

# Mrs Pamela Ann Entwisle

# Campbell House

## Inspection report

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## Ratings

### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

## Overall summary

This inspection was carried out on the 10 and 14 of July 2015 and the first day was unannounced. This means we did not give the provider prior knowledge of our inspection.

We last inspected Campbell House on the 23 April 2014 we found the provider was meeting all the requirements of the regulations inspected and identified no breaches in the regulations we looked at.

Campbell House is a large terraced house, situated in an area of similar properties. The home is registered to

accommodate up to a maximum of five people. Local shops and the Morecambe promenade are a short distance away. The home provides personal care, emotional support and guidance in a domestic type environment for adults living with mental health conditions. Accommodation is provided over three floors and there is a stair lift available for ease of use to the upper floor. The aim of the service is to maximise the

# Summary of findings

potential of each person and to provide a secure and supportive environment where people feel comfortable and safe. At the time of the inspection there were four people living at the service.

The home has a manager who is registered with the Care Quality Commission. 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.

There were systems in place to ensure people who used the service were protected from the risk of harm and abuse. The staff we spoke with were knowledgeable of the action to take if they had concerns in this area.

There were arrangements in place to ensure people received their medicines safely and in a way that promoted people's independence.

We found processes to ensure that people's freedom was not inappropriately restricted were in place and staff were knowledgeable of these.

During the inspection we saw people were supported to be as independent as possible. We observed staff responding to people with respect and people were seen to be engaging with staff openly. We saw evidence that when appropriate, people were referred to other health professionals for further advice and support.

People told us they liked the food provided at Campbell House and we saw people were supported to eat and drink sufficiently to meet their needs.

There were sufficient staff to meet people's needs and we saw appropriate recruitment checks were carried out to ensure suitable staff were employed to work at the service. Staff were supported by a registered manager and received regular supervision to ensure training needs were identified. We saw there was a programme of training in place and staff were knowledgeable of peoples' assessed needs and delivered care in accordance with these.

We saw there was a complaints policy in place that was used in practice, to address any comments people had. The registered manager monitored the quality of service by carrying out checks on the environment, medicines and records. People were encouraged to give feedback to staff and the registered manager.

# 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.

There were systems in place to ensure safeguarding concerns could be reported appropriately and staff were knowledgeable of these.

There were arrangements in place to ensure people received medicines in a safe way.

The staffing provision was arranged to ensure people were supported in an individual and prompt manner.

Good



### Is the service effective?

The service was effective.

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

The management and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff received training and professional development to maintain their skills and enable them to meet people's needs.

Good



### Is the service caring?

The service was caring.

We saw staff provided support to people in a kind way. Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home and care and support were individualised to meet people's needs.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy which was used in practice, to address comments and complaints made regarding the service the home provided.

Good



### Is the service well-led?

The service was well led.

The registered manager carried out checks to ensure improvements were identified and actioned.

Good



# Summary of findings

Staff told us they were supported by the registered manager who sought the views of people who lived at the home, staff and relatives and responded to improve the service provided.

# Campbell House

## 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.

This inspection was carried out on the 10 and 14 of July 2015 and the first day was unannounced. This means we did not give the provider prior knowledge of our inspection. The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed information the Care Quality Commission (CQC) holds about the home. This included any statutory notifications, adult safeguarding

information and comments and concerns. This helped us plan the inspection effectively. We also contacted a member of the commissioning authority to gain further information about the home. We received no negative feedback.

During the inspection we spoke with three people who lived at Campbell House, one relative, three care staff, the owner and the registered manager.

We looked at all areas of the home, for example we viewed the lounge and dining area, three bedrooms and the kitchen. At the time of the inspection there were four people resident at the home.

We looked at a range of documentation which included two care records and five staff files. We also looked at a medicines audit, environmental audit and a sample of medication and administration records.

# Is the service safe?

## Our findings

People told us they felt safe. We were told, “Yes. They’re really good here. The staff know what makes me anxious and they help me through it.” And, “I trust the staff.”

We viewed two care records and saw risk assessments were carried out if required. We saw risks to peoples’ health and wellbeing were assessed and risk reduction methods were used to ensure peoples’ safety was maintained. For example we saw a care plan was in place to minimise the risk of a person falling. During the inspection we saw staff followed the assessment to ensure the person’s safety was maintained. This minimised the risk of the person falling which may have resulted in harm or injury occurring.

The care records we viewed demonstrated that people living at the home were encouraged to take informed risks as part of an independent lifestyle. However whilst promoting independence, staff were mindful of any possible risks. Staff were able to explain the purpose of the assessments in place and how these enabled risks to be minimised. Staff told us that if they were concerned a risk assessment required updating they would discuss this with the person using the service. They also told us they would discuss this with the registered manager to ensure peoples’ safety was maintained. This demonstrated there were systems in place, of which staff were knowledgeable to ensure people were supported safely.

