

Liberty Optimum Care Limited

Carleton House

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	

Overall summary

Carleton House is a residential care home providing long term accommodation for up to 12 people with mental health needs. The service is owned and managed by Liberty Optimum Care Limited. All bedrooms are for single occupancy and two have en-suite facilities. There is a shared lounge, a separate shared dining area and a large garden to the rear. The property is located in a quiet residential area in Preston.

The last inspection of the service took place on 8th November 2013, during which the service was found to be fully compliant with all the regulations assessed.

This unannounced inspection took place on 14th October 2014 and was carried out by the lead inspector for the service and an expert by experience. An expert by experience is someone who has used this sort of service or has cared for someone who used it. Their role is to understand the experiences of people who use the service by speaking with them and observing daily life.

There was a registered manager in place who had been in the position since the service was first registered with us under the current provider. A registered manager is a person who has registered with the Care Quality

Summary of findings

Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We spoke with eight people who used the service as well as four community professionals who had regular contact with it. Without exception, people expressed great satisfaction with the service provided at Carleton House and spoke very highly of the registered manager and staff team.

People told us they felt safe and well cared for and expressed confidence in the staff team to meet their needs. People said they were treated with kindness and compassion and were enabled to express their views about their own care and the service as a whole.

We found there were processes in place to protect the health, safety and wellbeing of people who used the service. Risks people faced in relation to their care needs and general environment were identified and well managed.

Careful procedures were followed in areas such as medication management and infection control to help protect people and promote their safety and wellbeing. There were clear procedures to follow to help protect

people from abuse. People's rights to make decisions and their liberty were protected because the staff team worked within the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People told us they received effective care that met their needs and we heard many examples of very positive outcomes experienced by people, due to the care and support they had received. Community professionals felt that staff at the home worked in partnership with them and followed their advice and guidance in relation to individual people's care.

The home experienced a very low turnover of staff which meant that people who used the service received their care and support from a consistent staff team. The staff team were well trained and well supported and described in ways such as, 'professional', 'competent', and 'caring' by people who used the service.

People were enabled to express their views and when they did so, the registered manager listened and took appropriate action. We saw a number of examples of changes that had been made to the service, as a result of feedback given.

There was a well-established management team in place, which were described as supportive and approachable. There were effective systems, which enabled the registered manager to monitor the quality of all aspects of the service and to identify and implement continual improvements.

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 safe. Risks to the health, safety and wellbeing of people who used the service were identified and well managed.

Careful processes were in place to ensure that people were protected against the risks of infection and unsafe medication management.

Managers and staff were fully aware of their responsibilities to protect people who used the service from abuse.

Good



Is the service effective?

The service was effective. People's health care needs were carefully assessed and managed well in partnership with community health care professionals.

People were supported to maintain good nutrition and were satisfied with the provision of meals at the service.

People received consistent care from a competent, well supported staff team.

Good



Is the service caring?

The service was caring. People received care that was based on their personal needs and wishes.

People felt they were treated with kindness and respect and that their privacy and dignity was maintained at all times.

Good



Is the service responsive?

The service was responsive. People's care needs were carefully assessed so that staff understood their needs and the support they required.

Staff were able to identify changes in people's needs and when they did so, appropriate action was taken to ensure their care continued to be effective.

People were enabled to express their views and make decisions about their own care and the service as a whole.

Good



Is the service well-led?

The service was well led. There was a well-established management structure in place and clear lines of accountability were evident.

There was an open culture within which people who used the service and staff felt able to express their views and raise concerns.

There were systems in place which enable the registered manager to monitor quality across the service and make constant improvements.

Good



Carleton 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 checked 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.

The inspection took place on 14th October 2014 and was unannounced.

The inspection team consisted of the lead inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who took part in this inspection had particular expertise in relation to mental health services.

Prior to the inspection we looked closely at the notifications we had received from the provider about

things that had happened in the home, such as accidents. We also looked at comments we had received from people since the last inspection. We examined how many safeguarding concerns and complaints we had received about the service since the last inspection and found there had not been any.

