

Mr David Calwell

Mr David Calwell - 6 Lord Street

Inspection report

6 Lord Street
Lytham St Annes
Lancashire
FY8 2DF
Tel:01253 722800

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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 6 Lord Street on 06 February 2015. This was an unannounced inspection which meant the staff and provider did not know we would be visiting. Lord Street is a home for up to three people with learning disabilities. The service is situated in a residential area in Lytham close by a trading site. Transport networks are nearby. The house is of a domestic nature with no specific aids and adaptations as people living there are independent.

People using the service are protected from abuse because the provider has taken steps to minimise the risk of abuse. Decisions relating to people's care are taken in consultation with people using the service, their next of kin and other healthcare professionals. This ensures their rights are protected.

Summary of findings

Staffing levels are determined according to people's individual needs, and there is enough staff available at the service. We saw that extra staff are provided where people's needs change and when they require extra support.

Staff receive training that is relevant when supporting the needs of people with learning disabilities. Staff are supported through good links with local community healthcare professionals. This ensures people receive effective care and support relating to their healthcare and social care needs.

There is a relaxed atmosphere at the home. People told us they enjoy living there and their relatives told us that staff are supportive and approachable. People are able to take part in activities that they enjoy and receive support from the staff if required.

Where people using the service lack capacity to understand or make certain decisions relating to their care and treatment, if appropriate, best interest meetings are held which involve family members, independent mental capacity advocates, and social workers.

We looked at the systems relating to medicines management and saw that the records relating to medicines are accurate and up to date. People are supported to receive the correct medicines at the right time. Staff working at the home receive appropriate training in medication administration.

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.

People using the service and their relatives told us they felt safe living at the home and they had no concerns.

Staff were aware of what steps they would take to protect people. People were not restricted in any way, where risks had been identified, staff supported people to make informed choices.

Medicines were managed effectively. People were supported to get the right medicine at the right time.

Good



Is the service effective?

The service was effective.

Staff completed relevant training to enable them to care for people effectively.

Staff were supervised regularly and felt well supported by their peers and the registered manager.

People were supported to maintain a balanced diet. Staff consulted with community healthcare professionals where people required a modified diet and extra support.

Where people using the service lacked capacity to understand certain decisions related to their care and treatment, best interest meetings would be held which involved family members, independent mental capacity advocates, and social workers.

Good



Is the service caring?

The service was caring.

We saw that people were treated with kindness and compassion when we observed staff interacting with people using the service.

We saw that the staff supported people to take part in individualised activities that promoted their independence.

People were involved in decision making about how they wanted to spend their time and the places they wanted to visit.

Good



Is the service responsive?

The service was responsive.

People using the service led active social lives that were individual to their needs.

People had their individual needs assessed and consistently met.

Care plans were person centred and staff were aware of people's choices, likes and dislikes which meant that care was provided in a person centred way.

There was an open culture at the home and staff told us they would not hesitate to raise any concerns or complaints and felt that they would be dealt with appropriately.

Good



Summary of findings

Is the service well-led?

The service was well-led.

A number of audits were carried out at the home to monitor the service, these included health and safety audits. Incidents at the home were used as an opportunity for learning. People living at the home regularly used community facilities such as shops and other services, and this enabled people to have a presence within the community.

Reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates. This showed the service worked in partnership with other agencies to make sure people's needs were monitored and met.

Good



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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, and to provide a rating for the service under the Care Act 2014.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The inspection was led by the lead Adult Social Care inspector for the service. Before we visited the home we checked the information that we held about the service and the registered manager/provider. No concerns had been raised and the service met the regulations we inspected against at their last inspection which took place on 12 October 2013.

During our inspection we observed how staff interacted with people who used the service. We reviewed two care records, staff training, and records relating to the management of the service such as audits and policies. We spoke with two people who used the service and one relative of a person who used the service. We also looked around the home including the communal areas and with permission some of the bedrooms.

Is the service safe?

Our findings

The people living at the home said that they felt safe. One person said, “I like it here, the staff look after me, care for me and help me to do lots of things.”

People using the service were protected from abuse because the provider had taken steps to minimise the risk of abuse. Staff were able to describe to us what constituted abuse and the action they would take to escalate concerns. Staff members spoken with said they would not hesitate to report any concerns they had about care practices. They told us they would ensure people who used the service were protected from potential harm or abuse. We saw that training was provided in relation to safeguarding, staff spoken to confirmed they had undertaken specific safeguarding training and that it was adequate for their role. Decisions related to people's care were taken in consultation with people using the service, their next of kin and other healthcare professionals which ensured their rights were protected.