We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur, identify the signs and symptoms of abuse and how they would report these. They told us they had received training in this area. Staff said they would immediately report any concerns they had to the registered manager, or to the local safeguarding authorities if this was required. Staff told us, “I’m very clear on the procedures here and would utilise them immediately.” And, “This is an essential area of our work and [the registered manager] has stressed to us that safeguarding is every ones’ responsibility.”

We saw the home had a safeguarding procedure and numbers for the local safeguarding authorities were available to staff on the notice board at the home. The procedures helped ensure staff could report concerns to the appropriate agencies to enable investigations to be carried out if this was necessary.

We asked the registered manager how they ensured there were sufficient numbers of suitably qualified staff available to meet peoples’ needs. The registered manager told us the rotas were arranged in advance and annual leave was also booked in advance. They explained this helped ensure the home had sufficient staff available to support people. The registered manager told us if extra staff were required due to a person’s needs, unplanned leave or external events being arranged, additional staff were provided. This was confirmed by speaking with staff who all told us additional staff were available if the need arose.

We viewed two weeks rotas and saw the staffing levels were consistent with the registered manager’s explanation. In addition, people we spoke with told us they had no concerns with the number of staff available to meet their needs. We were told, “No, I haven’t had to wait, there’s always someone to help me.” And “The staff are always here. I like that.” The relative we spoke with told us they were happy with the staffing provision at the home.

We reviewed documentation that showed safe recruitment checks were carried out before a person started to work at the service. All the staff we spoke with told us they had completed a disclosure and barring check (DBS) prior to being employed. This is a check that helps ensure suitable people were employed to provide care and support to people who lived at Campbell House.

During this inspection we checked to see if medicines were managed safely. We discussed the arrangements for ordering and disposal of medicines with the administering staff. They were able to explain the procedures in place and we saw medicines were disposed of appropriately by returning them to the pharmacist who supplied them. The staff we spoke with told us they had received training to enable them to administer medicines safely and this was refreshed on an annual basis.

We looked at a sample of Medicine and Administration Records (MAR) and saw the record and amount of medicines at the home matched. This showed us medicines were available and had been administered as prescribed. We saw medicines were stored in a lockable cupboard within a locked room and this was accessible only to authorised staff. This helped ensure medicines were not accessible to people who were unauthorised to access them.

## Is the service safe?

We saw people were encouraged to maintain their independence whenever possible. We viewed one person's care file and saw they administered their own medicines. We noted a risk assessment was in place to ensure this was managed safely and the person we spoke with confirmed they were involved in the development of this. They told us, "I'm doing really well since I came here. Everyone here understands it's important I look after my tablets myself

and staff help me." The person we spoke with told us the care staff checked their medicines on a regular basis to ensure they were being taken appropriately and we saw documented evidence that this took place. This demonstrated the home had systems in place to ensure the safety of medicines, whilst maintaining the best interests of the person and encouraging their independence and autonomy.

# Is the service effective?

## Our findings

The feedback we received from people who used the service and their family members was positive. People told us the staff supported them in the way they had agreed and they found staff were knowledgeable of their needs.

Comments we received included, "If it wasn't for the staff I wouldn't be doing as well. They ask me what I want, what I need, what I want to do...I'm doing ok because of them." And, "They look after me well." A relative told us, "They know exactly how to look after [my family member]. When [my family member] isn't well they get the doctor, take [my family member] to hospital and they know a lot because they asked us."

People told us and we saw documentation that evidenced that people were supported to see other health professionals as their needs required. For example we saw a person engaged with health professionals on a regular basis regarding their mental health. During the inspection we also observed staff discussing a person's concerns regarding their physical health. We saw the staff were patient with the person and they discussed the health professionals appointment which was scheduled. This demonstrated to us that people were supported to attend appointments as required.

The care files we reviewed evidenced that people's nutritional needs were monitored. We saw nutritional assessments were in place and people were weighed regularly to ensure they ate sufficient to meet their needs. Care documentation described people's food and fluid preferences and if required we saw the intake of these were monitored to ensure their intake was sufficient to maintain their health. We viewed menus which evidenced a wide choice of different foods were available and we saw the kitchen was well stocked with fresh fruit, vegetables and dry and tinned supplies.

The people we spoke with told us the menu was flexible and food was prepared on request. They also told us they were able to prepare their own meals if they wished to do so. Comments we received included, "I can make myself whatever I want. I do baking here as well." And, "I make myself macaroni cheese sometimes. I like that."

