

# Ms Millicent Bedworth Calanmill Care

## 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?

Requires Improvement 

### Overall summary

The provider is registered to accommodate and deliver personal care to a maximum of three people.

Our inspection was unannounced. It took place on 19 January 2015.

At our last inspection in October 2013 the provider was meeting all of the regulations that we assessed.

The provider was also the registered manager. 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.

We found that the provider/registered manager due to personal circumstances of late had only limited involvement with the running of the service. We found that the people who lived there were safe. However, due to the provider/registered manager's absence the service was not consistently run in the way it should be to meet regulations. We found that there was a lack of staff

# Summary of findings

supervision and day to day monitoring of the service. The local authority were aware of this and were monitoring the situation to ensure that people continued to be cared for and kept safe.

We were informed by the local authority that changes were pending. They had reassessed the two people who lived there and determined that they no longer needed the level of support that they were presently funding.

Overall, medicine was managed safely. However, there was a lack of recording systems to confirm that medicine was stored at the correct temperature.

People told us that they felt safe. We saw that there were systems in place to protect people from the risk of abuse.

People told us that they liked the food and drink that they were offered. Records confirmed that the people who lived there were supported to have a varied diet in sufficient quantities.

Staff numbers and experience ensured that people were safe and that their needs were met in the way that they wanted them to be.

People told us that the staff were nice and kind and we saw that they were. We observed that interactions between staff and the people who lived there were positive in that staff were kind, polite and helpful to people.

We found that that people received care in line with their best interests. Staff gave us an account of what Deprivation of Liberty Safeguarding (DoLS) meant and what they should do if they identified any concerns.

Staff had training to equip them with the knowledge to provide appropriate support to the people who lived there.

We found that a complaints system was available for people to use. This meant that people and their relatives could state their concerns and dissatisfaction and that issues would be looked into.

# 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.

Medicines were managed to a reasonable standard which prevented people being placed at the risk of ill health. However, confirmation that medicine was being stored correctly would give greater assurance that people would be safe.

Recruitment systems were in place to prevent the employment of unsuitable staff.

Staff training and awareness and the safeguarding reporting systems in place prevented the risk of people being abused.

Good



### Is the service effective?

The service was effective.

The staff were fully aware of their responsibilities regarding the referral processes if they felt that there were issues regarding Deprivation of Liberty Safeguarding (DoLS).

People told us that they were happy regarding the meals and meal choices on offer.

Staff received training the needed to equip them with the skills and knowledge they needed to meet peoples needs.

Good



### Is the service caring?

The service was caring.

People told us that the staff were kind and caring and we saw that they were.

People's dignity and privacy were promoted and maintained.

People's independence regarding daily life skills and activities was encouraged.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were updated where there was a change to their needs.

Staff were responsive to people's choices and preferences regarding their daily routines and lifestyles.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

Good



# Summary of findings

## Is the service well-led?

The service was not consistently well-led.

The registered manager of late had only limited involvement in the running of the service. Staff told us that although it was not a problem they were not appropriately supported.

Management support systems were not in place to ensure staff could ask for advice and assistance when it was needed.

The provider/ registered manager did not have monitoring processes in place to ensure that the service was being run in the best interests of the people who lived there.

**Requires Improvement**



# Calanmill Care

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 19 January 2015 and was unannounced. As the service was small the inspection team consisted of just one inspector. We started our inspection early in the morning as the service provides support to younger adults who are often out during the day; we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. No incidents had occurred that required a notification at the time of our inspection. The provider completed a Provider Information Return (PIR). The PIR is a

form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we met and spoke with one person who lived there (the second person was not there at that time as they had left the home early to go to their day centre). Later in the day we spoke to the second person by telephone. We spoke with one staff member and briefly to the provider/registered manager by telephone. Prior to and following our inspection we spoke with two local authority staff who were involved in monitoring the care and safety of the people who lived there. Although we tried, because of their personal circumstances, we were not able to contact or get the views of the relatives of the people who lived there. We spent time in communal areas observing routines and the interactions between staff and the people who lived there. We looked at the care and medication records for the two people, recruitment and training records for two staff and accident records.

