

Mr David Calwell

Mr David Calwell - 6 Lord Street

Inspection report

6 Lord Street
Lytham St Annes
Lancashire
FY8 2DF

Tel: 01253722800

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01 June 2017

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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 ●

Summary of findings

Overall summary

The inspection visit took place on 18 May 2017 and was unannounced. We returned to speak with the provider on 01 June 2017, as they were out of the country at the time of our inspection.

The last comprehensive inspection of this service was carried out 06 February 2015, at which time we found the provider was meeting legal requirements.

During this inspection, we found the provider had continued to meet legal requirements and, as such showed consistent good practice.

Mr David Calwell – 6 Lord Street is a small home registered to provide care and accommodation for up to three persons who live with learning disabilities. The home is situated in a residential area of St Annes close to the sea front and within walking distance of a number of facilities and amenities. At the time of our inspection, three people were living at the home.

The provider understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they knew how to work within the law to support people who may lack capacity to make their own decisions. However, they had not recorded assessments of people's capacity to make decisions. Additionally, decisions, which had been taken in people's best interests, had not been recorded. We have made a recommendation about this.

We found the provider had systems to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

We looked at the recruitment of two staff members. We found appropriate checks had been undertaken before they had commenced their employment confirming they were safe to work with vulnerable people.

Staff spoken with and records seen confirmed an induction and training programme was in place. Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Individual risk assessments had been completed for people who lived at the home. This helped to ensure risks had been identified and measures put in place to reduce risks to people's safety and wellbeing.

The environment was maintained, clean and hygienic when we visited. We saw staff followed infection control guidelines.

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were stored appropriately.

People's nutritional needs were met by staff who knew their individual needs, likes and dislikes. People told us they were satisfied with the meals staff prepared for them.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs had been met.

We observed staff supporting people with their care during the inspection visit. We saw they were kind, caring, patient and attentive.

The provider used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. The provider also spent time with each person who used the service every week. We found people were satisfied with the service they received.

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.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments to reduce potential harm to people.

There were enough staff available to meet people's needs, wants and wishes safely. Recruitment procedures the service had were safe.

Is the service effective?

Requires Improvement 

The service was not always effective.

The provider had not ensured assessments of people's capacity and decisions made in their best interests had been recorded.

Staff had the appropriate training to meet people's needs.

There were regular meetings between individual staff and the management team to review their role and responsibilities.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good 

The service was caring.

People were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships with people who lived at the home and knew them well.

People and, where appropriate, their relatives, were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider supported people with activities in the local community to stimulate and maintain people's social health.

People told us they knew how to make a complaint. They felt confident the provider would deal with any issues raised.

Is the service well-led?

Good ●

The service was well-led.

People and staff felt the house managers and the provider were supportive and approachable.

The provider used a system of audits and checks to monitor, maintain and improve the quality of the service provided.

People, their relatives and staff were involved in making decisions about how the service was delivered.

Mr David Calwell - 6 Lord Street

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 team consisted of an adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events that the provider is required to send us. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

We spoke with a range of people about the service. They included two people who lived at the home, three staff and the registered provider. We also spoke with the local authority. This helped us gain a balanced overview of people's experience of the service.

We looked around the home to make sure it was a safe and comfortable environment and observed how staff helped and communicated with people who lived there. We checked two care documents and medicines records in relation to people who lived at the home. We looked at two staff files and reviewed records about staff training and support.

We looked at documentation related to the management and safety of the home. This included health and safety certification, staff rotas, satisfaction surveys and health and safety checks.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person commented, "I'm happy here. I'm safe and the staff are good."

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had information to help them identify abuse and respond in line with the provider's policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in staff training records. Staff we spoke with explained how they would deal with safeguarding concerns and told us they had confidence in the provider to deal appropriately with any issues.

A recruitment and induction process ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at two staff files, which contained the required information. This included a Disclosure and Barring Service (DBS) check. A DBS check helps employers to make safer recruiting decisions. We saw references from previous employers had also been sought. These checks helped to minimise the risks to people of the recruitment of potentially unsuitable candidates. Staff personnel files also contained records of interviews and checks on candidates' identity. Records confirmed staff had not begun to work at the home until these checks had been completed. This showed the provider followed a robust and safe process when recruiting new staff.

We looked at care records for two people who lived at the home. We did this to check how risks to people were identified and managed. We found individualised risk assessments were carried out appropriate to people's needs. Care documentation contained instructions for staff to ensure risks were minimised. Staff we spoke with and the house manager confirmed assessments of people's needs and individual risk assessments had been completed. They were reviewed by house managers and updated regularly, in line with changes in people's needs.

