Aspire Healthcare Limited

Camborne Lodge

Inspection report

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Ratings

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

Overall summary

We carried out an inspection of Camborne Lodge on 20 and 22 April 2015. The first day of the inspection was unannounced. We last inspected Camborne Lodge on 9 April 2013 and found the service was meeting the relevant regulations in force at that time.

Camborne Lodge provides accommodation and personal care for up to eight people. Accommodation is provided over three floors in eight single bedrooms. Access between the floors is by stairs only. At the time of the inspection there were seven people accommodated in the home.

The service had a registered manager in post, although they had recently been promoted. A 'service manager' was in day to day charge of the service and was to commence the process of registration. 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.

Summary of findings

People told us they felt safe and were well cared for in the home. Staff knew about safeguarding vulnerable adults. The one alert we received in 2014 had been dealt with appropriately, which helped to keep people safe.

We noted the environment and equipment were safely maintained and staff were safely recruited. We found the arrangements for managing people's medicines were safe. We found records and appropriate processes were in place for the storage, receipt, administration and disposal of medicines.

As Camborne Lodge is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found policies and procedures were in place to assess people's capacity and to identify if decisions had to be taken on behalf of a person in their best interests. However, we identified daily restrictions placed on one person had not been subject to a DoLS authorisation. In addition, behaviour management strategies were based on imposing sanctions rather than taking a positive behavioural support approach.

Staff had completed relevant training for their role and they felt they were well supported by the management team. Training included on-line first aid awareness training, although this did not include practical exercises and practice of basic life support and cardiopulmonary resuscitation (CPR). Recruitment and selection procedures were robust and all necessary checks had been carried out before new staff were confirmed in employment.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drinks. People's health needs were identified and staff worked with other professionals to ensure these were addressed.

People had opportunities to participate in a variety of activities and we observed staff interacting positively with people. Everyone spoken with told us the staff were kind and caring. We saw staff were respectful and made sure people's privacy and dignity were maintained.

Staff understood the needs of people and we saw care plans were highly person centred. People and their relatives spoke positively about the home and the care they or their relatives received.

People, their relatives and staff spoken with had confidence in the service manager and felt the home had good leadership. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people living in the home.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to consent and control. You can see what action we told the provider to take at the back of the full version of the report.

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 told us they felt safe and secure in the home. We found a robust recruitment procedure for new staff had been followed. Staffing levels were sufficient to meet people's needs safely.

There were systems in place to manage risks, respond to safeguarding matters and ensure medicines were appropriately handled. People and their relatives told us it was a safe place to live.

Good

Is the service effective?
The service was not consistently effective.

People were cared for by staff who were sufficiently trained and well supported to give care and support to people living in the home.

The service was not meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was because an authorisation had not been applied for where restrictions had been put in place. Related care plans did not provide consistent guidance.

People were provided with a variety of nutritious foods and were offered choice.

People had access to healthcare services and received appropriate healthcare support. Staff had developed good links with healthcare professionals and were actively working with them to promote and improve people's health and well-being.

Requires improvement

Is the service caring?
The service was caring.

People made positive comments about the caring attitude of staff. During our visit we observed sensitive and friendly interactions.

People's dignity and privacy was respected and they were supported to be as independent as possible. Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Good

Is the service responsive?
The service was responsive.

People were satisfied with the care provided and were given the opportunity to participate in a range of activities. Where able, people could come and go freely.

Good

Summary of findings

Care plans were highly person centred and people's abilities and preferences were clearly recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good 

The service was well led.

The home had a registered manager, however following their promotion, leadership was provided by a 'service manager'.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people living in the home, their relatives and staff. Action had been identified to address shortfalls and areas of development.

Camborne Lodge

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 checked 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.

This inspection took place on 20 and 22 April 2015 and the first day was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service, including notifications.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations of the care provided. We spoke with all seven people who used the service and contacted two relatives by phone. We spoke with the service manager and two other members of staff. We also discussed some of our findings with the area manager for Aspire Healthcare Limited.

We looked at a sample of records including three people's care plans and other associated documentation, medication records, two staff recruitment files and staff records, policies and procedures and audits.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe receiving care at Camborne Lodge. They told us they were comfortable with the staff team. One person we spoke with said, "I do feel safe here ... I don't get bullied here." A relative told us, "I think (our relative) is safe." We observed staff supporting people in a courteous and respectful manner. We saw care staff were patient and polite in their conversations with people.

