

The Westminster Society For People With Learning Disabilities

Carlton Gate

Inspection report

Flat 10 Florey Lodge
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Ratings

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

Summary of findings

Overall summary

This comprehensive inspection took place on 23 October 2018 and was unannounced.

Carlton Gate consists of two ground floor properties providing accommodation and personal care for adults with learning disabilities. The two properties, Florey Lodge and Barnard Lodge are identical, each having three bedrooms, shared bathroom facilities, a communal lounge/dining area and a kitchen. People have access to several small courtyard gardens shared with other flats within the complex. The service provides accommodation and personal care for up to six adults with learning disabilities. At the time of our visit there were two people living at Barnard Lodge. Florey Lodge was closed awaiting refurbishments.

At our previous inspection of Carlton Gate on 8 March 2016 we rated the service 'good' overall. You can read the report from our last inspection, by selecting the 'all reports' link for Carlton Gate - Care Home Learning Disabilities on our website at www.cqc.org.uk. At this inspection we found people continued to receive good care and support. We rated the service good overall.

The manager in post had applied to become the registered manager of the service. '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.

The provider had systems in place to assess and meet people's care needs in a way which suited them. Where appropriate, people, relatives and healthcare professionals contributed to the care planning process. Care plans were reviewed as people's needs changed.

Risks in relation to people's safety were identified and managed through the implementation of a risk assessment process. Risk assessments were reviewed in line with the provider's policies and procedures.

The provider had safeguarding policies and procedures in place. Staff demonstrated a good understanding and awareness of how to keep people safe from harm.

People using the service were being protected from improper treatment. The provider made sure that people's capacity was assessed when needed and that care was delivered in people's best interests.

Staff respected people's choices and requested people's consent before offering them support.

People were treated with dignity and respect. Staff supported people in a kind and compassionate manner.

Staff gathered information and took account of people's cultural needs and preferences to ensure staff supported people in an appropriate manner.

People's medicines were managed safely. Staff completed appropriate medicines training and competency assessments before carrying out medicines related tasks and were confident supporting people with their medicines.

People were supported to have sufficient amounts of nutritious food and drink to meet their needs. Mealtimes were organised in a way that promoted people's choices and preferences.

People had access to healthcare professionals to monitor and maintain their health care needs. Staff supported people to attend medical appointments.

The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

Staff were employed following a thorough recruitment process. Staff were receiving appropriate support and training to enable them to carry out the duties they were employed to perform.

Sufficient numbers of staff were deployed to the service in order to meet people's needs.

Audits were carried out to ensure the environment and people were safe. The home was clean and tidy and staff were following correct infection control procedures.

Staff told us that incidents, accidents, concerns and complaints were discussed at team meetings and in supervision sessions with a view to promoting understanding and learning.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service continues to be well-led.	Good ●

Carlton Gate

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.

Prior to carrying out this inspection, we asked the provider to complete a provider information return (PIR). This is a form which asks the provider to tell us what they think they are doing well and their plans to develop the service. We reviewed information held about the service including statutory notifications sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan our inspection.

This comprehensive inspection took place on 23 October 2018 and was unannounced. One adult social care inspector completed the on-site inspection.

We spoke with two people using the service, three members of care staff, a regional manager and the service manager during the inspection.

During the inspection we looked at records of care and support for two people using the service including medicines administration records (MAR). We looked at records of recruitment and supervision for three members of staff and records relating to the management of the service, such as audits, training records, health and safety documents, policies and staff communications.

Is the service safe?

Our findings

At our last inspection of 8 March 2016, the key question Safe was rated good. At this inspection on 23 October 2018, the service continued to effectively manage risks and meet people's needs safely. People told us they were comfortable with the staff supporting them and happy living at Carlton Gate.

Staff were up to date with their safeguarding training and clear about the action they would take in order to keep people safe. This included using the provider's whistleblowing policy and reporting any concerns to the management team and external authorities, if necessary. When concerns were raised, the management team notified the local safeguarding authority and the Care Quality Commission (CQC) in line with their registration requirements and investigated them fully.

Where risks to people's health, safety and welfare were identified, appropriate management plans were in place to minimise them. People's risk assessments covered areas such as personal care provision, skin integrity, mobility, falls prevention, medicines, fire safety and financial security. Guidance in relation to the management of these risks was available and staff were able to explain what action they would take to keep people safe. Records showed that risk assessments were reviewed on a regular basis and updated when required.

