Aspire Healthcare Limited

Camborne Lodge

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

Camborne Lodge is a residential care home for eight people with a learning disability. At the time of our inspection there were seven people living at the home.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People told us they were happy with their care and support. They confirmed staff were kind, caring and considerate. People felt the home was safe and that there were sufficient staff available to meet their needs.

Staff demonstrated a good understanding of safeguarding and the provider's whistle blowing procedure. This included knowing how to report concerns.

The provider had effective recruitment procedures so that new staff were suitable to work at the home.

Medicines were managed safely. Records showed people received their medicines when they were due. Only trained and competent staff administered people's medicines.

Health and safety checks were completed regularly to help keep the building safe. Up to date procedures were in place to ensure people continued to be supported in emergency situations.

Staff told us they were well supported and trained appropriately.

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 received support to meet their nutritional and healthcare needs.

People's needs had been assessed and personalised care plans developed. These were reviewed to accurately reflect people's current needs.

People had opportunities to participate in their preferred activities.

People said they had no complaints but knew how to raise concerns if needed.

The home had an established registered manager. People and staff gave us positive feedback about the registered manager and said they were approachable.

Staff were able to provide feedback about the home and people's care, for example through attending staff meetings and one to one supervisions.

The provider carried out a range of internal and external quality assurance audits to monitor the quality of people's care.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Camborne Lodge

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 checked 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 was a comprehensive inspection.

This inspection took place on 22 June and 3 July 2017 and was unannounced. One inspector carried out this inspection.

We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commissioning group (CCG).

The provider completed a provider information return (PIR) prior to the 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 spoke with four people. We also spoke with the registered manager and two support workers. We looked at the care records for two people who used the service, medicines records for seven people and recruitment records for two staff. We also looked at a range of records related to the running of the quality and safety of the service.

Good

Is the service safe?

Our findings

People told us they thought the home was safe. One person commented, "Yes I do [feel safe]. This is the only place I have felt safe in. That is why I have been here so long."

Staff had a good understanding of safeguarding and knew how to report concerns. They were also aware of the provider's whistle blowing procedure. Staff said they would not hesitate to use the procedure if they had concerns about a person's safety. One staff member said, "I know how to use it [whistle blowing procedure] but I have not needed to. I would approach [registered manager] who would get in touch with safeguarding. We do all the courses for safeguarding." There had been no recent safeguarding concerns about people living at the service. However, procedures were in place to deal with future issues if required. We saw easy read information about keeping safe, aimed at people using the service, was displayed prominently on a notice board.

People and staff did not raise any concerns about staffing levels. One staff member said, "You need two, definitely no more than two. A lot of people do their own things." We saw staff were always on hand to offer support and assistance when people needed it.

The provider had effective recruitment procedures to help ensure new staff were suitable to work at the home. This included completing a range of pre-employment checks, such as requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people. Records were also available to show applicants had been assessed following an interview process and had completed an induction programme when they started working at the home.

Medicines were managed safely. People received their medicines from trained staff. We viewed a range of medicines related records and found these were completed accurately. For example, medicines administration records (MARs) and records for the receipt and disposal of medicines. Medicines were stored securely in a locked cabinet. Appropriate arrangements were in place for medicines that needed to be stored in a fridge.

We found the home was well decorated and clean. The provider regularly carried out health and safety checks and risk assessments help keep the premises safe for people. These were up to date when we visited the home. Emergency evacuation procedures were also in place to help ensure people continued to receive care in an emergency situation. For example, each person had a personal emergency evacuation plan (PEEP) which described their individual support needs in an emergency.

Incidents and accidents were logged and investigated. The log showed there had been a small number of falls in the home with no injuries sustained. Action taken to help keep people safe included increased observations for one person when they were mobilising around the home.

Good

Is the service effective?

Our findings

Staff confirmed they were well supported and received the training they needed. One staff member told us, "Support is absolutely fine. We are up to date with training. I have been accommodated brilliantly [with shift patterns]." Staff were required to complete essential training as part of the caring role. This included moving and handling, infection control, health and safety, medicines and safeguarding. Staff had one to one supervision every two months and an annual appraisal. A supervision is a meeting with a manager. Records confirmed supervisions, appraisals and training were up to date at the time of our inspection.

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). Some people were unable to consent to living at the home. We found the appropriate DoLS authorisations were in place for these people. Other people had capacity to agree to living at Camborne Lodge and we saw they accessed the local community independently when they wanted. We saw examples of MCA assessments and best interest decisions in people's care records. For example, where they were unable to consent to their care. Care plans were in place which described how people should be supported with communication and decision making.

People were supported to meet their nutritional needs. One person said, "I get my meals here, they are nice. I get to choose." People using the service were independent with eating and drinking. One person required prompts and encouragement and this was provided appropriately. People had care plans in place which described the support they needed. Meals were discussed at each house forum and people were asked for their views. At the last forum in April one person had requested a certain meal which was then provided for them.

People were supported to access health care in line with their needs. Records showed people regularly attended appointments or had input from a range of health professionals. This included GPs, occupational therapists and a chiropodist. Where specific guidance had been provided this was incorporated into people's care plans.

Good

Is the service caring?

Our findings

People told us they were happy with their care and with the staff supporting them. One person said, "The staff are really good with us." Another person commented, "It's alright." A third person told us, "The staff look after us well. I do alright here." A fourth person said, "They [staff] are very nice. I like them all me. They are very good."