The staff we spoke with were clear about the procedures they would follow should they suspect abuse. They were confident the management team would respond to and address any concerns appropriately. All of the staff we spoke with stated they had been trained in safeguarding and this was confirmed by the records we looked at. We looked at arrangements to manage people's personal cash allowances. We found there were clear, individualised records, which corresponded to the cash balances held. Periodic audits were carried out by more senior managers and these arrangements helped reduce the risk of financial abuse being undetected. The service manager was aware of when they needed to report concerns to the local safeguarding adults' team. We reviewed the records we held about the service and saw the two alerts we received in the last two years were reported promptly and handled in a way that kept people safe.

Arrangements for identifying and managing risks were also used to keep people safe. When viewing people's care plans we saw risks to people's safety and wellbeing, in areas such as mobilising, falling or going out independently, were assessed. Where a risk was identified, there was clear guidance included in people's care plans to help staff support them in a safe manner. Risk assessments were also used to promote positive risk taking, so people could develop their skills and maintain their independence. For example, we viewed the care plan of one person who managed their own medicines. We saw there was a clear risk management plan in place to address this. This had been reviewed each month. Staff we spoke with demonstrated a clear understanding of risk assessment and care planning procedures and were able to tell us how they supported individual people in a safe and effective way.

We looked at the recruitment records for two new staff members and found appropriate documentation and checks were in place for both members of staff. Before staff were confirmed in post the service manager ensured an application form (with a detailed employment history) was completed. Other checks were carried out, including the receipt of employment references and a Disclosure and Barring Service (DBS) check. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions.

We spent time during the inspection observing staff care practice. Although busy, we saw staff had time to chat with and build positive relationships with people, in addition to carrying out other care tasks and duties. People using the service made positive comments about the staff and those staff we spoke with told us they felt there was "currently enough staff" employed at the service. The service manager told us staffing levels would be adjusted in line with the needs of people who used the service. There was a staffing rota in place to help plan staffing cover and this showed there was a consistent level of staffing planned ahead.

We conducted a tour of the premises and saw the home was in a good state of repair. Corridor, bathroom and lounge areas were free from obvious hazards. The home was free from unpleasant odours. The service manager showed us the results of audits, safety checks and copies of service records. These included gas and fire system checks carried out by external contractors. We saw these were all up to date and confirmed the safety of the premises and the equipment used. We checked the water temperature on a bath and found this to be within safe limits. Staff completed records of similar checks they carried out each time the bath was used. This meant the risk of scalding was safely managed and reduced.

We looked at how people's medicines were managed. A person we spoke with told us they received their medicines when they needed them and another person was supported to manage these themselves. Staff told us they had completed medicines training and we saw records of periodic competency checks having been carried out. Staff had access to a set of policies and procedures to guide their practice.

A monitored dosage system was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medication by placing the

Good

Is the service safe?

medicines in separate compartments according to the time of day. As part of the inspection we checked the procedures and records for the storage, receipt, administration and disposal of medicines. We noted the medication records were well presented and organised. All records seen were complete and up to date. Our check of stocks corresponded accurately to the medicines records. This meant there were measures in place to help ensure medicines were safely managed and administered as prescribed.

Requires improvement

Is the service effective?

Our findings

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 service manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and they ensure where someone may be deprived of their liberty, the least restrictive option is taken.

Staff spoken with told us they had received training on the DoLS and staff had access to on-line information on the MCA and DoLS.

We looked in three people's care plans and saw people's capacity to make decisions for themselves was considered as part of a formal assessment. These were recorded on documentation supplied by the authorising authority (Gateshead Council). At the time of the inspection no one was the subject of a DoLS authorisation. However, we saw in one person's care file information about daily restrictions which had been placed on them. Although deemed to be in the person's best interests, these restrictions were significant and cumulative and not in accordance with the person's stated preferences (as detailed in their care plan). Staff had imposed restrictions because they believed these were needed to promote the persons welfare. We discussed this with the service manager. They informed us this had been discussed with the person's social worker who had advised a DoLS authorisation was not necessary. This had been before a separate supreme court judgement in 2014 which related to a different case. This clarified the law and lowered the threshold for managing authorities (care homes and hospitals) to make an application to a local authority for a DoLS authorisation. This meant the restrictions imposed were not subject to appropriate authorisation and potentially unlawful. This was a breach of regulation 13(5) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw additional restrictions and sanctions had been imposed to deal with behaviours deemed as challenging to the service. We saw guidance in the person's care plan lacked clarity and consistency and failed to identify agreed limits to the degree of sanctions imposed. This meant there was a risk of inconsistent approaches being applied by staff. We saw a positive behavioural support approach had not been considered or implemented. This meant alternative, less restrictive approaches had not been developed. This was a breach of regulation 13(4) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service about the staff team, and heard positive comments. One person told us, "I like everyone here … nice staff." Another person simply stated, "Alright." Relatives we spoke with said, "Staff … I've no problem with them," and "They're fine."