During the inspection we saw people were asked what they wanted to eat and this was cooked for them. One person chose to have a sandwich for lunch and a further person

chose to have beans on toast. This was provided promptly and people chose to eat their meal sitting at the dining table. We observed people helped themselves to condiments and prepared their own drinks as they wished. This demonstrated to us that people's individual preferences were catered for, whilst promoting their independence.

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. Deprivations 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 spoke with the registered manager to assess their understanding of their responsibilities regarding making appropriate applications if they considered a person was being deprived of their liberty. The registered manager demonstrated a robust understanding of the processes in place. We were informed that no applications had been made to the supervisory bodies and there were no DoLS authorisations in place as these were not required.

We asked staff to describe their understanding of the MCA and DoLS and how this related to the day to day practice in the home. From our conversations it was clear that staff had understanding of the processes in place regarding the MCA and DoLS. Staff could give examples of practices that may be considered restrictive and we saw policies were in place to guide staff if this was required. This meant there were processes in place to protect the rights of people living at the home.

We asked staff what training they had received to carry out their roles. Staff told us they had received an induction which included training in areas such as moving and handling, safeguarding and fire safety. We saw documentation that evidenced this. We discussed the training provision at the home with the registered manager and the training co-ordinator. We saw there was a forward plan of training which included areas such as infection control, mental health awareness and first aid. Staff we spoke with confirmed that this training was currently being



## Is the service effective?

arranged and this had been discussed with them at supervision. Supervision is a one-to-one support meeting between individual staff and a senior staff member to review their role and responsibilities. It helps ensure staff are supported effectively and any training needs are identified.

We viewed three supervision records which confirmed the training and development needs of staff were discussed

and we noted that the registered manager used supervisions as a training opportunity. We saw evidence that the registered manager had discussed the MCA and DoLS with staff and the staff we spoke with told us they felt the registered manager supported them effectively with their training needs.

# Is the service caring?

## Our findings

People told us they liked the staff who worked at the home. Comments we received included, “I like [staff member] best because I really get on with them, but I get on with all the staff here.” And, “They’re good to me.” People told us staff were approachable and supported them to live their lives how they wanted. One person described how staff enabled them to access the community and the benefits they felt this brought them. A further person told us staff supported their contact with people who were important to them and they appreciated this.

People also told us they considered that staff knew them well. People said that prior to moving to the home they had had the option of visiting the service to meet the staff and people who already lived at Campbell House. As part of this process staff had discussed their wishes and hopes with them and had taken the time to learn about them at a pace appropriate to them. This was confirmed by speaking with the registered manager.

The registered manager told us they were aware of the challenges that people may face when they move to another care provider. They explained it was important to enable people to develop trusting and open relationships with staff and this was one way of supporting this. The registered manager explained that moving to a new care provider could be an emotive time for people. They told us people were empowered to take control of this process by enabling them to visit, learn about staff and the service and develop equal relationships with the staff who worked at Campbell House.

During the inspection we saw people approached staff if they wanted help or support. From our observations we saw staff responded to people in a kind and positive way. We observed staff encouraging people to express what was important to them and people responded without

hesitation. From our observations it was clear there was mutual respect between staff and the people who lived at the home. Staff and people interacted freely and openly and we saw staff laughing and joking with people. This was reciprocated by the people who lived at the home.

We saw the care records were written in a respectful and person centred way and were reviewed regularly. One person told us they reviewed their care plans with staff and agreed them before they were implemented. We asked what would happen if they did not agree with the care plan. They told us, “They change it. Oh yes, there have been times when I don’t agree and it’s changed. We talk about it and they change it. There’s no fuss you know, no bother. They’ve always said my care plan is about me and they’ve always listened to me.” This showed us the home involved people in making decisions about their care and acted on their views.

People told us they were treated with dignity and respect. They told us staff addressed them by their chosen name and knocked before they entered their private room. They also told us if they wished to have private time, this was respected and staff ensured they were not disturbed. This demonstrated that people were treated with respect and their privacy was respected.

The registered manager told us friends and relatives were welcomed at Campbell House and this was confirmed by speaking to a relative. They told us they could visit when they wished and they felt welcomed by staff. One person told us their friend visited on a regular basis and we viewed the ‘Visitors Book’ which provided further evidence that people were enabled to maintain relationships with people that were important to them.

We saw there were details of an advocacy service available to people who lived at Campbell House and one person told us they accessed this. This demonstrated people had access to advocacy services should they wish to use them.

# Is the service responsive?

## Our findings

People told us they were enabled to pursue their own interests and social activities. One person told us they were able to visit a local place of personal interest and they enjoyed this. We viewed their care records and saw documentation that showed us this took place. A further person told us they were supported to go for walks in the local community and discussed their future plans with us. They said, "I would never have believed that I'd be doing so well."

