

Key inspection report

Care homes for adults (18-65 years)

Name:	Carlton Road Care Home
Address:	181-183 Carlton Road Worksop Nottinghamshire S81 7AD

The quality rating for this care home is:	one star adequate service
--	---------------------------

A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Keith Williamson	2 5 0 1 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

Document Purpose	Inspection report
Author	Care Quality Commission
Audience	General public
Further copies from	0870 240 7535 (telephone order line)
Copyright	© Care Quality Commission 2010 This publication may be reproduced in whole or in part in any format or medium for non-commercial purposes, provided that it is reproduced accurately and not used in a derogatory manner or in a misleading context. The source should be acknowledged, by showing the publication title and © Care Quality Commission 2010.
Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	Carlton Road Care Home
Address:	181-183 Carlton Road Worksop Nottinghamshire S81 7AD
Telephone number:	01909473831
Fax number:	01246810207
Email address:	
Provider web address:	

Name of registered provider(s):	NORSACA
Name of registered manager (if applicable)	
Mr Wesley Williams	
Type of registration:	care home
Number of places registered:	9

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
learning disability	9	0

Additional conditions:

Date of last inspection

--	--	--	--	--	--	--	--	--

Brief description of the care home

181/183 Carlton Road supports 9 adults with learning disabilities and who have an autistic spectrum disorder. The service is owned by NORSACA (Nottingham Regional Society for Adults and Children with Autism). Accommodation is in 2 adjoining houses. There is linked access between the houses but through access is encouraged to be for emergencies only. 181 Carlton Road accommodates five service users with around the clock support needs. 183 Carlton Road accommodates four service users who are identified as being more independent. As part of the home's ethos, some service users at 181 Carlton Road have progressed and have chosen to move on to 183, the semi-independent house. All of the bedrooms are single. The home has recently registered from 8 to 9 service users, with a 4th bedroom, which has en-suite facilities, in the semi-independent house. The home is sited within walking distance of town centre amenities. The fees charged are reported to be £1200.00 a week. This information

Brief description of the care home

was provided by the manager on the day of the visit. Service users are expected to contribute to their holidays; chiropody, magazines, newspapers and activities and day care charges are additional.

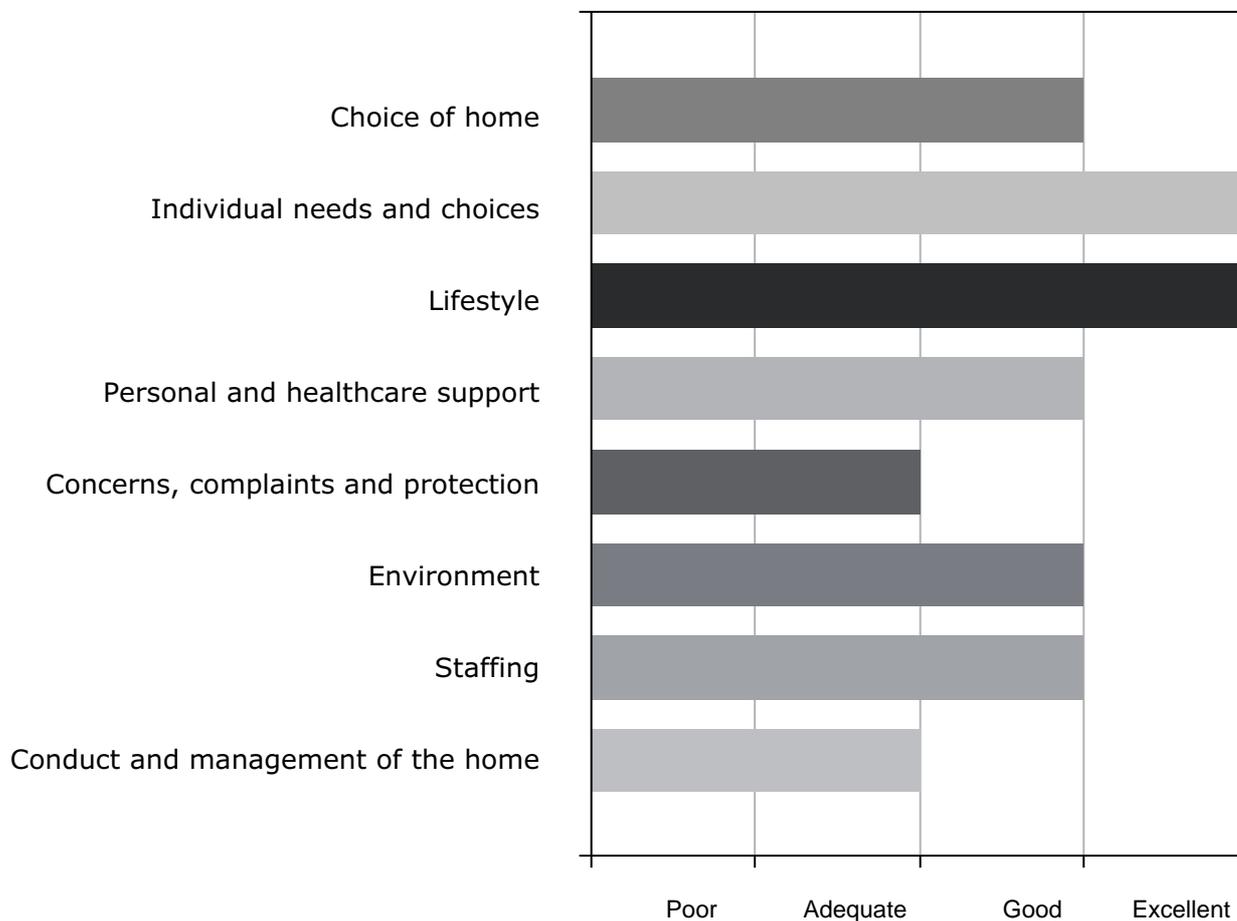
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

