

Mrs Pamela Ann Entwisle

Campbell House

Inspection report

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Tel: 01524807888

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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 ●

Summary of findings

Overall summary

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 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 illness. Accommodation is provided over three floors. The aim of the service is to maximise the potential of each person and provide a secure and supportive environment where people feel safe.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service remained good.

People told us they had agreed the level of support they required to help them achieve their goals. Care records we viewed confirmed this. Staff were able to explain the support individuals required and the way in which they supported people who lived at the home.

Care records contained information regarding risks and guidance for staff on how risks were to be managed. Staff were knowledgeable of people's needs and the support they required to maintain their safety. People who lived at Campbell House told us they felt safe.

Medicines were managed safely. Staff responsible for supporting people with their medicines had received training to ensure they had the competency and skills required.

We found people had access to healthcare professionals and their healthcare needs were met. People told us they were supported to access further healthcare advice if this was appropriate and they were happy with the care at support provided at Campbell House.

We found people who received support were empowered to raise their views on the service. People who lived at Campbell House told us they were able to influence the service provided. People told us they were asked their views and these were responded to.

During the inspection we observed people accessing the kitchen to prepare their own meals if they wished to do so. Those that did not wish to do so were provided with a choice of meals.

The registered manager completed a series of checks to identify where improvements were required in the quality of the service provided. Staff told us they were informed of the outcomes of these.

Staff told us they were aware of the procedures to follow if they suspected someone was at risk of harm or abuse. Staff told us they would report any concerns to the registered manager or the Lancashire Safeguarding Authorities so people were protected.

There was a complaints procedure which was known to people who used the service. People told us they had no complaints, but they were confident the registered manager and registered provider would respond to any complaints made.

Recruitment checks were carried out to ensure suitable people were employed to work at the service. People spoke highly of the staff employed to support them. They told us they had no concerns with the staffing at the service and they considered staff to be helpful and caring.

People who lived at Campbell House told us they were encouraged to participate in activities that were important to them. People also said that if they did not wish to take part in activities, their wishes were respected.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. Staff were able to give examples of how they supported people to make decisions. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. We saw people were treated with respect and compassion. People told us they liked the staff who supported them and they felt valued and cared for.

At this inspection we found the service met all fundamental standards. Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

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.

The inspection visit took place on the 22 February 2018 and was announced. As the service is small we gave 48 hours' notice of our inspection. This was because we wanted to ensure people who used the service were available to speak with us. At the time of the inspection there were four people receiving support.

Campbell House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Before our inspection visit we reviewed the information we held on Campbell House. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support. We also reviewed the Provider Information Return (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local funding authority and asked them their views on the service provided. We used all information gained to help plan our inspection.

We spoke with four people who received support, and two relatives. We also spoke with three staff, the registered manager and the registered provider. We walked around the home to check it was a safe environment for people to live.

We looked at care records of three people who lived at Campbell House and a sample of medicine and administration records. We also viewed training records of three staff members and recruitment records of one staff member. We looked at records relating to the management of the service. For example, we viewed records of checks carried out by the registered manager, accident records and health and safety certification.

Is the service safe?

Our findings

People who received support told us they felt safe living at Campbell House. People told us, "I've always felt safe here." And, "Yes. Absolutely." A relative we spoke with told us, "I've never been so happy. I've haven't worried since the day he went in there." Relatives we spoke with told us they had no concerns with their family member's safety.

Care records we viewed identified risk and documented the support people required to maintain their safety. Staff we spoke with confirmed they were aware of people's individual needs and people we spoke with confirmed they had been involved in the development of the care records. This demonstrated staff had access to person centred information which met the needs of people who lived at Campbell House.

We looked at how accidents and incidents were being managed at the home. There was an accident book for accident and incidents to monitor for trends and patterns and the registered manager had oversight of these. The registered manager told us accidents that occurred at the home were reviewed by them to see if further action was required. For example, we saw a minor incident had taken place in the kitchen with no harm occurring. The registered manager said this had been a result of staff not observing the person when they were cooking. The registered manager said they had reminded staff to be vigilant when the person was cooking and staff we spoke with confirmed this. This showed the registered manager reviewed and guided staff to learn from incidents that occurred.

Staff told us they would report any safeguarding concerns to the registered manager, the registered provider or to the on call manager if they were not available. We saw a safeguarding procedure was in place to guide staff and the number for the Lancashire safeguarding authorities was displayed on a notice board within Campbell House. This meant staff were able to report any concerns to allow further investigations to be carried out, if required.

We viewed documentation which demonstrated staff were recruited safely. We spoke with staff who confirmed references and a Disclosure and Barring Check (DBS) were obtained prior to them starting work at Campbell House. A DBS check helped ensure only suitable staff were employed.

People who lived at the service told us they were happy with the staffing provision at Campbell House. They told us they received support when they needed this. Staff we spoke with told us they had sufficient time to spend with people and they had no concerns. Relatives we spoke with also told us they were happy with the staffing provision at the home.

