Care Quality Commission

Fircroft Services Limited

Carlene House

Inspection report

17 Woodcote Valley Road
Purley
Surrey
CR8 3AL
Tel: 0208 668 7676
Website:

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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

We inspected Carlene House on 8 January 2015. The inspection was unannounced.

Carlene House is a care home for people with learning disabilities. At the time of our visit there were ten people living at Carlene House which is the maximum number of people the home was registered to take.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 told us they were safe. This was also the view of their relatives. Care was planned and delivered to ensure people were protected against abuse and avoidable harm. There was a sufficient number of suitable staff to keep people safe and meet their needs.

People's medicines were appropriately managed so they received them safely. Staff understood their

Summary of findings

responsibilities in relation to infection control. People were protected from the risk and spread of infection because staff followed the procedures in place. The home was clean and well maintained.

People were cared for by management and staff who had the necessary experience and knowledge to support them to have a good quality of life. Staff knew how to deal with each person's behaviour that challenged others. Staff understood the relevant requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how it applied to people in their care.

Staff enjoyed working with the people in their care. People were treated with respect, compassion and kindness. It was clear that people's individuality was at the centre of how their care was delivered. They were fully involved in making decisions about their care including what they ate and how they spent their time day-to-day. Where appropriate their relatives were also involved. People were supported to express their views and give feedback on the care they received.

Staff knew what constituted a balanced diet. People were given a choice of nutritious meals and had enough to eat and drink. People received the help they needed to maintain good health and had access to a variety of healthcare professionals.

Many of the people living at the home had lived there a long time. The management and staff knew people well. They knew their routines and preferences and understood what was important to them. Relatives were made to feel welcome and were regularly consulted about how people were supported.

The registered manager understood what was necessary to provide a quality service and had a variety of systems in place to regularly check and monitor the quality of care people received.

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.

The service had policies and procedures in place to minimise the risk of abuse. These were effectively implemented by staff. Risks to individuals were assessed and managed. Medicines were effectively managed.

Staff were recruited using appropriate recruitment procedures. There was a sufficient number of staff to keep people safe Staff followed procedures which helped to protect people from the risk and spread of infection. All areas of the home were clean and well maintained.

Good

Is the service effective?
The service was effective.

Staff had the necessary skills, knowledge and experience to care for people effectively. People received a choice of nutritious meals and had enough to eat and drink. People received care and support which assisted them to maintain good health.

The manager and staff understood the main principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DOLS).

Good

Is the service caring?
The service was caring.

Staff were caring and treated people with kindness and respect. People received care in a way that maintained their privacy and dignity. People felt able to express their views and were involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive.

People were involved in their care planning and felt in control of the care and support they received. The care people received met their needs.

People and their relatives were regularly given the opportunity to make suggestions and comments about the care they received and felt their

comments would be acted on. People received co-ordinated care when they used or moved between different healthcare services.

Good

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

The provider and registered manager demonstrated good management and leadership. People using the service, their relatives and staff felt able to approach the management with their comments and concerns. There were systems in place to regularly monitor and assess the quality of care people received.

Good

Carlene 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.

The inspection was carried out by a single inspector who visited Carlene House on 8 January 2015.

As part of the inspection we reviewed all the information we held about the service. This included the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the report from the previous CQC inspection in September 2013.

During the inspection we spoke with four people about what it was like to live at Carlene House and three of their relatives. We spoke with three staff members and an aromatherapist who visited the home weekly. We also spoke with a member of the commissioning team from a local authority that commissions the service.

We looked at four people's care files and three staff files which included their recruitment, training and supervision records. We looked at the service's policies and procedures and records relating to the maintenance of the home. We spoke with the manager about how the service was managed and the systems in place to monitor the quality of care people received.

Good

Is the service safe?

Our findings

People were protected from abuse. People told us they felt safe and knew what to do if they had any concerns about their safety. People commented, "I am safe and happy", "Nobody would hurt me here" and "They help me keep safe." Relatives were also confident that people were safe. One relative told us, "All the people living there are certainly safe. I've been going there several times a week for years and I've never seen or heard anything that concerned me." Another relative told us, "They really make sure [the person] is safe."

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Records indicated that safeguarding was discussed with people during residents' meetings. Abuse in all its forms was explained to people and they were advised about the importance of telling somebody if they felt threatened, were treated badly or harmed in any way.