one star adequate service

Our judgement for each outcome:



How we did our inspection:

The focus of inspections is on outcomes for people who use the service and their views of the services provided. The main method of inspection used was "case tracking" which involves selecting a sample number of people and tracking the care they received through talking with them where possible, looking at their records and accommodation, in this case three people were chosen. The report is written in such a way to give the reader a flavour of the home. The term "we" is used to indicate the opinion of the Care Quality Commission (CQC).

This visit took place over one day, commencing at 9.30pm and took six hours to complete.

An opportunity was taken to observe the people, talk with the Manager and staff, look around the home, and view records, policies and care plans. Information was also obtained from the Annual Quality Assurance Assessment (AQAA), which gives

information on the people, home and the staff group. Surveys were sent to Service Users, their parents and staff who support them in the home. Comments from those surveys and some made on the day have been added to this report.

All the Service Users were seen and six staff were spoken with, and their exchanges with the Service User group observed.

The quality rating for this service is 1 star. This means the people who use this service experience Adequate quality outcomes.

What the care home does well:

The service is homely, and there is a family atmosphere at the home.

The bedrooms reflect the personal preferences of the people who use them.

Staff receive good training and regular supervision to support them in the work they do.

Staff were observed to have a good understanding with people who live in the home.

Care plans are detailed, person centred, and support good levels of health and personal care.

People have a rich and varied life, being supported in undertaking a range of activities to suit their needs and preferences.

The providers are conscious of health and safety, and there are good recording systems in place to ensure that health and safety needs are met.

People are encouraged to participate in the running of their home.

The service has good links with other health and social care professionals, and uses these to support the needs of people living in the home.

The staff group are employed in numbers sufficient to assist people individually.

What people living in the home said the home did well

"T.V. and games" "Plenty of space"

What other people said the home did well

"Creates a homely personalised atmosphere. Each resident is treated according to their individual needs".

"Residents are treated with respect. As a parent I am involved in major decisions regarding my son and key staff".

"Team work and meeting service user needs".

"Understands Autism, motivates and ensures A is always active, develops independent skills and supports his progression into supported living".

Promoting individuality and independence".

What has improved since the last inspection?

The manager identified a number of areas in the AQAA that form the basis for the following improvements.

We have developed an alternative communication systems to aid understanding and promoting interaction.

The rota has changed to allow key workers to support service users on there Independent living skills day.

Established service user involvement in staff recruitment.

Family involvement with service users has led to forming 'Circles of support' groups that meet to review developments.

Ongoing training and refresher regarding Safeguarding Vulnerable Adults, Report writing etc.

The lounge in 183 has been redecorated and new flooring laid. Further decorating plans have commenced after being on hold.

CQC reports are now sent directly to parents for their information.

Quality assurance questionnaires have been devised and sent to parents to gain their points of view regarding care provision of service users at 181-183.

What they could do better:

A policy and procedure to enable people to administer their own medication safely.

Staff entries in service users diaries need to be recorded in their main file as well.