# Is the service safe?

## Our findings

A person who lived there said, “Yes I am safe”. One staff member said, “Oh yes, definitely the people here are safe. We make sure that they are”. Local authority staff we spoke with also told us that the people who lived there were safe.

We looked at what arrangements the provider/registered manager had in place for the safe management of medicines. Records we looked at and staff we spoke with confirmed that people would be given the opportunity to manage their own medicine and processes were available to assess their safety. However, at the time of our inspection people we spoke with told us that they wanted staff to administer their medicine. One person told us, “I am happy staff do my tablets. They give me my tablets in the morning and that’s the right time”. We looked in detail at Medicine Administration Records (MAR) for the two people. We saw that the MAR were maintained correctly and confirmed that people had received their medicines as they had been prescribed by their doctor to promote their good health.

Records we looked at and staff we spoke with confirmed that they had received medicine training. We saw that people’s medicine care plans and their MAR highlighted the current medicine dose that should be given as one person’s medicine dose changed depending on their blood test results. We also saw that where certain foods could prevent a medicine being effective this was clearly highlighted in the person’s records to be avoided. This decreased the risk of medicine error and ill health to the people who lived there.

We found that medicines were being stored in a locked cupboard. Our visual assessment of the cupboard determined that it may not meet current pharmaceutical guidelines. The acting manager told us that they would raise this with their community pharmacy provider and ask their view. We found that there was a thermometer in the medication cupboard for staff to monitor that the medicines were being stored at the correct temperature. However, no recordings of those temperatures were available and the acting manager confirmed that records were not made. They told us that they would implement a temperature recording system that day. The maintaining of records to confirm that medicines were being consistently stored at the correct temperature to prevent them being ineffective.

We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. Staff we spoke with and records that we looked at showed that there had been no recent falls, incidents or concerns. Staff gave us a good account of what they would do in the event of an emergency. Depending on the situation they told us they would ensure that the person’s high risk needs were met and they would call for medical assistance. This showed that the systems in place prevented the risk of untoward events and injury to the people who lived there.

One person told us that they had never been treated in a way they did not like. A staff member said, “I would not hesitate to report my concerns”. Staff we spoke with told us and records we looked at confirmed that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. Staff gave verbal assurance that the people who lived there were protected from harm and abuse. They told us about the processes they would follow if they had a concern and gave an example of reporting their concerns to the local authority. Our observations showed that people who lived there were at ease with the staff. We saw that they asked staff questions, chatted to the staff and were smiling. This showed that there were processes in place that staff understood, in order to protect the people who lived there from abuse.

Staff told us that staffing levels and staff experience were sufficient to meet people’s needs and to keep them safe. People we spoke with confirmed that this was correct. We found that effective systems were in place to cover staff leave. For example, staff would cover each other’s absence or agency staff could be secured. One staff member said, “There has never been a problem when staff shifts could not be covered”. All of the staff had been working with the people who lived there for many years and had received training to equip them with the knowledge they needed to support them appropriately and in the way that they preferred. One person said, “The staff look after me how I like”. This meant that staffing levels and experience ensured that the people who lived there were supported appropriately and safely by staff.

We found that safe recruitment systems were in place. We checked two staff recruitment records and saw that adequate pre-employment checks were carried out. This included the obtaining of references and checks with the

## Is the service safe?

Disclosure and Barring Service (DBS). The DBS check would show if prospective staff member had a criminal record or had been barred from working with children or adults due

to abuse or other concern. Staff we asked confirmed that checks are carried out before new staff were allowed to start work. One staff member said, "We always do the full checks before new staff can start work".

# Is the service effective?

## Our findings

People and staff told us that in their view the service provided was effective. One person said, “It is good”. A staff member said, “They are really well looked after here”. One person’s care file highlighted that if they were happy they would smile and talk. We saw that the person was smiling and talking which showed that the staff were effective in making them happy.