We observed warm and positive interactions between people and staff. Some people had lived at Camborne Lodge for a long time with a stable staff team. Staff knew people's needs well. We overheard one person chatting to a staff member about their plans for the day. This involved going out independently to a local café. Another person checked one of their housemates, who had been unwell, was okay. They said, "Are you keeping alright [person]."

People confirmed they were treated with respect. One person said, "I like living here, everyone is friendly. I don't get bullied and I have more freedom that I had at the other place." We observed throughout our visits staff were respectful when they spoke with people.

People were encouraged to be as independent as possible. One person said, "I help round the house on a Sunday. I do voluntary work in a Tuesday. I go to Birtley, there and back on my own. I go out on my own on a Saturday." We observed people helped to set tables for lunch and were involved in preparing meals. Another person got up later than other people and made their own breakfast. One person had been provided with a Zimmer frame to help with mobility. They told us, "I can manage with that [Zimmer frame]. I walk better with that."

People were supported and encouraged to make choices about their care. We observed staff gave people options to choose from based on their preferences. For example, one person liked a particular sweet. We observed staff offered one person a choice of their favourite sweet or a biscuit with their morning cup of tea. The staff member showed the person each one and the person chose the sweet.

Care records were personalised and included information about people's care preferences and their likes and dislikes. Each person had a 'One Page Profile' which provided a summary of important information about them that staff needed to be aware of. This included how they wanted to be supported and what was important to the person. For example, for one person this included being clean shaven, family and a favourite football team. People's personal qualities and personality traits were also recorded so that information was available to help staff get to know people better.

People were supported to access independent advocacy and support. One person told us about how an advocate had recently helped them to get back in touch with family members. Information about advocacy services was displayed on the notice board in a communal area.

Good

Is the service responsive?

Our findings

People's needs were assessed to help ensure they received the care they needed. The information gathered during the initial assessment was then used to develop personalised care plans. All of the care plans we viewed were detailed and provided step by step guidance for staff about the care people required, including information about their preferences. Outcomes had been identified based around people's needs and their likes and dislikes. For example, for one person this included reducing falls, attending football matches, maintaining a stable weight, having contact with family and preparing their own drinks and breakfast. These were monitored every month to check on progress towards achieving the outcome.

Care plans included reminders for staff about important things to remember about each person's care. For example, one person needed to have a lamp on during the night as they regularly got out of bed. For another person staff were to check the amount of a medicine the person administered independently before they took it. Where potential risks had been identified during the initial assessment, risk assessments had been completed to help keep people safe.

People participated in regular reviews of their care. These were usually done every six months. As part of the review, people and staff discussed outcomes and reviewed what had happened over the preceding six months. For instance, for one person falling had been an issue. Actions identified from the review were to regularly prompt the person to slow down, purchasing new shoes and a referral to the occupational therapist for more specialist advice.

People were supported to take part in their preferred activities. One person said, "I go out with friends a lot." Another person told us, "I watch the telly." One person liked to bake. On both days of our inspection we saw they were supported to do this. On the first day they made pizza and on the second day they baked some cakes. One staff member commented, "We chat to people about what they want to do. People have staff time when they want it. They get a lot of time spent on them. We do lots of activities."

People were able to attend three monthly house forums. This allowed them the opportunity to meet with the other people living at the home and share their views about the service. One staff member said, "People are very vocal and will tell you what they want." People were also supported to complete questionnaires to gather their views about the home. Questions asked included: whether staff listened to them; were their opinions taken into account; were they supported to stay safe; and were they treated with dignity and respect. All seven people had recently responded yes to these questions.

People only gave us positive feedback about their care. Staff told us people would speak up if they were worried or concerned. We also saw from viewing the complaint log that people had raised issues in the past about their care. These had been dealt with and resolved. Information about how to make a complaint was available in an easy read format specifically for people living at the home. The last complaint was in May 2016.

Good

Is the service well-led?

Our findings

The home had an established registered manager. 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.

The registered manager had been proactive in submitting the required notifications to the Care Quality Commission. Staff told us the registered manager was approachable. One staff member told us, "[Registered manager] is brilliant, she works well with you." People knew who the registered manager was and appeared comfortable talking with them. One staff member said, "People are quite comfortable with staff to speak with us." We observed this was the case during our visits to the home. There was a calm and relaxing atmosphere in the home. One staff member said there was a "nice atmosphere". They said, "Everyone works well together."

There were opportunities for staff to give feedback and suggestions about the home and people's care. Minutes confirmed staff meetings were held consistently every three months. The most recent meeting in April included updates from head office, updates from the registered manager, safeguarding awareness and training. Actions identified reminding staff about security measures in the home and improvements to the laundry system.

The provider had an effective system of quality assurance checks in place. These were done consistently and were up to date when we visited. These covered a range of areas including medicines, care plans, health and safety and a kitchen audit. Where issues had been identified, such as a small number of gaps in MARs or minor repairs, the action taken to address these issues was recorded. All of the care plans we viewed had been audited to check for improvements. Actions had been identified and issues addressed, such as developing or updating care plans and risk assessments.

A quality manager carried out periodic checks on each of the provider's homes. The most recent check on Camborne Lodge was completed in November 2016. There had been no major concerns identified with the outcome of the audit recorded as people's needs were being met appropriately at Camborne Lodge with some minor areas of improvement suggested. This included for example, improving the recording in care plans and medicines records.