The telephone contact details of the CQC could be added to the Statement of Purpose and Service User Guide.

The manager also identified a number of areas in the AQAA that form the basis for the following comments.

To develop further ways of ensuring non verbal service users have a means of expressing displeasure or complaint about the service.

Further develop autonomy with care planning, decision making and risk taking.

Improve storage space for equipment and possessions not to be intrusive on the living space of service users.

Have a larger relief staff bank in order to cover for sickness and staff training days throughout the organisation.

What people living in the home said the home could do better,

"Nothing"

What other people said the home could do better,

"I would like to be more involved and would welcome a parents forum".

"Although there is an annual review, there are no other formal opportunities to discuss or raise general issues".

"Because B has Autism, he does not always tell us about any changes, so we sometimes only find out after some time has passed".

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

Contents

Choice of home (standards 1 - 5)

Individual needs and choices (standards 6-10)

Lifestyle (standards 11 - 17)

Personal and healthcare support (standards 18 - 21)

Concerns, complaints and protection (standards 22 - 23)

Environment (standards 24 - 30)

Staffing (standards 31 - 36)

Conduct and management of the home (standards 37 - 43)

Outstanding statutory requirements

Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The staff provide a statement of purpose that is specific to the home and the Service User group cared for.

Evidence:

The staff have developed a comprehensive statement of purpose and service user's guide, which is specific to the current group of people in the home. The information which also includes the complaints procedure is available in a number of different formats which ensures everyone in the home can understand it.

People have their needs assessed prior to moving into the home. The assessments seen were very detailed and included continually updated information, recognising any changes in the persons' abilities and needs.

Contracts were seen on the files, these were well detailed and indicated any specific restrictions placed on people when moving into the home.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The care plan is a working document, its ultimate purpose being to support the service user in moving to an independent lifestyle, and on into the community.

Evidence:

We looked at the care records of people. We found them to be well detailed and descriptive of the care and support offered to people. Care plans can be adapted into a format more easily understood by people. We saw that care records were routinely up-dated to ensure they reflected the changing care needs of people living in the home. The emphasis of the care plans is to support people to move to independent living.

People using the service make their own informed decisions and have the right to take risks in their daily lives. We saw that staff have a good understanding of the risks relating to each person and have put risk assessments in place to reduce risks associated with daily activities.

Evidence:

What other people said the home did well "Creates a homely personalised atmosphere. Each resident is treated according to their individual needs". "Residents are treated with respect. As a parent I am involved in major decisions regarding my son and key staff".

What other people said the home could do better,
"I would like to be more involved and would welcome a parents forum". "Although there is an annual review, there are no other formal opportunities to discuss or raise general issues".

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are offered a full and stimulating lifestyle with a variety of options to choose from.

Evidence:

We looked at the life plans of people. These showed us people experienced a varied education, work and social life. People have individual programmes geared to their independence, self care and socialising. Service Users undertake a wide range of activities on an independent basis as well as being assisted by staff. These are available in and out of the home and are tailor made for people to assist in their personal development. Some people have part time employment and voluntary opportunities which again assists in personal development and self esteem. We saw staff talk to and interact well with people who live there. People are encouraged to act independently and are supported to find and attend leisure activities suited to their own choices.

Evidence:

We saw the menu for people, this reflected their individual needs. The menu provides a balanced and healthy diet, and is influenced by people suggesting what choices they would like to see offered.

The following comments were made by people living and working in the home. Some are taken from the surveys sent prior to our visit, and some on the day.

What people living in the home said the home did well "T.V. and games" "Plenty of space"

What other people said the home did well "Team work and meeting service user needs". "Understands Autism, motivates and ensures A is always active, develops independent skills and supports his progression into supported living". Promoting individuality and independence".

What people living in the home said the home could do better, "Nothing"

What other people said the home could do better

"Because B has Autism, he does not always tell us about any changes, so we sometimes only find out after some time has passed".

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People have their health and medication needs met appropriately.

Evidence:

We looked at the personal and healthcare records of people. We saw that they have very good access to healthcare services to meet their personal and individual needs. Care plans are person centred and promotes positive choice.

On talking to staff as well as looking at the records, we found that staff act quickly on concerns they have about people's needs, and these prompt actions have resulted in a good quality of life for those concerned.

We looked at the way staff give out medication and found that staff are administering medication safely to people. The policy and procedures followed by the staff are good, but there is currently no policy and procedure enabling people to administer their own medicines. This is necessary as the ethos of the home staff assisting people into living independently in the community.