During the inspection we spoke with eight people who used the service about their experiences. We also carried out a pathway tracking exercise for three people. This exercise involves us looking very closely at people's care records to see how well staff assess and plan their care. We interviewed four staff members, which included the registered manager and three care workers.

We looked at a number of records which included, safety and quality audits, staff personnel files, staff training records, records of complaints and accidents, menus, minutes of staff and service user meetings, medication records and policies and procedures in relation to quality assurance, infection control and safeguarding.

Is the service safe?

Our findings

People who used the service told us they felt safe and secure living at Carleton House. People were confident that care workers understood their needs and were there to support them when they needed it. One person told us, “I feel safe and I know I can rely on the people here for what I need. That means I can concentrate on staying well.” One of the community professionals we consulted commented, “The manager seems very committed to providing a safe and stable environment where people feel at home and secure.”

There was a relaxed atmosphere within the home and we saw staff and managers interacting with people who used the service in a very positive manner. People were treated with kindness and respect and staff took time to listen to people and support them at their own pace. It was evident that people felt able to express their thoughts and views and this was also reflected in the discussions we had. People told us they knew how to raise concerns and that they would be confident to do so, if anything was worrying or upsetting them.

Guidance was in place for staff about how to protect people who used the service from abuse, otherwise known as Safeguarding Procedures. This information included advice for staff on different types of abuse that people who used the service could be the victim of, and guidance on how to identify signs that someone was the victim of abuse. The procedures included contact details for the relevant authorities so that staff could refer any concerns to the appropriate agencies without delay.

We spoke with staff and confirmed they were aware of the service’s safeguarding procedures. Managers and care workers were able to tell us how they would respond to any concerns about the safety or wellbeing of someone who used the service. Records confirmed that all staff at the home had received training in the area, which helped ensure they fully understood their responsibility to protect vulnerable people from abuse.

Whistleblowing procedures were in place and encouraged staff to report any issues of concern in a timely manner. Staff spoken with said they were confident that any reports of poor practice or potential abuse would be dealt with appropriately by the registered manager.

Through the service’s assessment and care planning processes, any risks to an individual, which were associated with their care needs, were identified. Plans were in place to help to ensure care workers knew how to support people in a way that promoted their safety and wellbeing. Whilst risk was identified and managed, the registered manager and staff were aware of the dangers of supporting people in a risk averse manner, which would discourage people from trying new experiences or learning new skills. Examples were seen of people who used the service being supported to take risks in a carefully planned and positive way.

In discussion with the registered manager we were advised that staffing levels were calculated in line with the needs of people who used the service and constantly reviewed. This helped to ensure that any changes in people’s needs would be taken into account when making arrangements for staff cover.

People who used the service told us they found the staffing cover at the home to be adequate and confirmed that support was always available when they needed it.

During the inspection we looked at how people’s medicines were managed. We found there were good systems in place, which helped to ensure people’s medicines were managed in a safe and effective way.

The service had a medication policy and associated procedures in place, which provided staff with guidance in the safe receipt, storage, administration and disposal of medicines. Records demonstrated that all staff who administered medication had received appropriate training, which was regularly updated. In addition, annual competence assessments were carried out by the registered manager, which helped to ensure that all staff retained their knowledge and were able to manage medicines in a safe manner.

We viewed a selection of medication administration records and found these to be in good order. We also checked some stock levels against the records and on each occasion, these were found to be correct. We saw documentary evidence that the registered manager carried out regular medication audits to ensure that all records and stock were checked. Regular audits helped to ensure that any errors or bad practice would be quickly identified so that measures could be taken to correct them.

There was a clear policy in place which covered the administration of homely remedies or medicines that could

Is the service safe?

be bought over the counter. The policy had been signed by GPs of people who used the service to show their agreement. Having such a policy in place meant that people could benefit from a homely remedy should they need it. For example pain relief for a headache, without having to wait to see a GP and arrange a prescription.

People who used the service were able to manage their own medication if they wanted to. There was a clear risk assessment tool in place, which helped to ensure that anyone who did manage their own medication could do so in a safe and effective manner.

