

Callaway Care and Support Limited

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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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Callaway Care and Support is a supporting living service providing personal care to two people at the time of the inspection. The service can support up to six people.

People's experience of using this service and what we found

People who used the service were protected from abuse and lived in a safe and comfortable home. Staff received or were scheduled to attend training on safeguarding people and working with people with learning disabilities. Risk assessments were of good standard and management plans were in place to guide staff how to support people safely. Sufficient staff were deployed, and robust recruitment processes ensured that they were suitable to work with vulnerable people.

Staff spoke kindly about people they supported, and that they had people's best interest in mind. The staff took proactive action to seek the best ways of working with people to ensure the support they provided was safe, effective and enriched people's lives in and outside the service. Staff supported people to have a nutritious diet of people's choice, engage in meaningful activities, and access a health professional when needed. People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had a range of quality assurance processes, including systems necessary to maintain safe environments. The registered manager ensured policies and procedures met current legislation and were up to date. Relatives told us they were asked of their views about the quality of the service.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture

Right support: Model of care and setting maximises people's choice, control and Independence; for example, people who used the service were consulted where and whom they want to live with. The service had a strong focus of supporting people to gain greater independence and the service sought support from external professionals to make this possible.

Right care: Care is person-centred and promotes people's dignity, privacy and human rights. People who used the service received dignified care and support. Relatives told us that they were very happy with the

care people received and that the service had a good understanding of people's needs as well as their condition.

Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The culture and ethos of the service is to empower people to become more independent. One care staff told us, "Our main purpose is to make people safe and that they live in a home they like and are comfortable to do whatever they want. Give people opportunities go out and engage with people with other people in the community."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

Rating at last inspection and update

This service was registered with us on 27 January 2020 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our safe findings below.

Is the service effective?

Good ●

The serviced was effective

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our well-led findings below.

Callaway Care and Support Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection

What we did before inspection

We reviewed information we had received about the service since registering with the Care Quality Commission (CQC) We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. Not all people were able to talk with us and we used different ways of communicating with people including using Makaton and observing their body language.

We also observed people's interaction with staff to help us understand the experience of people who could not talk with us.

We spoke with two care workers and the registered manager.

We reviewed a range of records. This included one person's care record and medication record. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who visits the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were safeguarded from the risk of abuse. The service had robust systems and processes supporting people who used the service and staff to report and respond to allegations of abuse.
- We asked one relative if they believed that the service was safe. The relative told us, "I have no concerns that my relative is not safe, it's a very nice place and the staff are very good."
- The service had a safeguarding procedure and staff were provided with safeguarding training as part of their induction. One staff member told us, "I had safeguarding training and would always report to the manager if I would notice anything."

Assessing risk, safety monitoring and management

- The service ensured that risks in relation to supporting and caring for people were assessed and management plans were formulated to minimise such risks.
- Risk assessments and management plans in relation to receiving care and support had been developed together with the person and their relatives. The registered manager told us that the service would use pictures and photos to discuss risk assessments with people if they were not be able to understand. One relative told us, "Risks have been discussed with me and I was able to comment to risk assessments."
- The serve does not use any physical restraint. Currently people do not experience any periods of distress or anxiety. . We discussed this with the registered manager and were advised that the service would seek support from the local learning disabilities and challenging behaviour team to draw up suitable individual behaviour intervention plans if individuals required support to meet those individual needs.

Staffing and recruitment

- Sufficient experienced staff were deployed to meet the needs of people who used the service and additional staff has been employed to be able to respond to any new admissions.
- The rota showed save staffing numbers to support people who used the service. Staff and relatives told us that there were sufficient staff deployed to meet people's needs. One relative told us, "I visit regularly and there is always enough staff around."
- The service followed safe recruitment procedures. Staff employed had to provide documents to confirm their identity and references as well as disclosure and barring checks were obtained to ensure only staff safe to support vulnerable people was deployed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely, and appropriate guidance and training was provided to staff to ensure

staff had the right skills and knowledge around safe medicines administration.

- The service had a medicines administration procedure and policy. Staff had received training in the safe administration of medicines and their competency had been assessed.
- Medicines were stored safely in people's rooms and appropriate recording was followed. Medicines administration records (MARs) were of good standard and had no omissions. If people required their medicines to be administered differently appropriately advice was sought and robust guidance was put into place to ensure people received their medicines safely.
- Relatives told us that they had no concerns and medicines were administered safely. One relative said, "I am happy and confident my relative gets their medicines correctly."
- The service does not administer any medicines to support people who may experience periods of distress. The registered manager was aware of STOMP (stopping over medication of people with a learning disability), autism or both with psychotropic medicines. It is a national project involving many different organisations which are helping to stop the overuse of these medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong.