Training ensured that staff had the knowledge to look after people appropriately and safely. One person who lived there told us, “The staff look after me”. One staff member we spoke with confirmed that they had received training in a range of areas and that they felt competent to carry out their role. Records that we looked at confirmed that staff had received training examples being, safeguarding adults, infection prevention and moving and handling. We saw from records that induction processes were in place which was confirmed by staff we spoke with. This ensured that staff had knowledge of the people who lived there and how they should work to meet people’s needs and keep them safe.

Staff we spoke with told us that they had not for some time received formal supervision from the provider/registered manager. They told us that as the provider/registered manager was absent those sessions had not been maintained. They told us that the lack of supervision had meant that they did not have feedback to confirm they were performing their job role as they should.

Records that we looked at and staff we spoke with confirmed that staff had received training and understood the relevance of the Mental Capacity Act 2005. This legislation protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Records showed that people’s mental capacity had been considered as part of their care planning. Where it was determined that a person lacked capacity staff involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. Records we looked at and staff confirmed that an advocate had been secured for one person regarding proposed changes to the service provision. A staff member said, “It is good because

we know that everything has been done to ensure that the person had a professional to ensure their views were listened to and acted upon. The outcome was that they want to stay here”.

Deprivation of Liberty Safeguarding (DoLS) is a legal framework that may need to be applied to people in some care settings who lack capacity and may need to be deprived of their liberty in their own best interests to protect them from harm and/or injury. The staff gave us a good account of what DoLS meant and knew of their responsibilities regarding DoLS. They knew that if at anytime, due to their safety or other needs they had to restrict a person in anyway, then they would need to apply for an assessment to the local authority. Staff told us that non-restrictive practice was promoted and that that no person’s daily routine or preferred lifestyle was restricted. Records we looked at and staff we spoke with highlighted that one person who lived there was very independent and went out alone. They told us, “I can do everything”. This demonstrated that the provider/registered manager had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

We found that healthcare services were accessed on a regular or on an as needed basis to promote good health. Staff told us and the records we looked at confirmed that when there was a need they had made referrals to external healthcare professionals for assessment and to prevent a condition worsening. This included the GP, community nursing services, the chiropody service and the optician. One person confirmed that they had a regular dental check and went to the ‘foot clinic’ regularly for chiropody.

We did not observe any meal times. This was because the people who lived there were had eaten their breakfast before we arrived. The two people who lived there told us that they enjoyed their meals. One person said, “They are lovely”. The second person said, “I like the roasts”. As only two people lived there was no set menu. People were asked each day what they would like to eat. One person said, “I tell them what I want”. We saw that food stocks were satisfactory. Records we looked at confirmed that people enjoyed a varied diet which contained meat, fish, fruit and vegetables. We saw that records were maintained each day to confirm what food each person had eaten. Records also confirmed that people’s weight was monitored to ensure that they were not losing or putting on too much weight which could place their health at risk.



# Is the service caring?

## Our findings

People told us that the staff were nice. One person said, “I like her, she is my baby” pointing to one staff member. We observed staff interactions with one person who lived there. We observed that staff took time to listen to what the person said. We saw that the person responded to this by smiling and talking to the staff member.

We observed that staff reassured people appropriately. When we arrived at the home one person was waiting for the transport to take them to their day centre. We saw and heard the staff member explain and giving them reassurance by saying, “They will be here soon”. We saw that the person was happy with the way staff had reassured them. They were calm and relaxed.

One person used a hearing aid. The staff member checked to make sure that the hearing aid was working correctly and spoke to the person by facing them. We observed that the person heard and understood what the staff member said to them as they answered their questions and responded to their conversation. This showed that staff were aware of people’s individual communication needs and how to address them.

From looking at records it was clear that the staff knew the people who lived there well. The staff knew people’s needs, likes and dislikes and what was important to them. For example, records that we looked at confirmed that people were encouraged and supported to maintain contact with their families. One person told us that they had spent time over Christmas staying with their family. They said, “It was

good”. This showed that staff knew the importance of providing personalised care to people to ensure that they were cared for appropriately and in the way they wanted to be.

Staff confirmed that they encouraged people to select what they wanted to wear each day and supported them to express their individuality. The weather was cold on our inspection day. We saw that one person was wearing a hat. They liked the hat. They kept patting it and smiling. The person showed us a small hole in their glove and told us that they were going to the shops with staff to choose some new ones.