We asked a staff member about the training they had received and looked at how the provider trained and supported their staff. A staff member told us, "I've done medicines, safeguarding and units on my e-learning; safeguarding, infection control and DoLS." We found staff were trained in a way to help them meet people's needs effectively. New staff had undergone an induction programme when they started work in the home and all staff were working through the provider's recently introduced e-learning programme. Topics covered included health and safety and care related topics. Mental health and learning disability awareness elements had not been covered at the time of the inspection, but the service manager told us these would be released and included once staff had completed the core elements. We found first aid awareness training was covered by e-learning and did not include practical exercises and instruction on life support and responding to choking incidents. This meant there was a risk of support in these areas relying on trained emergency service personnel and a further risk of delay in responding to life threatening situations.

We recommend the provider seeks first aid training from a reputable source which includes practical life support instruction for staff.

Staff spoken with told us they were provided with regular supervision and they were supported by the management team. A staff member told us, "We're supported in every way you possibly would want. If there's something they can help with they will do it." Regular supervision meetings provided staff with the opportunity to discuss their responsibilities and to develop in their role. We saw records of supervision during the inspection and noted these contained a detailed summary of the discussion and also a

Requires improvement

Is the service effective?

range of topics had been covered. Staff told us handover meetings were held and key points recorded in a 'hand over book'. This ensured staff were kept well informed about the care of the people who lived in the home.

We looked at how people were supported with eating and drinking. People we spoke with told us they liked the food provided. One relative we spoke with said, "If the food wasn't good (our relative) would soon tell us." We observed the arrangements over lunch time and saw staff were attentive and responsive to people's needs. Choice was offered and people were all able to eat independently. One person was seen to be helping in the kitchen. This ensured people's independence was promoted.

People's nutritional preferences were individually recorded. Where necessary a care plan had been developed, however at the time of the inspection nobody was at nutritional risk. People's weights were taken monthly to monitor unexpected changes and staff explained how they had sought advice in the past when a person had lost weight quickly.

We looked at how people were supported to maintain good health. Records we looked at showed us people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. People's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health needs. From our discussions and a review of records we found the staff had developed good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

We saw from looking at people's care files a summary information sheet had been compiled, which provided information about medical conditions and a description of needs. The sheet was provided to hospitals on admission to effectively communicate people's needs and wishes and to ensure continuity of care.

Good

Is the service caring?

Our findings

People using the service and their relatives told us they were treated with kindness and compassion. People were observed to be relaxed and comfortable and they expressed satisfaction with the service. One person told us, “My life’s a lot better since I’ve been here.” A relative said, “I think the staff are good … they tell us if anything’s wrong.”

Staff we spoke with understood their role in providing people with effective, caring and compassionate care and support. There was a ‘keyworker’ system in place; this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support. Staff were knowledgeable about people’s individual needs, backgrounds and personalities. They explained how they involved people in making decisions. We observed people being asked for their opinions on various matters, such as activities and meal choices, and they were routinely involved in day to day decisions and life within the home.

People said their privacy and dignity were respected. We saw people being prompted and encouraged considerately and staff were seen to be polite. We observed people spending time in the privacy of their own rooms and in different areas of the home. Staff encouraged people to receive their medicines within the privacy of their own room. Staff we spoke with were able to explain the steps they would take to preserve people’s privacy, for example when providing personal care. A staff member told us, “When giving medicines we’ll always shut the door. Bedroom doors are closed and bathroom doors. We’ll respect people’s requests to be left on their own.”

On a tour of the premises, we noted people had chosen what they wanted to bring into the home to furnish their bedrooms. We saw that people had brought their own possessions, as well as photographs and posters for their walls. This personalised their space and contributed to a homely atmosphere. We also saw there were practical steps taken to preserve people’s privacy, such as door locks and blinds fitted to toilet and bathroom windows.

People were encouraged to express their views as part of daily conversations, during ‘house forum meetings’ and in satisfaction surveys. Records of the meetings recorded that a variety of topics had been discussed. People we spoke with confirmed they could discuss any issues of their choice. For example, one comment made was, “When you ask for things they make it happen.” People’s involvement in their care plans was also recorded and care plans were very person centred. We saw individual preference had been clearly recorded.

We observed staff encouraged people to maintain and build their independent living skills. For example some people were able to come and going freely without support, some were being involved in budgeting discussions and on the second day we saw one person carrying out domestic tasks. Staff were also able to provide clear examples of how people were either supported to remain as independent as possible or where people needed more assistance. We saw staff interacted with people in a kind, pleasant and friendly manner. This meant staff adopted a caring and courteous approach.

Good

Is the service responsive?