- The service had systems to ensure that accidents and incidents were monitored, assessed and action could be taken to minimise such events from happening in the future.
- Since registering with the Care Quality Commission (CQC) there had been no notable accidents and incidents.
- We discussed with the registered manager what systems were in place to manage and follow up accidents and incidents. The registered manager told us, "We would document accidents and incidents and I would discuss them with staff during staff meetings and their supervisions to see if we can improve things."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to a service being provided to ensure the service was able to meet their personal, social and emotional needs.
- There were systems and processes to keep staff up to date with current evidence-based practice. Up to date policies in relation to a range of medical and mental health conditions were in place. Policies and procedures met current legislation and were up to date and fed into the service's philosophy. For example, key points from relevant legislation and standards, including Mental Capacity Act and Human Rights Act, were applied to implement a person-centred approach to support positive risk taking.
- The registered manager and staff understood that people with learning disabilities and autistic people needed to be engaged and required a structured approach. We saw that the service had developed plans together with people, and their relatives based on assessments carried out.

Staff support: induction, training, skills and experience

- Staff had access to a wide range of training and received regular support through on going one to one supervision.
- Staff had access to a comprehensive induction and training programme. New staff had to undertake training required to carry out their role, this included health and safety, safeguarding adults, behaviours that challenge the service and learning disabilities. They were also required to shadow more experienced staff before they were able to work with people independently. One staff member told us, "The training is very good, and I shadowed [name] before I was able to work on my own." Another staff told us, "I have received training in autism and this has helped me to understand [name] much better."

Supporting people to eat and drink enough to maintain a balanced diet

- People received support around eating and drinking and the service ensured they had a healthy and nutritious diet.
- People were supported to choose their meals and prepare the food they enjoyed and liked. We spoke with one person and asked them if they were happy with the food and the person nodded to indicate the person was happy.
- One relative told us that the food was what their relative enjoyed and that staff were cooking and preparing meals with their relative.
- People's likes, and dislikes were documented in their care plan. None of the people using the service had specific dietary needs due to their health.
- There was no menu in place and staff told us that the person would choose the ingredients out of the fridge and cupboard and would cook together with staff. We observed this during our visit to the service.

Adapting service, design, decoration to meet people's needs

- While this Key Line of Enquiry (KLoE) does not fall under the remit of the regulated activity personal care, we noted that people live in a well maintained, comfortable and homely environment.
- Furniture was of good standard and we observed people to be very comfortable in their home. There was access to a large secure garden which can be used for outdoor activities and BBQ's
- The service had also access to a sensory room in the garden, which was used by people to have some personal space to relax in.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service sought help and support from external health care providers to ensure their physical and emotional health care needs were met.
- People who used the service were registered with a local GP and had an annual health check. An annual health check provides an important means for routinely checking the general health status of adults with learning disabilities.
- The registered manager advised us that they were in the process of developing a health action plan with people who used the service. A health action plan identifies the person's health needs, what will happen about them (including what the person needs to do), who will help and when this will be reviewed.
- The service regularly sought support from health care professionals from the local learning disabilities team to ensure that their physical and psychological health care needs were met. For example, the service recently referred a person to the psychologist to support the person when dealing with loss and anxieties.
- A relative told us, "My relative's health care needs are met and I am happy with what the service is doing."

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who used the service were not deprived of their liberty and the service sought advice and support for the local authority and court of protection to appoint an independent advocate for people if required. The registered manager told us that if people would lack capacity to make some decisions they would discuss this with the relevant people and obtain the appropriate documentations to ensure that they were not deprived of their liberty.
- All people living at the service have capacity. However, the service had discussed with people and their relatives that they can access an independent advocacy scheme if they required further assistance in making more difficult or profound decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who used the service told us that they are happy where they live and we observed staff treating them with respect and courtesy.
- People told us staff were kind and caring. We asked one person what they thought about staff and the person replied with a big smile pointing to staff. One relative told us, "Yes they [staff] respect my relative and they [staff] are very kind and caring
- People's relatives told us people were well treated, stating they were kept well informed about any changes to their agreed plan of care and support. A relative said, "I am very happy with the care, the manager always tells me what is happening, I am very happy with the choice of home my relative has made."
- The provider values promoted an inclusive culture across the organisation that respected people's rights, equality and diversity. Care staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. There were relevant policies in place, including, equality and diversity and Equalities Act 2010.
- There were practical provisions for people's differences to be observed. People's care records contained their profiles, which recorded key information about their care. This included people's likes and dislikes, interests, culture and language. This information enabled staff to involve people as they wished to be.
- There were planned activities for people. Even though none of the people practiced any religion, the service celebrated major religious days, including Christmas, Easter, Diwali and Eid.
- A care worker told us, "I respect all beliefs, in my previous job I worked in a home which was different to my religion and it makes no difference. You can be whoever you are and I will provide people with the help they need."