Some people who used the service were prescribed medicines on an 'as and when required' basis. There was usually a clear plan in place advising staff of the circumstances during which the 'as and when required' medicines should be administered. However, we found some examples where this information could have been clearer. We discussed this with the registered manager who immediately took action to ensure the records were updated.

We noted that photographs were not always included with people's medication administration records. In discussion we were advised that the inclusion of photographs on medication records was not usual practice. The registered manager was satisfied that because agency staff were never used at the service and any shortfalls in staff due to sickness would be covered by the core staff team who all knew the people who used the service well, these were not necessary.

We carried out a tour of the home and found that people were provided with a safe and comfortable environment. The home was well maintained and clean in all the areas we viewed. We were able to confirm that there was a policy in place, which provided staff with guidance in the prevention and control of infection. This helped to protect people's health and wellbeing.

Detailed cleaning schedules were in place, which enabled the registered manager to monitor standards of cleanliness and hygiene in an effective way. At the time of our inspection, the home had recently been inspected by the local environmental health and received the best possible rating.

Processes were in place to help to ensure the environment, equipment and facilities were safely maintained. Documentary evidence was available to show that regular safety checks and service regimes were carried out in areas such as electrical equipment, gas appliances and fire equipment.

Any adverse incidents such as accidents or near misses were carefully recorded and analysed. This helped the registered manager to identify issues that could compromise people's safety and address them as well as to pick up any recurring patterns that identified possible improvements.

Is the service effective?

Our findings

We had some extremely positive discussions with people who used the service, who were most keen to tell us about their experiences and what the service had helped them to achieve. One person said, "I am so happy that I am here. They have helped me so much." Another commented, "My life has changed thanks to the people here."

A number of people we spoke with commented on the improvements they had experienced in their general health and wellbeing, which they felt was due to the support they had received at Carleton House. Their comments included, "My physical health has improved since being here." "I've managed to give up smoking and drinking with their help. That is something I never thought I would be able to do. My family are amazed."

We viewed a selection of people's care plans and found that their health care needs had been assessed in detail. The support people needed to maintain good health was well detailed and where appropriate, the registered manager had ensured the relevant external professionals were involved in their care.

We saw some good examples of positive working between staff at the home and community health care professionals. There was evidence in people's care plans that when community health care professionals gave advice, this was incorporated into people's care plans and followed by staff.

During the inspection we consulted a number of community professionals and asked them their views of the service. We received very positive feedback and without exception, every professional we spoke with was very complimentary about the service provided at Carleton House. One professional commented, "I have found they are very person centred and although a residential home, try to ensure their residents access the local community facilities. They take a holistic approach and manage physical health issues along with mental health issues."

Another mental health worker commented on the good partnership working carried out by the registered manager of the home, describing how he always attended mental health reviews and linked into care co-ordinators as needed.

One community professional we spoke with described a recent example of joint working with the home. They told

us that the manager and staff had been quick to identify that a person who used the service was unwell and sought specialist advice promptly. They went on to tell us that staff had worked effectively and enhanced the support provided to the person in line with their advice and recommendations. The professional told us this effective joint working had resulted in the speedy recovery of the person who used the service.

As well as ensuring that people who used the service received support for their specific health care needs, we saw that staff at the home ensured people received preventative health care and lifestyle advice. For example, the registered manager had arranged for the local NHS smoking cessation service to visit the home. We were advised that a number of people who used the service had benefited from this support.

There was a policy and related procedures in place to provide staff with guidance on how to support people who may lack capacity to make decisions about their care and treatment. The manager and staff were aware of their legal responsibilities to protect the rights of people who did not have capacity in line with the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped ensure that any decisions made on behalf of someone were done so in their best interests.

At the time of our inspection, there were no concerns about the capacity of anyone who used the service to make decisions and as such, we were not able to see a current example of how a person in this situation would be supported. However, the registered manager was able to discuss a previous example with us and demonstrated good understanding of issues related to capacity and consent and a commitment to safeguarding people's rights.