The home had policies and procedures in place to guide staff on how to protect people from abuse which staff applied day-to day. Staff had been trained in safeguarding adults and demonstrated good knowledge on how to recognise abuse and report any concerns. People living in the home and their relatives also knew how to report any concerns. Staff told us they would not hesitate to whistle-blow if they felt another staff member posed a risk to a person living in the home.

Arrangements were in place to protect people from avoidable harm. People had personal emergency evacuation plans so that they and staff knew the action to take in the event of an emergency such as fire. Comprehensive risk assessments were carried out. Care plans gave staff detailed information on how to manage identified risks. Records confirmed staff delivered care in accordance with people's care plans. For example, we saw that people who were at risk when alone in public were always escorted when they left the home. Staff knew the action to take in the event of a medical emergency.

People's needs were assessed before they began to use the service. The number of staff required to deliver care to people safely when they were being supported was also assessed. A senior staff member was on duty during the day and was on-call during the night to provide guidance or support to staff if required. People told us they received care and support from the right number of staff. The number of staff a person required was reviewed when there was a change in a person's needs.

We saw evidence that appropriate checks were undertaken before staff began to work with people. These included criminal record checks, obtaining proof of their identity and their right to work in the United Kingdom. Professional references were obtained from applicant's previous employers which commented on their character and suitability for the role. Applicant's physical and mental fitness to work was checked before they were employed. This minimised the risk of people being cared for by staff who were unsuitable for the role.

People received their medicines safely because staff followed the service's policies and procedures for ordering, storing, administering and recording medicines. Each person had a medicine profile which gave information about their medicines, when and how it should be taken and in what dosage. As well as their personal details, each person's photograph was on the front of the medicine profile. This helped to minimise the risk of people being given the wrong medicine. Staff were required to complete medicine administration record charts. It was clear from the records we reviewed that staff fully completed these and that people received their medicines as prescribed. People who self-administered their medicines told us they were supported to take them when they were due.

People were protected from the risk and spread of infection because staff followed the home's infection control policy. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene. People's rooms and the communal areas of the home were clean and tidy, and free from unpleasant odours. Staff had received training in infection control and spoke knowledgably about how to minimise the risk of infection. Staff had an ample supply of personal protective equipment (PPE), always wore PPE when supporting people with personal care and practised good hand hygiene.

The home was of a suitable layout and design for the people living there. The home was well decorated. The home and garden were well maintained. The utilities were regularly serviced and where necessary repairs were carried out in a timely manner.

Good

Is the service effective?

Our findings

People were cared for and supported by staff who had the knowledge, skills and experience to carry out their roles and responsibilities effectively. People living in the home commented, "They know how to support us when we need it." "I am well looked after by the staff." Relatives commented, "They are all very good. They know what they are doing" ,"I think they are highly trained."

The provider adequately supported staff to enable them to meet the needs of people living in the home. Before staff began to work with people they had an induction which introduced them to the main policies and procedures of the home. During the induction staff were given personalised learning and development plans. Thereafter, staff received regular supervision and performance reviews. During supervision meetings staff had the opportunity to discuss the needs of people living in the home and any issues affecting their role. They were also set performance targets. During annual performance reviews the manager checked staff performance against core competencies and their training needs were identified.

Staff had received internal and external training in the areas relevant to their roles such as administering medicines, infection control and equality and diversity. After receiving training, the manager had a system in place to check that staff understood their training and knew how to apply it in practice. Staff were encouraged and supported to obtain further qualifications. This minimised the risk of people receiving care that was inappropriate or unsafe.

People had a consent booklet that set out the areas that people had agreed staff should support them in such as, personal care, medicines and healthy eating. The consent booklet was in an easy read format to aid people's understanding and had been signed by them. People and their relatives told us and we observed that people were asked for their consent before care and support was delivered. One person told us, "They only do what I ask them to do." A relative told us, "They respect [the person's] decisions."

The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. Records confirmed that people's capacity to make decisions was assessed before they moved into the home and on a daily basis thereafter. The manager and staff had been trained in the general requirements of the Mental Capacity Act (MCA) 2005 and the specific requirements of DoLS and knew how it applied to people in their care.

The service was following the MCA code of practice and made sure that people who lacked capacity to make particular decisions were protected. Where people were unable to make a decision about a particular aspect of their care and treatment, best interest meetings were held for example, in relation to people having dental procedures and being referred for specialist treatment.