We discussed staffing with the registered manager. They told us if extra staff were required, these were provided. This was confirmed by speaking with a person who lived at Campbell House. They told they had received support to attend external appointments. They said, "Staff came with me, it was all arranged in advance." This demonstrated staffing was arranged to meet the needs of people who received support.

We checked to see medicines were managed safely. We saw people were supported to take their medicines

individually and records were completed at the time of administration. We checked a sample of Medicine and Administration Records (MAR). We also checked the medicines and the totals of medicines on the MAR matched. We found no errors in the medicines we checked. This indicated medicines had been administered correctly. There were procedures to ensure the safe receipt and disposal of medicines. Staff we spoke with were able to explain these to us. This showed staff were familiar with the processes to help ensure medicines were managed safely.

We walked around the home to check it was a safe environment for people to live in. We found the home was warm and clean with restrictors on windows. These help prevent falls from height and minimise the risk of harm. Staff told us, and we saw that protective clothing was provided if this was needed. This helps minimise the risk and spread of infection. We noted the latest food hygiene rating from the Food Standards Agency (FSA) was not displayed. We discussed this with the registered manager and registered provider who told us the home had not been inspected and rated by the FSA. They told us they would inform the FSA of this. Prior to the inspection concluding, we were informed the FSA had been informed and an inspection was being arranged.

We saw a legionella risk assessment was in place and checks were carried out to ensure the risk of legionella was minimised. This was in the process of being reviewed. During the inspection we noted the temperature of people's individual showers was above that recommended by the guidance by the Health and Safety Executive, 'Managing the risks from hot water and surfaces in health and social care.' Prior to the inspection concluding we were informed by the registered manager this had been rectified and individual risk assessments had been completed. We saw documentation that evidenced the risk had been assessed and control measures had been implemented.

We viewed a range of health and safety certification. We found equipment was checked for its suitability and safety. We noted an electrical certificate required updating. Prior to the inspection concluding we were informed this had taken place.

Is the service effective?

Our findings

People told us they were happy with the care provided. We were told, "My care is excellent." And, "My health's got better because of the care I've had." People told us staff knew when and how to support them. One person explained they had been supported to attend an external health clinic and as a result were better informed of their health needs. We spoke with two relatives who told they were happy with the care and support their family member received. One relative commented, "I'm confident in their care."

We saw documentation which demonstrated people were supported to attend appointments with external health professionals as they required.

The registered manager told us they did not have a call bell system at the home. Call bell systems enable people to sound an alarm which alerts staff if they need support. The registered manager said because of this, there was a portable call system. This was given to people if they felt they needed help and alerted staff so they could respond. This demonstrated people were able to access support if they were unwell.

Staff told us they received training to enable them to update and maintain their skills. They also told us they received supervisions with the registered manager to enable them to discuss their performance and any training needs. We viewed documentation which confirmed this. This meant staff performance was reviewed and training provided to enable them to deliver effective care.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the home gained people's consent to care and treatment in line with the MCA. People consistently told us they consented to the support they received. One person described how they had been involved in their care planning. The records we viewed confirmed people were able to sign to indicate they agreed with the arrangements in place. We noted these were not all signed and discussed this with the registered manager. They explained some people did not want to sign the records. This was confirmed by speaking with a person who lived at the home. They told us, "Yes, I've got an agreement that I agreed to but I don't want to sign it. This is my home, not a hospital." This demonstrated people were consulted, consent was sought prior to care and support being provided and people's wishes were respected.

People told us they were able to eat meals which met their preferences and nutritional needs. People explained they were consulted regarding the meals at the home and were able to prepare their own meals if

they wished to do so. People told us the meals were varied, tasty and if they requested, an alternative was arranged. During the inspection we saw people accessing the kitchen, making meals and drinks. Comments we received from people included, "I can have what I want here." And, "I can't fault the food."

We saw evidence that people's nutritional needs were monitored. People were weighed on a regular basis and staff told us they would support people to gain further professional advice if this was required.

We saw that a member of staff had completed a study at the home to assess if people were meeting the current government recommendation of '5 a day.' This is a recommendation that people eat five portions of fruit and vegetables a day to optimise their health. The study showed that people at Campbell House had not been achieving this goal, however after consultation with them additional fruit and vegetables had been provided. This had led to more fruit and vegetables being consumed by people at the home. This demonstrated the registered provider was committed to supporting the nutritional needs of people who lived at the home.

We asked staff what documentation was provided to other health professionals if people at the home needed to attend a hospital in an emergency. We were told that in this instance staff would accompany people and relay all essential information to external professionals. In addition, an information sheet with contact details of other health professionals and family members was provided as were copies of medicine records. The registered manager said they were looking at documenting other information and were researching an appropriate format for this.

Is the service caring?

Our findings

People told us staff were caring. All the people we spoke with praised the approach of staff and the registered manager and registered provider. Comments we received included, "It's like a family here." Also, "Staff are dedicated and really care."