Supporting people to express their views and be involved in making decisions about their care

- People who used the service were encouraged and supported to express their views about the care and support received and were involved in choosing where they wanted to live.
- People were provided with information in the most accessible format to enable them to be involved in their care. In relevant examples, we saw social stories were used to help people participate in their care and cope with stressful situations. A care staff told us, "We have to ask what people want, I will encourage people to tell me what they want, this will help their self-worth and self-confidence."
- The service maintained regular contact with people's relatives through telephone calls. This gave relatives opportunities to discuss and provide feedback.

Respecting and promoting people's privacy, dignity and independence

- The service respected and promoted people's independence by working with them to learn new social and life skills.
- Relatives told us about how staff took time to support people to participate in activities as fully as they could. A relative told us, "My relative has communication difficulties, but staff make sure my relative's needs are known and everything is achieved as best as can be, with my relative's input."
- The service ensured people's personal information was stored securely. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with the General Data Protection Regulation (GDPR) law. Staff understood why people's confidentiality must be respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred and reflected people's choice, wishes and aspirations.
- People's care files contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences. Staff could describe to us how people liked to be supported.
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care. It was evident that people who use the service and their relatives had been involved in the review of the care plans and their needs, goals and aspirations were clearly documented and updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been met and the staff communicated with staff verbally and well using a variety of communication tools suitable for people who struggle with verbal communication.
- Information was presented in different formats to support people to communicate to the best of their abilities. There were a range of communication formats, each personalised to the specific needs of the person, including pictures and Makaton.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to stay in touch with family and friends and were integrated in the local community. For example, regular family visits were facilitated, and we saw that people stayed in touch with people who were important to them.
- The service ensures that people who used the service maintained regular contact with their relatives and friends. Relatives told us that they visited the service regularly and made always be welcome by staff. One relative said, "My relative is very happy at the home. I really trust the staff whatever I tell them they do."
- We observed staff interacting with people and offering in house and community-based activities. Staff demonstrated to be patient and sat with people facilitating activities at people's pace and interests.
- The service only started to operate since December 2021 and the registered manager told us that they currently explored various community-based activities such as local colleges and day centres, which were of

interest to people who used the service.

Improving care quality in response to complaints or concerns

- Complaints and concerns raised by people and others were dealt with and were looked at as a tool to improve outcomes and the quality of care people received.
- Since registering with the CQC the service had received one complaint, which had been diligently investigated and resolved.
- Staff told us that they welcomed complaints and saw them not as a criticism and rather looked at complaints as a way to improve the quality of care provided to people who used the service. One care staff told us, "Complaints are good we can learn from them everyone can make mistakes."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a visible positive, open and person-centred culture at the service.
- Relatives confirmed care was planned to meet people's needs, preferences and interests. A relative told us, "I recently had a meeting with [manager], social worker and my relative to discuss my relatives needs and future plans but at the moment everything is good and there is nothing to change and I know they are looking into colleges at the moment."
- There were a range of formal systems to ensure people had choice and control over their care. People participated in regular meetings and discussions with staff and the registered manager who was visible and hands on when at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The leadership was open and honest with people when things went wrong. We had been notified of notifiable events and other issues.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear management structure consisting of the head of operations, registered manager and care staff. Staff were well informed of their roles and reporting structures.
- The registered manager was passionate and committed to providing quality care. They were knowledgeable about regulatory requirements and issues relating to the quality of the service. They were receptive to our feedback provided during and after this inspection and told us that our role helped them to improve the service.
- The registered manager had a sense of responsibility. There were systems in place to assess, monitor and check the quality of the service provided to people. Checks had been carried out on people's care records, staff training, safeguarding, health and safety and medicines management. This helped monitor the performance of staff and the quality of the service provided to people.
- Relatives told us the service was well-managed. They described the manager in complimentary terms. A relative told us, "[Name] is very good, nice and respectful. She very easy to talk to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff told us that they felt involved and empowered to raise concerns. One care staff told us, "The manager is very helpful, [Name] is easy to talk to and very approachable and takes things serious, suggestions for changes are taken serious and actions is taken. We can meet with her face to face or during team meetings."
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. For example, people from different religious back grounds were offered the opportunity to access the place of worship of their choice.

Continuous learning and improving care; Working in partnership with others

- There was evidence the service maintained a good working relationship with all health and care services to enable multi-disciplinary teamwork. The registered manager and operations manager knew when to seek professional input and how to obtain it.
- The service worked in partnership with a range of health and social care agencies to provide care to people. These included GPs, psychologists and the local learning disabilities team. There was also ongoing work with the local authority.
- The registered manager told us that she continuously looked for external training resources in particular if people had specific health care conditions and around changes and guidance in providing care and support for people with learning disabilities and autistic people.