We found information held within people's care records that showed that risk assessments had been undertaken and that safety plans were in place. Each person living at the home had an emergency plan in place in case they either went to hospital or went missing. The staff on duty were aware of the home's whistleblowing policy and knew how to access it if they needed to raise concerns. Accidents and incidents were documented, and if action was needed to be taken to address issues or change practice, this was completed by the staff. We saw that risk assessments and care plans had been updated following a change in the assessed needs of people at the home. We saw that care plans for one person had recently been updated after the staff had noticed and monitored changes in their behaviour.

Staff recruitment was dealt with by the owner of the home. The service had effective recruitment policies and procedures in place. Pre-employment checks had been carried out, and application forms completed, Disclosure and Barring (DBS) clearances, references and identification checks were in place. Staff we spoke with confirmed that they had attended a formal interview and did not begin work until references and appropriate clearances were obtained.

Staffing levels were found to be appropriate to the assessed needs of the people at the home. Regular events and trips were planned on a daily basis. If extra staff were required to meet people's needs during these events, then they were put on the rota. We discussed with the team leader on duty how rotas were set out and they told us that this was done against the assessed needs of each individual. We looked at staff rotas and saw that they were planned in advance. Staff told us that the rotas were flexible to meet the needs of the people at the home. They said, “If people want to do something special or have an appointment, then the rota can be changed to accommodate this.” The registered manager explained that he frequently supported individuals to undertake activities outside the home. People at the home confirmed this, and we saw documentary evidence to support this.

We looked at the systems for medicines management and saw that the records relating to medicines held at the home were found to be accurate and up to date. People were found to receive the correct medicines at the right time. Staff working at the home had received appropriate training in the area of medication administration. Risk assessments and care plans were in place for each person at the home.

On looking around the home, we found that each person had their own style of clothing and individual personal items in their bedroom.

Is the service effective?

Our findings

People we spoke with told us, or indicated the staff that provided their service were caring and compassionate in carrying out their role.

The staff we spoke with showed that they were knowledgeable about the work they undertook. They confirmed that they had received an induction when they started work, and that training was periodically offered. The staff told us that they had received training on subjects such as first aid, fire, health and safety and food hygiene. Other subjects such as promoting independence, the Mental Capacity Act and managing risks had also been undertaken by the staff and the records held by the registered manager confirmed this. The subjects covered were found to be appropriate to the needs of the people at the home, and the effective operation of the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw there were detailed policies and procedures in place in relation to the MCA, which provided staff with clear, up to date guidance about current legislation and good practice guidelines. We spoke with staff to check their understanding of MCA and DoLS. The staff we spoke to

showed a good awareness of the code of practice and confirmed they had received training in these areas. Records held by the registered manager confirmed this. Whilst none of the people living at the home were subject to a deprivation of liberty, the registered manager explained that if people's needs changed best interests meetings would be convened and appropriate measures would be put in place to empower and protect individuals who lack capacity. Staff received supervision from senior staff and appraisals were also undertaken to determine how the staff were progressing in their work, and to identify their training and development needs.

Communication between the staff was found to be effective. Records were maintained and handovers were undertaken to ensure that each staff member was well briefed about the on-going needs of the people at the home, and aware of the support and care people needed to maintain their welfare.

We found that people had access to a varied diet. The records showed that the service offered people a variety of foods in the right proportions. Staff had carried out routine nutritional screening with each person at the home, and they explained that if people either had problems eating or started to lose weight then they would be referred for a professional assessment and a care plan would be put into place.

The home was found to be a domestic property. The registered manager explained that he had a rolling programme of maintenance for the home. Although the property was found to be in good order, the provider was asked to consider implementing a redecoration programme so as to ensure the property continued to be well maintained.

Is the service caring?

Our findings

People living at the home said that they liked the staff. One person said, “He (staff member) is my best friend.” The staff were found to be approachable and had positive relationships with the people living at the home. People we spoke with told us they were happy with the care they received from the service. One person told us, “The staff are great. They (the staff) are very kind” and another said, “The staff take me out, I do all sorts. They notice if I’m not well and I have been to see the doctor. I like to go to work and the staff help me to get there.” One person who had been for a walk that morning said, “I love walking. The staff take me out when the weather is fine. I love it.”

We observed that staff took the time to sit and chat with people about their lives, what was going on in the home. The atmosphere in the home was relaxed and staff used humour to assist people to feel at ease.

People were seen to be involved in the running of the home. Staff were seen to consult people about the activities they wanted to take part in, and discussions took place about planning events in the future. People took part in cooking and cleaning tasks, and these activities were linked to people’s needs and interests. People told us that they were given the opportunity to make a number of

choices about the care and support they received and the care plans we looked at supported this information. People’s preferences regarding issues such as food, drink and social activities were clearly laid out within their care plan. There was also evidence to show that this information was regularly reviewed. The care plans for people who were unable to communicate verbally showed staff how they would recognise if someone was happy or unhappy, for example when choosing activities to undertake.