Medication is checked and accounted for by staff, an the overall process is safe. We saw staff records and these showed us that staff have undertaken training in the

Evidence:

administration of medication.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Staff have a limited understanding of safeguarding issues, which leaves people in the home open to abuse within the home.

Evidence:

We looked at the complaints procedure and saw that this was written in a way which is more helpful for people living at the home to understand. We saw very good interaction between people who live in the home, and staff who support them.

We saw by looking at staff training records and by talking to them that staff have a good understanding of 'safeguarding' policies and procedures. Staff know what to do if they suspect that a person is being abused in any way.

We also saw by looking at staff records, by talking to and observing staff, that they understand how to work with people with challenging behaviour.

People who live in the home have their own bank accounts. Staff support people living at the home in being responsible for their money. We checked the financial records at the home, and found accurate recording of money balances. Staff have an understanding of safeguarding issues, however current practice in the home relating to the management of finances leaves people in the home open to potential financial abuse.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People live in safe and secure environment.

Evidence:

We looked at the communal areas of the home and the bedrooms of people who live there. We found the communal areas to be very well decorated and homely. Bedrooms are individually decorated to the preferences of the people using them. This included many personal items such as family pictures and electrical goods. The staff have a detailed maintenance and renewal programme for furniture and fittings. This is continually updated, as part of the quality control in the home and we saw how that translated in the home being well maintained. Staff are aware of hygiene and how to control the spread of infection. This is important as it keeps people safe in the home.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported and protected by the homes recruitment practices, training and number of staff on duty.

Evidence:

We saw excellent interaction between staff and people who live in the home, and staff demonstrated a very good understanding of the needs of people living there. We talked to staff and saw them communicating with people in a manner suited to the individual. People have regular support, this ensures people's needs are being met by a regular input from staff.

All staff said they were supported well to do their job, through induction training, on going training and regular supervision.

We looked at a sample of staff recruitment records, and saw that all the necessary checks were made to safeguard people who live at the home. We looked at training records and this confirmed that staff have undertaken a wide range of training to help them in their roles, some of this before working with service users. Training is organised from in house as well as external sources, and staff have written tests following the courses. This indicates senior staff monitor how well staff perform within the home, and arrange further training accordingly.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **adequate** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Shortfalls in policies, procedures and record keeping have the potential to leave people unprotected.

Evidence:

The current manager has to register with the CQC, as he is newly appointed to this post. There are many levels Quality Assurance(QA) and monitoring systems in place, and we noted a number of these. Service User Questionnaires are sent out by the head office, and findings returned to individual homes. Other forms of QA include feedback from parents and professionals, regular staff checks on the building and visits from senior managers. Outcomes from the quality assurance monitoring is made available to people in the home, their representatives and those considering coming to stay at the home. This comes in a number of formats which people can understand.

We viewed a number of the policies and procedures that are produced by the parent organisation. We were satisfied that these provide good guidance for the staff to operate safe working practices. However there needs to be a policy and procedure for the self administration of medication. Records that are kept on a daily basis were

Evidence:

viewed and considered adequate. There is a need for all records to reflect the current recording. Where staff have recorded information in the service users "diaries", this must also be copied into the homes' daily records, this is to ensure all staff are aware of current information, and so fully protect those living in the home.

We looked at a number of tests the staff do to monitor areas such as the fire detection system, the hot water regulating system, and other areas such as electrical testing. These were up to date and showed us the staff monitoring helps keep people safe in the home.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
1	23	13	<p>The registered person shall make arrangements, by training staff or by other measures, to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>Information must be made available to people of any charges being levied to them for services in the home.</p>	24/03/2010
2	40	13	<p>The registered person shall make arrangements for the recording, handling, safekeeping, safe administration and disposal of medicines received into the home.</p> <p>This is to ensure people who can self administer their own medication can do so with support from policies and procedures available to assist the process.</p>	24/03/2010

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action
3	41	17	<p>The registered person shall - maintain in respect of each service user a record which includes the information, documents and other records specified in schedule 3 relating to the service user.</p> <p>This is to ensure that all records are up to date and fully protect people.</p>	24/03/2010

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	1	The telephone contact details of the Care Quality Commission could be added to the Statement of Purpose and Service User Guide.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

We want people to be able to access this information. If you would like a summary in a different format or language please contact our helpline or go to our website.

Copyright © (2009) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.