Systems were in place to address and manage risks in relation to the home environment. However, we noted that these checks did not always identify when fire extinguishers and fire blankets required servicing. We spoke to the manager regarding outdated equipment who following the inspection provided evidence to demonstrate that equipment had been replaced and/or serviced appropriately.

Medicines continued to be safely managed. Each person using the service had a medicines support plan in place. Plans included up to date information about people's medicines, listed potential side effects and provided guidelines to staff in relation to 'as needed' medicines (PRN). People's medicines administration records (MAR) were fully completed with no gaps or omissions. Medicines that needed additional storage measures were found to be safe and accounted for. Storage was secure and stock balances were well managed.

Staff continued to be employed following a thorough recruitment procedure. Where possible, people using the service were involved in the staff recruitment process. All the required pre-employment checks were seen to be in place. This included references, eligibility to work in the UK, employment histories and Disclosure and Barring Service checks. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. Staffing levels were flexible to ensure people's needs were met and on the day of our inspection there were enough staff deployed to meet people's needs.

Staff had access to personal protective equipment (PPE) such as gloves and aprons to help prevent and control the spread of infection. The building was secure and we were asked to identify ourselves on arrival and sign in and out of the building accordingly. On the day of our visit, the service was clean and free from

odours.

There were systems in place for recording when things had gone wrong. This included obtaining details of an incident or accident and recording what action had been taken in response to this. Whenever possible, incidents, concerns and/or complaints, were shared with staff to improve the level of service provided.

Is the service effective?

Our findings

At our last inspection of 8 March 2016, the key question Effective was rated Good. At this inspection, the service continued to meet people's needs effectively.

People were supported to maintain good health. Care plans contained adequate information about people's healthcare needs. Relevant guidelines in relation to specific areas such as, positive behaviour support and dietary requirements were available to staff. Where appropriate, people using the service were involved with the initial and on-going planning of their care. Where possible, people had signed a working contract to agree to the care provided. Care plans were updated as and when people's needs changed and reviewed in line with the provider's policies and procedures.

We saw evidence that the service worked collaboratively with health and social care professionals to ensure people received specialist care and treatment. Staff sought guidance and advice from people's GPs, district nurses, occupational therapists, dentists, dietitians and podiatrists when needed and completed records detailing all appointments people were required to attend. Systems in place ensured people were seen by the appropriate healthcare professionals at the appropriate time.

People's care records included information about their medical diagnoses and how they may affect the person. Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's health and wellbeing. Staff told us that if someone they were supporting became unwell they would contact a manager and/or emergency services.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The manager had a good working knowledge of current legislation and guidance in relation to Deprivation of Liberty Safeguards (DoLS). DoLS are in place to protect people where they do not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. No DoLS applications had been submitted for people living in the home and we did not observe people's freedom being unnecessarily restricted in any manner.

People were supported by staff who were trained to deliver care safely and to an appropriate standard. New staff were supported through an induction process and had their skills and development assessed until they were confident and competent in their role. Records showed that all staff members completed mandatory training in areas such as equality and diversity, safeguarding and health and safety. Staff confirmed they received adequate supervision and support to carry out their roles effectively.

People were supported to eat and drink enough and maintain a healthy balanced diet. Staff supported

people to make hot drinks and prepare meals using fresh ingredients, where required, maintaining their safety whilst also promoting their independence. For example, we saw that one person who was unable to prepare meals independently was encouraged to spend time in the kitchen chatting to staff about what was cooking, assisting where able and returning plates and utensils to the kitchen area following their meal. Staff received training in food hygiene and were aware of food safety issues.

Is the service caring?

Our findings

At our last inspection of 8 March 2016, the key question Caring was rated Good. At this inspection we found people continued to be well cared for by staff who were kind and helpful.

People's care records and support plans included people's personal histories, likes, dislikes, preferences, religious and cultural needs and future goals. This information made it clear to staff what was important to each person using the service. We saw that people had developed positive relationships with the staff team supporting them.

Staff demonstrated a good understanding of people's needs relating to their mental health and wellbeing. We saw that where people were prone to anxiety or depression this was noted in care records and staff had guidance about how best to support the person. People were encouraged to discuss and review their care if they wished to.

People's communication needs were well documented. Staff used effective communication skills in their interactions with people. This included consideration to the language used and the amount of information given to enable people to understand and process information. Where people wore glasses, information was available in relation to any recommendations made by opticians and optometrists.