We asked about staffing levels during our inspection and received positive feedback. Staff we spoke with told us they felt there were always enough staff on duty to ensure people's needs were met safely. People who lived at the home were independent and only required prompting and encouragement from staff, for example, meal preparation and personal care.

During our inspection, we looked at processes for managing the documentation related to the administration and storage of medicines. We looked at Medicine Administration Record (MAR) forms for three people which indicated medicines were given as prescribed. We did not observe the administration of medicines, but talked through the process with staff who described safe practices. Medicines were stored clearly and safely in a locked cabinet.

We checked how accidents and incidents had been recorded and responded to. Any accidents or incidents were recorded as soon as possible after the incident. We saw the recording form had the description of the incident and any action taken by staff. The provider explained they analysed accidents and incidents to

identify any trends or themes, in order to take action to reduce the risk of it happening again. There had been no accidents or incidents for over 12 months prior to our inspection.

We looked at each area of the home, including bedrooms, the bathroom, the kitchen and communal areas. We found these areas were clean, tidy, and well maintained. We looked at records, which confirmed regular testing and certification of utilities systems were carried out in line with legal requirements.

Is the service effective?

Our findings

People who lived at the home told us they received a good level of care. One person told us, "The staff are good. The food is good. Staff help with whatever I need them to."

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 interest and legally authorised under the MCA 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA 2005.

We looked at care records and found the provider had not carried out assessments of people's capacity. We discussed the MCA and DoLS with staff and the provider who explained they had not assessed people's capacity or made any applications under DoLS. One of the three people who lived at the home was unable to leave the premises on their own and would only be able to go out into the community with staff support. The provider explained the person did not have a level of understanding of dangers posed, for example, by busy roads, in order for them to be safe on their own. The decision to restrict the person leaving the home on their own had been taken in their best interests, but the decision making process had not been recorded. The two other people who lived at the home were not restricted in any way.

We recommend the service reviews their recording systems around best interests processes and DoLS applications to ensure they are compliant with legislation.

We spoke with staff to assess their knowledge of the MCA. Staff we spoke with told us they had not received training on the MCA and DoLS. However, they were able to describe how they offered people as much choice and control as possible. When we discussed this with the provider, they assured us training for staff would be provided to staff following our inspection.

We looked at how the provider ensured staff had the skills and knowledge to carry out their role. When new staff were employed, they completed an induction and worked alongside more experienced staff before they carried out tasks unsupervised. This helped to ensure staff were confident and competent to undertake their role effectively and were familiar with people and the premises.

Staff we spoke with told us and records we looked at confirmed staff had received training in a variety of topics. These included safeguarding, load management, infection control and fire safety. Staff also confirmed they had received training on topics such as caring for people with a learning disability. Staff we spoke with told us they felt they had received sufficient training to meet people's needs. This helped to

ensure the staff team could meet the needs of people who lived at the home effectively.

We looked at how staff were supported. Staff told us they received regular supervision from the house managers. Supervision was a one-to-one support meeting between individual staff and the house manager, to review their role and responsibilities, as well as any operational issues. The process consisted of a two-way discussion around people who lived at the home, personal development and training needs, as well as any other topic staff wished to discuss. Staff members we spoke with told us they felt they could speak with the house managers or provider at any time, should they want additional support or guidance. They told us they had confidence in the management team and any issues were resolved promptly.

We found formal supervision sessions had not been taking place regularly in the months prior to our inspection. The house manager we spoke with and the provider explained because they had a small staff team and saw each other every couple of days, support was provided on an ongoing basis outside of formal supervision sessions. Staff we spoke with confirmed this and told us they felt supported.

People's healthcare needs were carefully monitored and discussed with the person and, where appropriate, their relatives as part of the care planning process. Care records seen confirmed visits to GPs and other healthcare professionals such as dentists. Care plans had sections for general medical conditions and specific conditions such as mental health. Staff supported people to attend appointments in their local community. People told us they could go out to see a doctor or a home visit would be arranged if they preferred. This confirmed good protocols were in place for people to receive effective support with their healthcare needs.

Staff on duty were responsible for preparing people's meals. They had knowledge of people's likes and preferences, which were also recorded in written plans of care. Staff knew who required special diets, for example, low sugar. We found the kitchen to be clean and hygienic.

We looked at each area of the home to check whether the premises were maintained. We found all areas of the home were maintained to a good standard and provided pleasant surroundings for people who lived there. Any maintenance work that was required was reported to the provider or house managers. Staff told us any issues were addressed promptly.

Is the service caring?

Our findings

People we observed appeared happy, relaxed and comfortable with staff. We observed staff treated people with kindness and sensitivity. The atmosphere within the home was calm throughout our inspection. One person commented, "The staff are great, I've no concerns at all."