Staff spoke kindly and positively of people who lived at Campbell House. Staff told us they valued people at the home and wanted to support them. One staff member told us, "I love going to work and being part of their lives. I learn from them and take pride in knowing them."

People told us they felt respected and their privacy was respected. We were told, "I can be alone if I want, they don't disturb me." Also, "I can have as much company as I want but once my door is shut, they don't hassle me." Everyone we spoke with told us they felt comfortable in the presence of staff.

There was a relaxed and informal atmosphere at Campbell House. We observed staff spending time with people chatting and laughing. We saw people who lived at the service made jokes with staff and there was good natured banter between them. Staff were seen to be interacting with people in a respectful and friendly way. We saw people who lived at the service were equal contributors to conversations and were engaging positively with staff. People told us they considered the home had a "family atmosphere." The feedback we received and our observations during the inspection visit confirmed staff were caring.

We spoke with staff who were respectful in their conversations about people who used the service. Staff told us they had time to spend with people and wanted to enable people to achieve their aims. We were told, "It makes me proud to see people's progress." This demonstrated staff had a caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager told us details were made available to people and in addition details were displayed on a notice board within Campbell House. We saw this was the case. This ensured people's interests would be represented and they could access appropriate support outside of Campbell House if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager and registered provider so people's rights could be upheld.

Is the service responsive?

Our findings

People who used the service told us the registered provider, registered manager and staff were responsive and met their needs with an individual approach. For example, people us staff had worked with them to support their interests. One person said, "They were really good with me."

A further person told us they had been supported to manage their healthcare needs and as a result had made progress. This demonstrated people were supported in an individual manner that was responsive to their needs.

People told us they could pursue individual hobbies. During the inspection visit we saw two people were supported to go for a leisure activity. One person commented, "I like it, It's great!" People told us they were helped to take part in events that were important to them and they had individual interests which were supported.

Care records we viewed confirmed that people were supported to be as independent as possible and care was person – centred. The registered manager explained people were involved in the assessment process and care plans were developed to document people's agreed support needs. Care records showed people's needs were individually assessed and plans were developed to meet those needs. For example, records we viewed guided staff on how to be responsive to people's mental health needs when required. People told us they had been involved in their care planning. Care records seen identified any communication needs and staff told us they would support people if they needed to access information in a different way. Staff explained they would provide audio or pictorial information, large print text or if someone needed support as English was not their first language, this would be sought. This demonstrated the registered provider was considering the communication needs of people who lived at Campbell House.

Campbell House had a complaints procedure which was made available to people when they moved to the service. We reviewed the complaints procedure and saw it contained information on how a complaint could be made and the timescale for responses. We spoke with people who lived at Campbell House. They told us they knew how to make a complaint if they were unhappy and they were confident this would be investigated. They told us they would speak with the registered manager, registered provider or any staff member. One person commented, "I'm quite certain any complaints would be thoroughly looked into."

Staff we spoke with told us they supported people to make complaints. They explained people's rights to complain were respected and any complaints would be passed to the registered manager or registered provider to enable any investigations to take place. This demonstrated there was a complaints procedure, of which staff were knowledgeable, to enable complaints to be heard.

We discussed end of life care with the registered manager. They told us they would record people's individual wishes within the care documentation if the individual consented to this. They also told us they would seek advice from other health professionals if this was required.

Is the service well-led?

Our findings

People who lived at Campbell House told us they considered the service was well run. They told us the service was well organised, staff knew them well and the registered manager listened and responded to their views. One person told us, "I wouldn't change a thing."

There was a registered manager employed at Campbell House. 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.

Staff we spoke with were able to explain their roles and responsibilities and spoke positively of the support they received. They told us they were supported by the registered manager and also by the registered provider. Staff told us they had the opportunity to attend staff meetings where they were able to discuss any concerns or ideas they had. They explained they found this beneficial as it enabled them to get together as a team and agree any changes. We saw documentation which evidenced this.

People were empowered to influence and develop the service provided. We viewed minutes of a residents meeting and found Campbell House had discussed and agreed any changes with people before they were implemented. For example, we saw the kitchen was locked at night to minimise disturbance. People we spoke with confirmed this had been discussed with them and they were in agreement with it. One person described the meetings as, "Very productive."

In addition, we saw evidence that surveys were carried out. These were provided to people who lived at the home. The registered manager told us any themes or trends would be identified in order to improve the service. For example we saw evidence a survey had been carried out as there was consistent negative feedback regarding the food provision. As a result the menu had been amended and the quality of food improved.

People we spoke with told us they felt the registered manager sought opportunities to receive feedback and they were informed of any changes. We were told, "[Registered manager] very good. Very honest." And, "[Registered manager] is a good man. Very trustworthy." This demonstrated people were empowered people to influence and develop the service provided.

The registered manager and registered provider carried out checks on the quality of the service provided. These included checks on medication, the environment and care records. The registered manager told us they also had oversight of any accidents that occurred at the home and these were reviewed by them to see if further action was required. Staff we spoke with confirmed they were informed if changes needed to be made.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