DoLS requires providers to submit applications to a "Supervisory Body" if they consider a person should be deprived of their liberty in order to get the care and treatment they need. There were appropriate procedures in place to make DoLS applications which staff understood and we saw that they were applied in practice. Several applications had been made by the registered manager.

People's nutritional needs were assessed and where appropriate nutritional specialists were involved in their care planning. We saw that where people required a special eating plan, this was provided by staff. People were given a choice of nutritious meals and supported to have a balanced diet. People told us they had sufficient to eat and drink and that they were satisfied with the quality of food they received. One person told us, "I have plenty to eat and the food is nice." Another person commented, "The food is wonderful."

Staff supported people to maintain good health. People were registered with a GP and were offered annual health checks. Staff supported people to attend appointments with their GP, hospital consultants or other healthcare professionals. People were weighed regularly to check they maintained a healthy weight. People had health action plans. Health action plans are personalised plans which give people information about how to achieve and maintain good health and the help available to do so. People also had hospital passports which they took to hospital and other healthcare appointments. These gave healthcare professionals information on the person, what was important to them, their personal preferences and routines, and how best to communicate with them. Both of these documents were in an easy read format.

Good

Is the service caring?

Our findings

People spoke fondly about the staff and told us they were kind and caring. Comments included, “We all get on well here. The staff are lovely and the people living here”, “The staff are nice”, “I can do most things for myself but they support me.” Relatives commented, “I can’t speak highly enough of the staff at Carlene House” ,“They are brilliant” “They do a superb job.”

The atmosphere in the home was happy and relaxed. We observed that staff supported people at a pace that suited people using the service. Staff and people were at ease with each other. Staff spoke to people in a kind and caring manner, and people were treated with respect. People told us staff respected their privacy at all times. One person told us, “They will always knock and ask if they can come into my room.” Care plans clearly stated whether people needed to be prompted or assisted. A staff member told us, “Our goal is to encourage independence, so we support them to do as much as they can for themselves.” Relatives confirmed that staff worked towards this goal. One relative commented, “They try to teach them to be as independent as possible.”

Staff had a positive attitude to their work and told us they enjoyed caring for people. Staff knew the people they supported well and this was evident in their interaction. One staff member told us, “Most of the people here have been living here for years. I know them well and enjoy supporting them.” Another staff member told us, “I really like working here. People are looked after well and they appreciate it.”

People were involved in their needs assessments and were actively involved in making decisions about their care. People felt in control of their care planning and the care they received. One person told us, “They always ask me what I need.” A relative told us, “ We are very involved in the assessment and review process. We all work together to make sure [the person] gets the best possible care.”

There were arrangements in place which enabled people and their relatives to express their views. People had many opportunities to raise issues about their care plan such as, during residents meetings and care plan reviews. Where necessary, people had access to documents in an easy read format. The majority of people had relatives who were regularly in contact with the service and some acted as their advocates. People who were not in regular contact with close family members were made aware of advocacy services, these are services which speak up on their behalf. One person had an advocate.

People’s values and diversity were understood and respected by staff. People told us and records demonstrated that staff supported them to follow their religious beliefs and regularly attend their places of worship. Visitors were encouraged. Relatives told us they went to the home regularly and were always made to feel welcome. One relative commented, “We are always up there and if we’re not going straight out again with [the person] we are always offered a cup of tea.” Another relative told us, “ When we go there we have a chat in the lounge with everybody including the staff. They’re very friendly. It’s like a family.”

Good

Is the service responsive?

Our findings

People were satisfied with the care and support they received. Comments included, "I'm happy with how they look after me. If I have any problems I can go to the staff and they will help me", "I like living here with all my friends", "I love living here. I don't ever want to leave here. I'd be totally lost if I had to leave my friends." Relatives commented, "They go beyond the call of duty" "I'm delighted with the way [the person] is looked after."

People and their relatives told us they were involved in the care planning process. People's needs were assessed before they began to use the service and re-assessed regularly thereafter. People's assessments considered their personal targets as well as their dietary, social, personal care and health needs. People's specific needs and preferences were taken into account in how their care was planned. Care plans had special instructions for staff on how the person wanted their care to be delivered, what was important to them and detailed information about how to meet people's individual needs.