People who used the service and external professionals spoke very highly of the staff at the home, describing them as 'competent', 'professional' and 'committed'. One comment made was, "Personally I have always been very impressed with the staff and have found them to be extremely professional." A person who used the service commented, "They take care of us and give us everything we need."

There were well detailed records in place which demonstrated staff at the service received a good level of training and support. The training programme commenced

Is the service effective?

with a thorough induction, which was provided to all new workers at the beginning of their employment. The induction included a number of courses, including health and safety training and courses designed to enhance people's care skills.

Training was recorded on a central matrix so the registered manager could closely monitor it and ensure that all staff were provided with their mandatory courses and regular refresher training. This helped to ensure that staff maintained their knowledge and skills and were kept up to date with any changes in legislation or best practice.

A number of people we spoke with commented on the very low staff turnover at the service. Records held within the home also demonstrated that there was a very low turnover of staff. This meant there was a stable staff team and a good level of consistency for people who used the service, so they received their care from people they knew well.

We asked people who used the service about their opinion of the food provided at the home. People expressed satisfaction with this part of the service and told us they were happy with the standard and variety of meals provided.

Menus were in place, which we saw were agreed with people who used the service. However, people told us if they didn't feel like having what was on the menu, alternatives and other choices were always available, "We sort out what we want the night before, but we can have anything we want if we change our mind," said one person. Other comments included, "The food's good here" "I love my food, especially here."

People also confirmed that mealtimes were flexible and designed to fit round their individual needs. One person described how staff had prepared his meal late for him on the previous evening to fit in with his plans.

People's care plans described their nutritional needs and any assistance they required in relation to eating and drinking. We saw a number of examples of support provided to people in relation to nutrition, which included support to maintain a healthy diet and lose weight and for another person, support to increase their weight.

Care plans showed that where appropriate, people's weight was monitored and action taken by staff when any risks or issues were identified, including the involvement of community health professionals.

Is the service caring?

Our findings

We spoke with a number of people who used the service and who all expressed very positive comments about the staff at the home. People's comments included, "The staff here are absolute diamonds. I have achieved things here that I never thought possible thanks to them." The staff are none judgemental, brilliant!" "It's my home now. They (residents and staff) have made me feel at home."

People described how staff members made efforts to make their daily lives pleasant and enjoyable. One person said, "We always have a really good Christmas and we're treated to presents from the staff." Another commented, "We get birthday cakes and presents too! It's a breath of fresh air after the last place I lived."

Some people spoke of the 'small things' that they felt made a big difference to their lives. "My room has just been decorated. I have my own pictures up as well as my own TV and radio" and "Staff turn my TV on to the right channel so I can watch TV. I can't do it myself."

Everyone we spoke with had praise for the staff and described warm and caring relationships with them. We observed very positive interaction between people who used the service and staff throughout our visit. We saw that care workers approached people with patience and kindness and in a respectful manner. Staff took time to listen to people and support them at their own pace.

The feedback we received from external professionals also confirmed that people received kind and compassionate care. One professional commented they would be happy to recommend the service to a member of their own family, which was a very positive endorsement.

We viewed a selection of people's care plans during the inspection. It was evident that people's care plans were based on their individual needs and their personal thoughts and wishes. Prior to reading people's care plans we asked them for their permission. One person said, "Oh yes, my care plan tells me everything I need to know. Everything I need is in there."

We found care plans were developed in a person centred way. This meant they were focused on the thoughts, needs and wishes of the person they belonged to. Things that were important to people were clearly stated, which helped staff provide them with individualised care.

Where appropriate, people's care plans included some social history, which helped to provide an insight into them as a person and the things that mattered to them. People's preferences in relation to their daily lives and routines were well detailed to help to ensure they received the support they wanted.

People told us their privacy and dignity was always respected, as were their decisions about their daily routines. People also confirmed they were enabled to have visitors and see people in private whenever they wished to.

Is the service responsive?