Our findings

We asked people whether the service was responsive to their needs, whether they were listened to and about the activities they were involved in. People told us staff responded to their requests and they were involved in activities within and outside the home. One comment made to us was, "If I'm not happy I would speak to anyone on duty." Another person said, "I've done lots of things since I've been here." They went on to outline a broad range of interests and activities, including a holiday they had planned. A relative we spoke with told us "(My relative) has got enough to do. They go to college, the gym and discos. They go out for walks by themself."

We spent time observing the care provided and witnessed staff responded to people's various requests. Other aspects of the service were responsive, and a relative told us they felt involved in the provision of care. They confirmed to us "Communication's very good." They went on to tell us, "They ask their opinion and ours."

We looked at a sample of people's care plans to see how staff identified and planned for people's specific needs. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. We saw when people had come to live at the home there had been an assessment of their needs undertaken. We saw from this assessment a number of areas of support had been identified and care plans developed to support these needs.

Care plans covered a range of areas including; diet and nutrition, psychological health, personal care, managing medicines and mobility. We saw if new areas of support were identified then care plans were developed to address these. Care plans were reviewed at least monthly. Care plans were, on the whole, sufficiently detailed to guide staff care practice. The input of other care professionals had also been reflected in individual care plans.

People's health and care plans were reviewed monthly and a note made of any changes needed. These reviews included an update of their weight, behaviour and mental well-being. We saw review comments were meaningful and useful in documenting people's changing needs and progress towards specific goals.

We spoke to staff about personalised care. We found staff had a good knowledge of the people living at the home and how they provided care that was important to the person. One staff member readily explained to us each person's preferences, such as those relating to leisure pastimes.

People told us there were a range of activities available at the home including regular external activities. People said there were also trips out from the home and holidays. We saw people coming and going independently and were told about activities and interests pursued, including educational and employment opportunities. This meant people had a range of activities and occupation offered to provide meaningful ways to spend their time, maintain their interests and develop new skills.

We looked at the way people's views were sought and how complaints were managed. People using the service and their relatives told us they were aware of whom to complain to and expressed confidence that issues would be resolved. Most said they would speak to a member of staff and the service manager if they had any concerns. 'How to make a complaint' was a topic discussed at the most recent 'house forum.' People were aware of external agencies and organisations they could contact should they be unsatisfied with the manager's or provider's response.

Good

Is the service well-led?

Our findings

People we spoke with told us they were happy at the home and with the staff. Both relatives we spoke with said they would recommend the home to a loved one or a friend. They told us, "I think it's ok … We're happy with things." Staff told us they were happy working at the home and a staff member told us, "I love my job here ... they've a great team. You know where you are with them."

There was a clear management structure within the home and provider organisation. At the time of our inspection there was a registered manager in place, however they had been promoted within the provider's organisation. The home was managed on a day to day basis by a 'service manager' who assured us she would now be starting the process of formally applying to register with CQC.

The service manager told us her values and vision for the home was to promote people's independence and for people to feel they experienced positive outcomes. She went on to say, "I want to focus on people's mental health and provide the best care we can." People using the service, their relatives and staff expressed confidence in the management of the home.

The service manager was able to tell us about links developed with the local community, other organisations and initiatives. The service manager told us they had recently signed up to a 'dignity in care' commitment and this would result in 'dignity champions' being identified among the staff team.

We saw the service manager carried out a range of checks and audits at the home. We also saw that she reported back to the provider organisation on a monthly basis; detailing any incident reports or accidents, staff training completed, complaints, medicines and so on. There was also evidence of external checks by more senior managers and the home's owner visited periodically and was clearly knowledgeable about and familiar with the people living in the home and the staff.

We reviewed our records as well as records of incidents held at the home. We found relevant matters had been notified to the Commission in line with the current regulations. We saw there was a system to ensure accidents and incidents which occurred in the home were recorded and analysed to identify any patterns or areas requiring improvement. We saw no adverse incidents had occurred recently.

We saw the service manager had a visible presence within the home and was involved in caring as well as management activities. Staff and relatives expressed confidence in her.

The service manager told us there were staff meetings and house forum meetings for people living in the home. We looked at records which confirmed this was the case and also that these were well attended. The records we looked at confirmed there were a broad range of topics discussed, which were reflective of the manager's stated vision and values. Topics included how to make a complaint, keeping safe, food choices and activities. There was evidence in the meeting minutes of action points being noted and of these being acted upon and resolved. This meant people were involved in the running of the home and consulted on subjects important to them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment A person who used the service was not protected against the risks of improper treatment because acts of control were not a proportionate response to a risk of harm posed to the service user or other individuals. Regulation 13(4) (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment A person who used the service was deprived of their liberty without lawful authority. Regulation 13(5).