

Mr David Calwell

Mr David Calwell - 13 Durham Avenue

Inspection report

13 Durham Avenue
Lytham St Annes
Lancashire
FY8 2BD

Tel: 01253640880

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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

About the service

Mr David Calwell – 13 Durham Avenue is a residential care home providing personal care for up to three people with a learning disability. There were three people using the service at the time of the inspection. The service is provided from a domestic style property, with communal areas and provides people with their own private bedrooms.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received safe care and were protected against the risk of abuse and avoidable harm. Staff managed people's medicines safely and kept the home clean and hygienic. Staff assessed and managed risks to people to help keep them safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively. Staff supported people with their healthcare needs and worked well with external healthcare professionals. The service met people's nutritional needs and worked with them to make sure food provision also reflected their preferences.

People were treated well, with kindness and compassion by staff who respected their privacy and dignity and promoted inclusion. The service supported people to be as independent as they were able. We received positive feedback about the caring approach of staff.

The service put people at the centre of the care they received. Staff used detailed assessments to identify people's needs and preferences and worked to ensure people were happy with the care they received. The provider had processes to manage complaints appropriately. The service made sure people were supported to communicate and supported people with activities to enhance their wellbeing.

The service was led by an established provider who people felt was approachable and caring. People's relatives felt the care and support their loved ones received was of a good standard. The provider understood their responsibilities and monitored the quality of the service using a range of systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained good.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained good.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained good.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained good.

Details are in our well-Led findings below.

Mr David Calwell - 13 Durham Avenue

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Mr David Calwell – 6 Lord Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke briefly with three people who used the service and two relatives about their experience of the care provided. People we spoke with were not able to tell us in detail about their experiences. We spoke with four members of staff including the provider, care manager, and support workers. We looked around the home to check it was safe and hygienic.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including safety checks and audits were reviewed.

After the inspection

We looked at training data and spoke with people's relatives about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had received training to recognise abuse and knew what action to take to keep people safe, including reporting any allegations to external agencies. People's relatives all said they felt their loved ones were safe.

Using medicines safely; Assessing risk, safety monitoring and management

- Medicines were managed safely and properly.
- Staff assessed and managed risks to people's health, safety and wellbeing. Staff were provided with guidance on how to manage the risks in a safe and consistent manner.

Staffing and recruitment

- The service was staffed sufficiently. People received timely and effective care because there were always enough staff on duty.
- Staff had been recruited safely. The provider followed processes to ensure staff were of good character before they were employed.

Preventing and controlling infection

- People were protected against the risk of infection. Staff received training related to infection prevention and control and followed good practice in their work. We observed staff wearing personal protective equipment, such as disposable gloves and aprons, to help protect people.

Learning lessons when things go wrong

- The provider used a process to learn and make improvements when something went wrong. They analysed incidents and shared any lessons learned with the staff team, to reduce the risk of similar incidents happening again and improve the safety of the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs regularly and involved them in care planning to ensure their choices and preferences were considered and their needs were met effectively. Staff gathered information from the person and professionals involved in their care to create written plans of care for staff to follow. Staff knew people's individual needs and preferences well.
- Care planning was holistic and reflected good practice guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and had completed training which gave them the skills they needed to carry out their role effectively. Staff told us they would prefer more face to face training and the provider was in the process of arranging this.
- Staff were well supported by the management team. Staff were supported through day to day contact and had opportunity to discuss any concerns, issues, work performance and development with the provider.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to ensure they received a balanced diet and sufficient fluids to maintain their health. They assessed people's nutritional needs, sought and followed professional guidance where people were at risk. People were encouraged and supported to eat healthily, whilst not compromising their rights around choice and independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with healthcare professionals and supported people to access healthcare services to ensure their needs were met effectively and consistently. We saw staff worked with services such as people's GPs and specialists and incorporated professional guidance into people's care plans. Staff supported people to attend appointments to ensure professionals had all the relevant information they required to meet people's healthcare needs.

Adapting service, design, decoration to meet people's needs

- The service was adapted to be safe, accessible, comfortable and homely. Communal areas provided space for people to relax and were homely in character. The provider ensured the premises were maintained. We saw people had been supported to personalise their bedrooms.

Ensuring consent to care and treatment in line with law and guidance

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 interests and legally authorised under the MCA.

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 provider had applied for all necessary authorisations to deprive people of their liberty. DoLS authorisations were monitored and reviewed. Conditions attached to DoLS authorisations were adhered to.
- People were supported to make decisions as far as possible. Staff had received training in the MCA and understood the importance of achieving consent from people. The provider followed the principles of the MCA where decisions needed to be made in people's best interests. The provider made every effort to ensure people's views were represented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, compassion and kindness, by staff who promoted equality and valued diversity. The provider assessed people's equality and diversity needs and included details in their care records. Staff understood the principles of the Equality Act and the support people needed in relation to their protected characteristics.
- Staff took a kind, respectful and supportive approach. We observed how people and staff interacted and found they had developed good caring relationships. People told us they were happy with the approach of staff. A relative commented, "No complaints at all, we're very lucky we have somewhere where she's very well looked after."

Supporting people to express their views and be involved in making decisions about their care

- Staff involved people, as far as possible, in decisions about their care and support. The provider used several methods to gain people's views including daily interaction, regular reviews of people's care, conversations with relatives and satisfaction surveys.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and supported them to maintain their dignity. People chose how they spent their time and, for example, whether they did not want staff in their bedroom, which staff respected. People's confidential information was kept securely.
- Staff promoted people's independence as far as possible. Staff supported people to make choices and to do what they could for themselves. For example, prompting people to support them with personal care, rather than taking over and doing the task for them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support which was personalised to them. Staff assessed people's needs and recorded their preferences in relation to health and social needs when they first moved into the home. Staff involved people in regular reviews to ensure planned care continued to meet their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff assessed and reviewed people's communication needs. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively. The provider used different formats for sharing information and to gain people's views, for example, easy to read satisfaction surveys.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests and take part in a range of activities. People chose what they would like to do on a day to day basis and staff supported them with this. Additionally, people were supported to plan further ahead, for example, arranging holidays. Records showed people had been engaged in a broad range of experiences and activities which reflected their preferences.
- People were supported to maintain relationships that were important to them and people's relatives were encouraged to visit. A relative told us, "I do call in on spec and there's never anything out of order."

Improving care quality in response to complaints or concerns

- The provider had processes to ensure complaints were dealt with properly. The service had received no complaints since the last inspection. The provider's processes treated any concerns or complaints as an opportunity to learn and to improve the service.
- People we spoke with told us they were happy with the service and had no complaints. Staff told us they would support people to make a complaint if they wished to. A relative told us, "I speak with [the provider] regularly and could raise any concerns."

End of life care and support

- The service had processes to support people to have a dignified and pain-free death. At the time of our

inspection, the service was not supporting anyone at the end of their life. Staff had recorded information about some people's wishes and preferred priorities of care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had created a culture that was open, inclusive and put people at the heart of the service. Staff ensured people's needs were met through ongoing review of their care and used current legislation and best practice guidance to achieve good outcomes for people.
- The provider and staff team were committed to providing people with positive outcomes. They knew people well and encouraged people to make decisions about their care and support. People told us they were happy with the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a policy and procedure which provided guidance around the duty of candour responsibility if something was to go wrong. They knew how to share information with relevant parties, when necessary.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their legal obligations, including conditions of CQC registration and those of other organisations. We found the service was well-organised.
- The provider and staff were experienced, knowledgeable and familiar with the needs of people they supported. Staff were enthusiastic about their working roles. Staff had a clear understanding of their job roles and how to provide high-quality care.

Continuous learning and improving care

- The provider used a variety of method to assess, monitor and improve the quality of the service provided. We saw they used audits, feedback from people, their relatives and staff to identify areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people, others acting on their behalf and staff in an inclusive way. The provider used day to day contact and satisfaction surveys to gain feedback about the service and ensure their diverse needs continued to be met.
- The provider continually engaged with staff through day-to-day contact and regular meetings. This gave

staff the opportunity to influence how the service was delivered to people.

- The service worked in partnership with a range of healthcare professionals. This helped to ensure people's needs continued to be met and their wellbeing enhanced.