There was continuity of care. Only staff employed by the service and bank staff who had worked at the service before were allowed to deliver care to people. Staff were familiar with the needs of people they cared for. Care plans were formally evaluated monthly to check they met people's current needs. Staff worked sufficiently flexibly so that where there was a change in a person's circumstances, they were able to meet their needs without delay. Where for example a person complained of pain records indicated they received medical attention promptly. Where specialist treatment was required, referrals were made without delay. A relative told us, "When the [person] behaviour broke down an appointment was made very quickly and the staff invited us to attend the appointments with them."

Care was delivered in accordance with people's care plans. People told us they received personalised care that met their needs and we saw many instances of this. For example, where people had medical conditions which required a special diet plan, they received the diet set out in their plan. Staff had received specialist training to meet the particular care needs of people living in the home such as, epilepsy training and dealing with behaviour that challenged others. This assisted staff to deliver care appropriately. A relative commented, "[The person] can become very aggressive. They deal with that superbly."

People were supported to follow their interests and spend time day-to-day in the way they preferred. One person told us, "I love going to the theatre and I go all the time." Another person told us, "I like to go to church, college and shopping and I go every week". People who liked to swim were supported to go swimming weekly. The service had also hired a local church hall which people were able to attend four days per week and participate in activities of interest to them and which could aid their independence such as, preparing healthy meals. A relative commented, "[The person] has a better social life than I do." Many of the people in the home were interested in health and beauty. At their request an aromatherapist visited the home weekly to give them a massage. On the day of our visit three people were having their nails painted by staff. People told us this was a weekly event which they looked forward to.

People and their relatives had regular opportunities to give their views on the care they received. These included surveys as well as regular residents and relatives meetings. The residents meeting agenda was in a pictorial format to enable everybody living in the home to participate. Records indicated there was good participation in these meetings and that a variety of issues were discussed by people such as, whether they were happy with the staff and the activities they wished to attend. Relatives told us they were given the opportunity to make suggestions and comments directly to the manager and owner. One relative told us, "We attend relatives meetings three or four times a year where we meet with the owner and manager. They also arrange social events at the home which we always attend." There was also a keyworker system in operation which enabled people to raise any issues with a member of staff they knew well.

The service gave people and their relatives information on how to make a complaint. People told us they knew how to make a complaint and would do so if the need arose. A relative told us, "I'm known for complaining so I would if there was reason to but I've never had reason to." People were confident that any complaint would be resolved promptly. Another relative told us, "We work together and although I've never had to make a complaint, I'm sure if I did they would sort it out."

Good

Is the service well-led?

Our findings

People living at the home, their relatives and staff were of the view that the service was well organised and well-led. People told us the manager and owner were approachable and open to suggestions for improving the service. One relative told us, "We're always popping in and the manager always has time for us." Another relative commented, "I can get hold of the manager or owner at any time. It's well set-up. Everything is organised."

There was a clear management structure in place at the home which people living in the home, their relatives and staff understood. Staff knew their roles and responsibilities within the structure and were reminded during supervision meetings. People knew who their keyworkers were, as did their relatives. People, their relatives and staff knew who to approach with their concerns. They also knew how to escalate concerns. Staff felt able to raise any concerns and get guidance from the manager.

Staff felt supported by the manager. It was evident that staff and the manager worked well as a team to ensure people received a continuity of care. Staff told us the home was a pleasant working environment and that they enjoyed working there. They felt able to discuss issues which affected their role, had regular supervision and the opportunity for personal and professional development. Records confirmed the manager checked that recommendations made during supervision meetings were actioned by staff.

There were appropriate arrangements in place for checking the quality of the care people received. As part of their daily checks, the manager observed staff interaction with people and checked the standard of cleanliness in the home. The manager also regularly checked care and medicine records, staff training and supervision. People's care plans were evaluated monthly to check they were meeting their current needs. The maintenance and security of the home was also regularly checked. Records confirmed that fire alarms, detectors and extinguishers were checked by staff and an external company. The Operational Director also conducted monthly audits of a variety of aspects of the service to check that they were meeting the meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The manager sought to improve the quality of care people received by obtaining feedback in a variety of ways from people living in the home, their relatives and staff, and acting on it. People living in the home gave their feedback on staff, their meals and activities on offer through regular surveys. They also had the opportunity to give feedback during regular residents' meetings. Staff gave their feedback on staffing numbers and the development plans for the service through surveys. They also had the opportunity to give feedback on any aspect of the service during staff and supervision meetings. Relatives attended meetings with the owner quarterly where they gave their feedback and were consulted on the development plans for the service. For example, it was identified that minutes of relatives meetings should be produced and this was actioned.