We found that people’s privacy, dignity and independence was promoted. Staff we spoke with were able to give us a good account of how they promoted dignity, privacy and independence in every day practice for example ensuring the bathroom door was closed when people were attending to their personal hygiene needs. Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. We saw that people responded to this by looking at the staff member, smiling and talking to them. One staff member told us, “We always encourage people to do as much as they can for themselves such as taking their clothes to the washing machine”. A person said, “I tidy the bedroom and wash up. Staff told us that one person went out alone regularly and that they encouraged that. The person confirmed that this was correct and that they liked to go out alone. This showed that staff promoted people’s dignity and privacy and promoted their independence.

# Is the service responsive?

## Our findings

Records we looked at and staff we spoke with confirmed that a reassessment of people's needs was regularly completed. One person said, "The staff ask me things". These processes and records enabled the provider/registered manager to decide if they could continue to meet the person's needs and informed staff how to care for them appropriately and safely.

Staff told us that they had worked with the local authority and had co-operated with them regarding the changes of service provision and the situation regarding the provider/registered manager. They told us that they had communicated with the local authority, attended meetings and kept them up to date with any new information. Local authority staff confirmed what the staff had told us. They confirmed that the staff had been responsive in that they had worked with them, communicated with them and attended meetings, sometimes at short notice, to ensure that the people who lived there continued to be supported and were safe.

People told us that the staff supported them to follow their individual interests and pastimes. One person said, "I like the day centre". Records confirmed that the second person

engaged regularly in a range of community based sessions at local leisure centres and other venues. They told us that they also did voluntary work which they enjoyed. Both people told us that they liked eating out and going shopping. Staff we spoke with and records that we looked at confirmed that they ate out and went shopping regularly.

None of the people we spoke with had made a complaint. However, relatives we spoke with told us that they would not hesitate to speak of any dissatisfaction or complaints they may have. We found that relatives knew how to access the complaints procedure. This gave relatives and the people who used the service assurance that a complaints system was available if they felt they were not happy with something.

Staff told us and records confirmed that both people had been asked and offered support to attend a religious service. However, both people had declined the offer. Records we looked at highlighted that both people had been asked about their personal religious needs. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

# Is the service well-led?

## Our findings

The provider/ manager was registered with us as is the legal requirement. However, of late due to personal circumstance, they had not taken an active role in the running of the service. An acting manager was in charge on a day to day basis.

The provider/registered manager did not have a clear leadership structure. Staff did not know from week to week if the provider/registered manager would go to the home. They said, “It is not very consistent we do not know what is happening”.

We found that support systems were not in place for staff. Staff told us they did not feel supported. One staff member said, “There is no-one at the moment we can go to if we need help and advice.”

We found that by speaking to staff and looking at records that systems were not in place to ensure that staff were working as they should do at all times. We also found that the provider/registered manager had not undertaken any audits for at least six months. The lack of those processes could prevent people being supported safely and appropriately.

We spoke with local authority staff who gave us assurance that they were fully aware of the situation and were monitoring to ensure that people were safe and well supported. They told us they did not have any concerns regarding people’s safety and that people were adequately supported.

Local authority staff and the staff who worked there told us that the people who lived there and their relatives had

been spoken with and asked their views regarding the proposed changes to the service provision. This showed that consultation processes were in place for people and their relatives so that they could give their views on this important matter.

We found that informal systems had not been used for over a year to enable people and relatives to make their views known about the day to day running of the service. However, staff we spoke with confirmed that they spoke with the people who lived there continually to find out if any changes were needed. One person said, “The staff always ask me if I am happy”. We found by viewing records that staff also had good communication with people’s relatives. This meant that informal systems were in place so that people and their relatives had the opportunity to voice their views and opinions.

We were provided with a completed Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service and how they are meeting the five questions. The PIR reflected our inspection findings examples being, that the service was safe, effective, caring and responsive. We had been made aware before our inspection of the situation concerning the provider/registered manager’s situation.

Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “If I had any concerns at all, which I do not have, I would report them straight away to Social Services or you (The Care Quality Commission). This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice.