

Carlisle Mencap Limited

California 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 ●

Summary of findings

Overall summary

This inspection took place on 29 and 30 October 2018 and was announced. This was to ensure someone would be available to meet with us and show us records.

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

California House provides respite care for up to five people who have a learning disability in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. There was one person using the service at the time of our visit.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration of medicines.

Recent refurbishment work had been carried out at the home. The home was clean, spacious and suitable for the people who used the service. Appropriate health and safety checks had been carried out.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. We have made a recommendation that the registered manager formally records what proof of identification has been checked when recruiting new staff.

Staff were suitably trained and received regular supervisions and appraisals.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of people being supported during visits to and from external health care

specialists.

People who used the service and family members were complimentary about the standard of care at California House.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People's needs were assessed before they started using the service and support plans were written in a person-centred way. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

The provider had a complaints policy and procedure in place and people who used the service and family members were aware of how to make a complaint.

The provider had an effective quality assurance process in place. Staff said they felt supported by the management team. People who used the service, family members and staff were regularly consulted about the quality of the service via meetings and surveys.

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 remained Good.

Good ●

Is the service effective?

The service remained Good.

Good ●

Is the service caring?

The service remained Good.

Good ●

Is the service responsive?

The service remained Good.

Good ●

Is the service well-led?

The service remained Good.

Good ●

California 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.

Inspection site visit activity took place on 29 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small respite service, and people and staff were often out during the day. The inspection included a visit to the service to speak with the registered manager and staff; and to review care records and policies and procedures. On 30 October 2018, we contacted family members by telephone to obtain feedback about the service. One adult social care inspector carried out the inspection.

We spoke with one person who used the service. Some of the people had complex needs which limited their verbal communication. This meant they could not always tell us their views of the service so we spoke with five of their family members. In addition to the registered manager, we also spoke with service manager, two care staff and a social care professional. We looked at the care records of three people and the personnel files of three members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe. A person told us they felt safe when they stayed at California House. A family member told us, "Safe? Very much so." Another family member told us, "They've got a number of procedures in place [to keep people safe]." Another family member told us, "I feel [name]'s quite safe there."

There were sufficient numbers of staff on duty to keep people safe and to engage in activities. We discussed staffing levels with the registered manager and looked at staff rotas. Staffing levels varied depending on the needs of the people who used the service. Staff, people and family members did not raise any concerns regarding staffing levels at the home.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Records did not show what proof of identity had been obtained from each member of staff. We discussed this with the registered manager who told us when proof of identity such as passports, birth certificates and driving licences had been checked, they were returned to the member of staff. We recommend the provider maintains a record of what proof of identity has been checked for each member of staff in the staff files.

Accidents and incidents were appropriately recorded and risk assessments were in place for people who used the service. These described potential risks and the safeguards in place to reduce the risk. The registered manager told us they always debriefed staff following any incident and discussed whether anything could have been done differently. This involved working with relevant professionals such as the learning disability team.

The service was clean and had an infection control policy and procedure in place. Health and safety, fire safety, premises and maintenance servicing and checks were carried out to ensure people lived in a safe environment and equipment was safe to use. Records were up to date.

The provider had a safeguarding policy and procedure in place, and additional guidance was available from the local authority. The registered manager understood their responsibilities regarding safeguarding and staff received training in the protection of vulnerable adults.

We found appropriate arrangements continued to be in place for the safe administration and storage of medicines.

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective. People who used the service received effective care and support from well trained and well supported staff. A person told us, "They [staff] looked after me well." A family member told us, "They [staff] have bent over backwards to accommodate [name]." Another family member told us, "[Name] has got a core team, which helps." A social care professional told us communication with the service was good.

Staff were supported in their role. They received regular supervisions and an annual appraisal, and mandatory training was up to date. New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. A family member told us the service manager had visited them prior to their relative staying at California House and "talked to us for ages". Another family member told us, "The transition was quite difficult but we all worked together to make it work."

People were supported with their dietary needs. Guidance from dietitians was included in people's support plans where necessary.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The registered manager and service manager had worked with the local authority to identify people who required DoLS and were aware of their responsibilities in relation to the MCA.

People had access to healthcare services and received ongoing healthcare support.

Communication diaries were completed by staff and given to family members so they were provided with updates and could see what their relative had been doing during their stay. Family members told us communication with the service was good and staff were helpful.

The premises were suitably designed for the people who used the service. Recent refurbishments had taken place that had increased the size of the communal areas, including the kitchen and dining areas. Kitchen work surface could be lowered to enable people in wheelchairs to use them. A new sensory room was in the progress of being created.

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring. A family member told us, "The staff are very, very nice" and "We couldn't manage without it [respite care]." Another family member told us, "Yes, very caring." The registered manager told us, "It's not just about the person, it's about making sure the family get a break as well." Family members we spoke with confirmed this.

Care records described how staff were to promote dignity and respect people's privacy. For example, "My dignity and respect is maintained and my best interests are monitored", "To be dressed comfortably and respectably at all times" and "Staff need to respect my personal space." Staff told us how they respected people and ensured any personal care was carried out in private.

People were supported to be independent where possible. Care records described what people could do for themselves and what they required support with. For example, "I need full support with all aspects of my personal hygiene needs", "To heighten independent living skills, especially my personal care" and "I can take my medication independently. I only need staff to remind me when to take it and observe that I have taken it correctly." This demonstrated that staff supported people to be independent and people were encouraged to care for themselves where possible.

People's preferences and choices were clearly documented in their care records. For example, "I prefer a bath rather than a shower", "I would like staff to show me my clothes so I can be involved with choosing" and "I am fully able to choose my own clothes and dress myself." Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs.

None of the people using the service had specific spiritual or religious needs. The service manager told us how they had supported a person in the past to practice their religion and attend church.

We saw that records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. We discussed advocacy with the registered manager and service manager who told us none of the people using the service at the time of our inspection had independent advocates.

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive. Care records were regularly reviewed and evaluated.

Care records included important information about the person. For example, what made the person happy, how they liked to be supported, important contacts and people that were important to the person. These had been written with the person and their family members.

Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Support plans were in place and included medicines, mobility, personal hygiene, dressing, morning routine, sleeping, communication, behaviour, dietary needs, fluid intake, personal safety, decision making, transport, activities, and cultural beliefs. These included an assessment of the person's needs, a plan of action to be taken and the desired outcome. Records were up to date.

The service used 'social stories', which contained specific routines for people to make sure they knew what they were doing and when. The service manager told us it helped to put people at ease.

The registered manager told us they did not support people with end of life care needs.

We found the provider protected people from social isolation. Activities support plans were in place that described what people liked to do. For example, one person enjoyed socialising, swimming and being out in the fresh air. However, they did not like big crowds. The plan also stated they liked to try new things so staff were directed to encourage the person to try new activities. A person told us they enjoyed bowling, trampolining and cooking with the staff when they visited the service.

The service had good links with the local community and had a minibus to take people out to activities and events such as museums, the coast, football matches and on holiday.

The provider had a complaints policy and procedure in place. There had only been one formal complaint recorded at the service in the previous 12 months. Family members we spoke with did not have any complaints to make but were aware of who to contact if they did.

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led. At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since April 2015.

We spoke with the registered manager and service manager about what was good about their service and any improvements they intended to make in the next 12 months. The main focus had been on the recent refurbishment to the premises, which was almost complete. A family member told us the building programme had been managed very well, and the staff and workmen had been sensitive about reducing the noise while their relative was staying at the service. The service manager told us they were also looking into running a day service so it could be an "actual break" and people didn't have to attend their usual day service when staying at California House unless they wanted to.

The registered manager told us they attended the provider operations meetings that were held once per month. All managers across the provider's services attended to discuss common issues and share ideas.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

The service had a positive culture that was person centred and inclusive. Staff we spoke with felt supported by the management team. Staff were regularly consulted and kept up to date with information about the home and the provider via meetings and surveys. A family member told us, "[Service manager] is a very good manager. He leads by example" and "[Service manager] has a good team." Another family member told us, "They [staff] do look for feedback" and "[Service manager] is always there to speak to." The registered manager told us, "We've got a good staff team here and they'll go out of their way to support the person."

We looked at what the provider did to check the quality of the service, and to seek people's views about it. Regular audits were carried out to ensure people were living in a safe environment, and records were accurate and up to date. The provider carried out monthly monitoring visits to the service. These included feedback from people and staff, checks of the premises and records, observations of good practice and person centred thinking, and whether any actions were required.

People, family members and carers were asked to complete annual questionnaires to feed back on the quality of the service. The results of these were made available and any identified issues were discussed at staff meetings and fed back to people. The provider had recently started sending out a quarterly newsletter to people and families to provide a regular update on the service.