Our findings

It was evident from discussions with people who used the service that they felt the service met their needs. People told us they felt safe and well looked after and that any changes in their needs were responded to positively by staff. One person commented, "I'm moving room because I have difficulty with the stairs." We saw this had been arranged in agreement with the person as a result of deterioration in his mobility. We also saw from viewing the person's care plan that staff had quickly identified changes in his needs and responded effectively. A variety of community professionals had become involved in the person's care, including an occupational therapist, continence advisor and falls prevention specialist, as a result of referrals prompted by staff at the home.

Many people we spoke with commented on the good level of support they received to develop their interests and hobbies and praised the staff for being interested in them. One person commented, "They help me follow my interests. I am going to get a tutor to help me learn new things." Another told us, "I love gardening and help look after the garden here."

Some people described how the registered manager and staff had given them confidence and positively encouraged them to nurture their talents. We spoke with one person who was a very talented artist. With support from staff he had shown some of his work in local galleries. Another person, who was a dressmaker, shared similar, positive experiences.

A community professional that we consulted told us, 'In my opinion from the involvement I have had, this environment appears to support service users to engage in meaningful occupations that promote as much independence as possible and maintains mental wellbeing.'

Through discussion with people who used the service and through viewing their care plans, we could see they were encouraged and supported to maintain important relationships. One person described how staff supported him to visit his sister on a regular basis. People also confirmed they were able to have visitors at the home whenever they wished. One person told us, "I go out to the local cafe where I have friends who treat me like a royalty!"

There were processes in place to enable people who used the service to express their views and opinions about the running of the home. We were told by one person, "We have family meetings every month or when there are things to talk about."

The registered manager was able to give us a number of examples of changes that had been made as a result of feedback from people who used the service. For example suggestions that had been put forward by people who used the service in their meetings, including the purchasing of a DVD player and barbeque and changes to menus had all been actioned.

Satisfaction questionnaires were carried out periodically and we saw that changes had been made as a result of feedback received through this process. For example, new Service User Guides had been put in everyone's bedroom.

There was a complaints procedure in place, which provided advice about how to raise concerns. There was a copy of the procedure within the Service User Guide, which was available in every person's bedroom.

People we spoke with told us they knew how to raise concerns and said they would feel confident in doing so. One person commented, "Yes the staff are very good at sorting problems and disagreements." People also expressed confidence that any concerns they did raise would be listened to and dealt with properly by the registered manager.

Is the service well-led?

Our findings

People we spoke with all gave very positive feedback about the management of the home describing it as 'well run' and 'effectively managed.'

There was a registered manager who had been in place from the point that the home had been registered. 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 and associated regulations about how the service is run.

There were clear lines of accountability which all staff and people who used the service were aware of. This meant that people always knew who they needed to speak to if they needed to address any concerns.

Throughout the visit the registered manager, was helpful and cooperative and demonstrated a good understanding of his role. Any paperwork requested was provided immediately and the registered manager was able to discuss all aspects of the running of the home.

Staff told us they felt well supported and described a positive culture where people were encouraged to raise any issues or concerns. Staff also expressed great confidence in the manager to deal with any concerns raised in an effective way. The good level of staff support was reflected in the very low staff turnover experienced by the home.

Throughout our inspection we saw people who used the service coming in and out of the registered manager's office. At times, people just came in to say hello to the registered manager and maybe sit and have a cup of tea with him. It was evident that people felt very comfortable in his company and able to approach him. The registered manager was able to speak confidently about each people's care needs and the support they required demonstrated that he maintained contact with everyone who used the service.

There were a number of systems in place to enable the registered manager to monitor quality and safety across the service. These included an external quality award known as ISO. The ISO award, which required accreditation through an external inspection, was renewed on an annual basis.

There was an audit schedule in place, which covered all aspects of the service and enabled the registered manager to monitor quality in areas such as care plans, medication, infection control and complaints. Records were available to show that where issues had been identified through audit, appropriate action was taken to ensure lessons were learned and any possible improvements made.

Regular team meetings were held and minutes were available, which showed a wide range of topics were discussed. Formal management reviews were held on a regular basis, during which the performance of the service would be analysed and any possible improvements identified. This showed that the registered manager was committed to making continuous improvements to enhance the lives of people who used the service.