Information was made available to staff which included areas such as dignity and respect, confidentiality and equality and diversity. We saw policies for each of these areas and that staff had signed to state they had read and understood them. We discussed with staff how people’s privacy and dignity were ensured. All the staff we spoke with were knowledgeable in this area and were able to give good examples of how privacy and dignity were maintained, for example when assisting with personal care.

The registered manager said “Staff are employed to encourage people to be as independent as possible when undertaking tasks and activities, and we have discussions with individuals regarding all aspects of their life such as meals, activities and end of life care. Records held by the registered manager confirmed this: people’s wishes and preferences had been recorded.

Is the service responsive?

Our findings

People living at the home were found to express themselves freely, and were happy to discuss their lives, activities and interests. Comments from people included, “I like to go out to charity shops and for meals.” Support staff were seen to promote choice through discussion and the provision of information so that people were informed. People who used the service led varied social lives that were individual to their needs. We found that people had their individual needs assessed and consistently met. Photos of previous outings that had been arranged were on display.

We looked at the care records, and observed the ways in which people moved around the home. People were not restricted in any way. The care records held at the home showed that people’s needs had been assessed and that care plans had been put together with the person. The plans showed how people liked to be supported in ways that were individual to them. Care plans and risk assessments had been reviewed, and this process was undertaken each month or when people’s needs changed. We saw that people’s care plans were written in a clear, concise way and were person centred, meaning that the

person being care for was the focus of the plan. People’s healthcare needs were carefully monitored and discussed with the person, or their family or representative, as part of the care planning process. One person, whose mental health needs had recently changed, had been referred to their local healthcare professional so that advice and guidance could be sought by the home on the best way they could meet their needs more effectively. The records showed that behaviour management plans were in place, and discussions about the person’s on going needs continued to take place with external professionals.

Staff supported people in maintaining relationships with family members; one person who used the service was supported to visit their family member. The service made use of communication tools such as pictures to communicate with people if they didn’t fully understand verbal communication.

The home had a complaints procedure and the staff were aware of this. If people at the home wanted to raise an issue they confirmed that they would approach the staff or the registered manager. Advocacy services were available for people who found this difficult and the staff confirmed that support would be given to people to access these services.

Is the service well-led?

Our findings

We spoke to two members of staff and both spoke positively about their employer, and had a good understanding of their roles and responsibilities. Staff told us their work involved “Supporting people to be independent”, “Respecting their choices” and “Treating them with dignity.” The registered manager added that this was the culture of the home. We saw good examples of these values being put into practice with staff supporting people to do the things they wanted to do in a professional and positive manner. Information held within the records confirmed that people living there regularly used community facilities such as shops and other services, and this enabled people to have a presence within the community.

Information held within the records confirmed that the provider had effective systems to monitor incidents at the home and implement learning from them. We saw that the incidents were recorded accurately and people’s care records had been updated following these incidents to ensure that the most up to date information was available to staff. There had been no complaints about the service since the last inspection. The commissioning team at the local authority confirmed that they had not received any complaints about the service.

The senior staff told us “ We are responsible for undertaking regular audits of the home, and these are done on a periodic basis depending on the items or systems that need checking.” Records showed that staff regularly carried out health and safety audits for the home which covered fire safety, electrical checks, water temperature checks and clinical waste. Where faults had

been identified, actions to rectify the fault were assigned to staff along with timescales so they could be addressed and monitored effectively. We saw clear and detailed policies and procedures were in place. The policies covered areas such as freedom of choice, storage, recording, supply and disposal of medicines and staff training and competence.

Staff said that communication throughout the service was good and they always felt able to make suggestions. Information held within the records confirmed that the staff had regular staff meetings to discuss the needs of the people living at the home, and the ways in which they would support people to take part in individual activities. People living at the home also took part in meetings to talk about activities. This meant people who used the service and staff were able to influence the running of the service and make comments and suggestions about any changes.

Information held within the records confirmed that there were regular reviews of care which enabled individual’s support needs to be monitored. We saw that recent reviews for people who lived at the care home had been carried out with health and social care professionals, family members and independent advocates. This showed the service worked in partnership with other agencies to make sure people’s needs were monitored and met.

The registered manager explained that ethos of the service was to enable and support people to live a homely environment that promoted their rights, individuality and choices. People living at the home were found to express themselves freely, and were happy to discuss their lives, activities and interests. Support staff were seen to promote choice through discussion and the provision of information so that people were informed.