The records demonstrated people were consulted in the development of their care plans. Information was detailed and contained the interests and preferences of people and we spoke with a relative who also confirmed they had been involved in the planning of their relatives' care. It is important that people are empowered to develop their own care plans as this enables staff to respond to their individual wishes.

We saw evidence that care was arranged to meet peoples' needs. We saw documentation that showed that one person had an individualised social programme which enabled them to pursue their interests. They told us they had been involved in the planning of this. This showed us the service enabled people to be involved in the planning of their care and support.

During the inspection we also saw staff responded promptly to peoples' needs. We observed staff responding quickly and tactfully if people required assistance or became anxious. Staff were seen to be respectful and the interventions we observed were seen to be accepted by people who lived at Campbell House.

We asked the registered manager what systems were in place to enable people to give feedback regarding the quality of the service provided. The registered manager told us they held formal meetings and also encouraged people to speak with them individually if they had feedback. People we spoke with confirmed this. They told us that staff listened to them and took their views into account. One person told us they had told staff that they did not like sitting in the front garden as they felt uncomfortable. They explained that since they had said this there was a balcony area being built at the rear of the home to enable people to sit in private if they wished. We discussed this with the staff and the owner of the home who confirmed this was the case. We viewed the balcony area and saw this was in the process of being built. This demonstrated the service listened to the views of people who used the service and responded to their comments.

The relative we spoke with told us they were regularly asked their views on the service provided. They said staff asked them if they were happy with the care provided and this was often done informally, or at individual meets when they met to discuss their family members' care. They said, "It's marvellous here and they do ask if I want anything changing, or if I'm happy with anything but I can't think of anything to suggest. They're very good."

We saw there was a complaints procedure in place which described the response people could expect if they made a complaint. We asked to see, and were provided with a record of complaints. We saw three complaints had been made and these had been responded to appropriately by the registered manager. We saw a satisfactory conclusion had been reached. This demonstrated there was a procedure in place which was used in practice to respond to peoples' comments and complaints.

# Is the service well-led?

## Our findings

The home had a manager in place who was registered with the Care Quality Commission. People told us they liked the registered manager and they found them approachable and they were able to talk to them if they wished to do so. One person commented, “I like [the registered manager]. He’s great you know. He’s here most of the time and he’s never too busy to talk to us.” A relative told us they visited the home on a regular basis and if they wanted to speak to the registered manager, they were always available.

The registered manager told us they were developing a questionnaire to capture the views of people who lived at Campbell House. They explained that as well as receiving feedback from people on an individual basis and by holding meetings, they were developing a questionnaire with the support of a person who lived at the service. We saw the questionnaire was being amended to reflect the person’s suggestions and we spoke with the person who confirmed they had been involved in its development. This demonstrated people were involved in developing and improving the quality of the service provided.

During the inspection we saw the people who lived at the home approached the registered manager with confidence and addressed them by their first name. From our observations it was clear the registered manager had a detailed understanding of the needs and wishes of people who lived at Campbell House.

We asked the registered manager to describe the values of the service. The registered manager told us the service aimed to support people to achieve their aspirations. They explained that people were enabled to live as independently as possible in a safe environment that recognised each person’s abilities and individualities. Staff we spoke with confirmed this. Comments we received included, “We help people live independently and give them control and choice over their lives. The people here should have every opportunity to live their lives how they

want and we make that happen.” And, “We give people the support they’ve chosen and help them live as independent a life as they can. Everyone here is different and has different views and we try to encourage that.” And, “Our main goal is to provide for the people we have living here, we want them to be independent.”

Staff told us they felt well supported and were encouraged by the registered manager to discuss any areas on which they wanted clarity, or any concerns. We saw supervision records which evidenced this. For example we saw one staff member had discussed their role and how this could be adjusted to meet the needs of the service. We discussed this with the staff member who confirmed that since the discussion their role now included additional duties which would complement the service provided. This showed us the registered manager was receptive to comments and suggestions made by staff to improve the service provided at the home.

All the staff we spoke with told us they considered the teamwork at Campbell House to be good. They told us they worked together to ensure people were supported by staff in a consistent way that met their needs. One staff member told us, “Each member of the team has different skills and brings something different, we all respect each other.” A further staff member said, “We all work together. That’s so important because we need to support the people here and each other to be successful.”

We asked the registered manager what checks were carried out to ensure Campbell House operated effectively and areas for improvement were noted and actioned. The registered manager told us they carried out medicines audits to ensure medicines were managed safely. We saw documentation that showed us that this took place. We also saw evidence that environmental checks and care records checks took place and staff confirmed that the findings of these were discussed with them to ensure any required changes were implemented.