Staff promoted people's independence and actively encouraged them to make their own choices whenever they were able to. For example, supporting people to undertake daily living tasks such as laundry, shopping and personal care. Staff had a good understanding of how important people's independence was to their self-esteem and offered assistance only when it was required.

Staff protected people's dignity and respected their privacy. Staff we spoke with described how they would maintain people's dignity when assisting them with personal care. This included ensuring doors and curtains were closed. We saw that when staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet manner.

The provider had links with an advocacy service and this could be used for significant decisions, or if people required independent support to make decisions about their care. An advocate is a trained professional who supports, enables and empowers people to speak up.

People's care records were stored securely which meant people could be assured that their personal information remained confidential. On the whole records were being well maintained, and completed accurately.

Is the service responsive?

Our findings

At our last inspection of 8 March 2016, the key question Responsive was rated Good. At this inspection, we found staff continued to be attentive and responsive to people's needs and concerns.

People's care records were personalised, and used positive and enabling language to describe the outcomes and goals people wished to achieve. Records covered all aspects of an individual's health, personal care needs and risks to their health and safety and included information about their hobbies and life history. We found care plans to be well organised and easy to follow. Staff demonstrated a good understanding of the needs of each individual they supported. This included what people needed support with, what they may need encouragement with and how they communicated and expressed their wishes.

The provider assessed whether people had difficulty with reading and accessing information, and care plans were clearly presented and frequently used symbols, in a way which met the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's well-being. Staff told us they reported any concerns they had about changes in people's capacity or health status to the manager who in turn made a decision as to whether to contact GPs, family members or other representatives involved in people's care.

Staff supported people to pursue their interests and hobbies and to engage in meaningful activities. People were supported to access their local community, attend groups, church services, local festivals and events. We saw photographs of people enjoying days out and trips to the seaside and staff told us that people attended hairdressing appointments, went shopping and ate out.

Information about people's care was recorded in their daily notes and handed over to colleagues when new staff began their shift. Daily notes were signed by staff and included details about people's health and well-being and any household tasks and activities completed and meals eaten. Staff used a shift planning document to record staff duties and any other significant information in relation to the running of the service.

Staff demonstrated a good understanding of end of life care, having recently supported a person using the service at the end of their life. A health professional wrote, 'It is a blessing that [person's name] was able to spend [their] last few days in the comfort of [their] own home, [their] own surroundings and the people [they] knew well. You [the manager] and your team handled the difficulty of managing palliative care in the home really well and responded to the various immediate demands made of you well. I hope you can reflect back on this time in a positive light - your team did the best they could and you did [person's name] proud.' There was evidence in people's care records that their end of life wishes had been discussed and recorded. However, we noted one person's plan had not been reviewed since 2015.

A complaints policy including an accessible version was in place. Any complaints made were logged to ensure they were processed in line with the provider's complaints policy.

Is the service well-led?

Our findings

At our last inspection of 8 March 2016, the key question Well-led was rated Good. At this inspection, we found the new service manager promoted a caring, positive and inclusive culture within the service.

The manager had applied to become the registered manager of the service and was aware of the registration responsibilities in ensuring the Care Quality Commission (CQC) and other agencies were notified of incidents, which affected the safety and welfare of people who used the service.

Staff spoke positively about the manager. Comments included, "She's a good manager", "She works well with us" and "We get the support we need from her." The staff team demonstrated a positive attitude and told us, "We support each other", "We communicate well", "We're caring people and we're doing a good job."

Staff received regular training, supervision and support. We saw staff competencies were reviewed through observation and staff meetings held to share best practice. Staff we spoke with told us meetings were useful and provided them with an opportunity to share information with their colleagues and to keep up to date with any changes.

People's views were actively encouraged through regular meetings with their key worker, care reviews and annual questionnaires. Where appropriate independent advocates were involved in the process to promote the voice of the person who used the service. We saw evidence to support that people's views were used to influence what happened in the service. For example, the choice of menu and provision of activities.

The provider had auditing systems in place. On the whole, these identified any shortfalls and recorded action points that needed to be addressed. The manager collated information relating to the running of the service which they shared with the provider through regular reporting.

The provider had a continuous improvement plan in place. This covered all aspects of service delivery such as fire safety, risk assessment, food hygiene, recording and reporting. The plan set out any action that was required, indicated who was to be involved and provided a brief progress update. The manager demonstrated an organised and enthusiastic approach to improving the service where this was indicated.

The service worked with other organisations to ensure people received a consistent service. This included those who commissioned the service, safeguarding, health and social care professionals and other representatives involved in people's care.