistencies in record keeping, for example incomplete fluid and weight charts. These are used by the health professionals to monitor people's welfare and plan effective care. We concluded the care did not always meet people's individual needs. This was a breach of Regulation 9 (Person Centred Care); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they would talk to staff or their keyworker if they had any concerns. Both relatives we spoke with said they had no concerns about the service. We saw the complaints policy was displayed in the home. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. One member of staff said, "We are good at resolving any issues." The deputy manager told us people's comments and complaints were fully investigated and resolved where possible to their satisfaction. At the time of the inspection, one complaint was being investigated; an acknowledgement letter had been sent as per the procedure and an investigation was on-going.

Good

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. They were not present at the inspection because they were on leave but contacted us as soon as they returned to work. We talked to the staff team about the management arrangements and received positive feedback about the registered manager and the deputy manager. Staff told us they both dealt with day to day issues within the home and provided good support and guidance where needed.

People who used the service told us they could express their views, which included attending meetings which they called 'Your Voice'. We looked at some of the meeting minutes which were recorded using an easy read format and showed people's feedback influenced what happened at the service. We asked people if they would like to see anything improve or change. One person said, "Not a lot that I would want to change; nothing really." Another person said, "I am very happy here, very happy indeed. I am staying." Survey results showed people had provided positive feedback about the care and support they received at Carlton House. Relatives told us the home was well managed.

Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home and provide feedback about the service. We saw recent staff meeting minutes where discussions were held around quality and safety topics. Staff told us they had completed a survey in the last few months. We asked to look at the results but were told the results for Carlton House could not be accessed. We were shown results for the 'division', which were positive; however, it was unclear how the views of staff from Carlton House had been used to drive continuous improvement at the service.

Staff told us they understood their roles and responsibilities, and were happy working at the home. They said the team worked well together. One member of staff said, "Everybody is different every day is different. I am really enjoying it. You are on the go all the time and it's such a friendly atmosphere, the time goes in a flash. All the staff are brilliant." Another member of staff said, "I'm very happy working here."

We received feedback from health and social care professionals. One social care team told us a visit took place to Carlton House in the last few months and 'the general standard of care and support delivered was assessed as good and improving'. A health professional told us, "The manager of the service is normally effective, and leadership is generally good but communication and organisation in the team can be poor. " They gave examples of poor record keeping and staff being unaware of planned visits. They went on to say, "The management and team do seek to work constructively with outside professionals, and try to rectify these issues when they are pointed out." Another professional said, "I do believe a lot of the staff team demonstrate genuine compassion for the clients however whatever communication systems they have in place are currently failing significantly." We shared the feedback with the registered manager who agreed to look at how they could improve the areas of concern raised by health professionals.

There was a system of audits completed by staff and the home's management team. Records showed the audits and checks were carried out on a regular basis and covered key areas such as medication, and health and safety. Representatives of the provider also carried out audits when they visited the service. Reports with a summary visit were completed; action points, persons responsible and timescales were identified. These were then followed up at subsequent visits.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **Care did not always meet people's individual needs.**

Regulated activity	Regulation
	Regulation 18 HSCA (RA) Regulations 2014 Staffing **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.**