Staff we spoke with told us they had received training around providing care and support to people in a way that was dignified and respectful. We saw staff put this into practice during our inspection. We observed many positive and caring interactions between staff and people who lived at the home. We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect.

Relationships between people who lived at the home and staff appeared open and friendly. Staff were knowledgeable on people's past histories and present likes and dislikes. There was a rapport which people appeared to enjoy and which showed familiarity.

The provider had gathered important information about people, which included their life history, preferences about their care and support, likes and dislikes. However, this information was not always used to inform people's written plans of care in order to make the care and support people received person centred. Staff we spoke with were able to tell us lots of important information about the people they supported and clearly knew them and their needs very well. We discussed this with the provider who sent us confirmation that plans of care were being updated to include additional details about people's preferences following our inspection.

Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed on a regular basis. This ensured staff had up to date information about people's needs.

We spoke with the provider about access to advocacy services should people require their guidance and support. They confirmed they had information that could be provided to people and their families, if this was required. This helped to ensure people's interests would be represented and they could access appropriate services to act on their behalf if needed.

Is the service responsive?

Our findings

People who lived at the home told us they received a personalised care service that was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed staff members undertaking their duties. We saw they could spend time with people making sure their care needs were met.

To ensure the care and support provided to people was able to meet their needs, the provider completed an assessment of people's needs before they moved into the home. They explained if they were not able to meet people's needs they did not offer a place at the home.

To make sure the support remained responsive to people's needs, house managers carried out regular reviews of people's needs and their written plans of care. This showed the registered manager had a framework that ensured the care delivered was able to respond to people and their care needs.

During our inspection, we looked at two care plans. The plans we looked at enabled us to identify how staff supported people with their daily routines. The provider had gathered information about people's preferences about how their care was delivered. We saw information related to mobility, nutrition, emotional needs and communication. There was further information on daily life, social activities, personal care, safety and well-being. However, we found guidance for staff around how to support people with personal care needs, was not recorded in detail. We discussed this with the house manager and the provider. They explained because they had a small and stable staff team, who supported a small number of people, all staff knew how people wished to be supported. Staff we spoke with confirmed this and were knowledgeable about people's needs. We received assurances from the provider that they would review the level of detail recorded in care plans following our inspection.

We looked at how the service supported people in terms of activities and how they spent their time. Two people were completely independent in choosing activities and how they spent their time, accessing the community and one person had taken up voluntary work at a local organisation. One other person who required staff support to access the community received this and was happy with the level of support provided.

We found there was a complaints procedure, which described the process, and the responses people could expect if they made a complaint. Staff told us if they received any complaints and people were unhappy with any aspect of their care they would pass this on to the provider. We saw no formal complaints had been received by the service for over 12 months. People we spoke with and staff all told us they would not hesitate to raise concerns and felt they would be listened to, but no one had any cause for complaint.

Is the service well-led?

Our findings

People we spoke with and staff all gave us very positive feedback about the management at the home. One person said, "I like [registered manager], he's good. He comes often to make sure everything is ok." Staff members we spoke with told us they received a very good level of support from the house managers and the provider. One member of staff told us, "[Provider] is good. We're a small service so he can keep an eye on everything pretty easily."

We looked at how the quality of the service was assessed, monitored and improved. We saw a range of checks and audits were in use, which covered areas such as care planning, the environment, medicines and staff training. We looked at completed checks, which showed they were undertaken on a regular basis. Where areas for improvement were identified, they were recorded as action points, which were continually reviewed.

We saw the provider gathered feedback from people who used the service relatives and staff members by way of a survey questionnaire. The questions on the survey were designed to cover a range of topics and gave people the chance to feedback their thoughts about how the service was delivered. We looked at the most recent results from the survey and found the comments people made about their care were very positive.

We found the provider spent time on a one to one basis with each person who used the service every week. They told us this gave them opportunity to speak with people, see how they were doing and to gain feedback about the service. The provider felt this was a very important part of their quality assurance systems. It allowed them to see, first hand, how staff interacted with people and whether people were happy. This showed the provider assessed and monitored the quality of the service provided, in order to improve the experience of people who lived at the home.

Staff we spoke with told us they could approach the house managers or other members of the management team with any issues, concerns or ideas. Staff were confident they would be listened to and management would take action. Staff told us the service was always well organised, to ensure peoples' care needs were met.

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the house managers and the provider worked with them and showed leadership. Staff told us they felt the service was well-led and they got along well as a staff team and supported each other.

We found provider knew and understood the requirements for notifying CQC of all incidents of concern and safeguarding alerts as is required within the law. We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire.

