

Mr & Mrs M Cammack

Mr & Mrs M Cammack - 14 Churchfields

Inspection report

14 Churchfields
Hethersett
Norwich
Norfolk
NR9 3AF

Tel: 01603812082

Date of inspection visit:
13 September 2016

Date of publication:
31 October 2016

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 was an announced inspection that took place on 13 September 2016.

14 Churchfields is a care home for adults with learning disabilities. The home can accommodate up to two people. The home has a communal lounge and dining room and people have their own bedroom and bathroom. At the time of our visit two people were living at the home.

The provider has another home, Woodstock, which is situated less than a mile away from 14 Churchfields. Woodstock was also inspected as part of this visit. The two homes have a number of staff who work across both of them. The provider's records also relate to both locations.

The home had a 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 home is shared with the provider of the service and their family, who is also the registered manager. The staff team are all family members of the registered manager.

Staff told us they worked as part of a team, that the home was a good place to work and they were committed to providing care that was centred on people's individual needs. There was a strong caring culture shown by the registered manager and staff. People told us that they felt cared for and valued by staff, they were very happy living in the home.

Staff received the training they needed to deliver a high standard of care. They told us that they received a lot of good quality training that was relevant to their job. Everyone we spoke with including people's relatives and staff said people received individualised care in relation to all of their needs. Relatives felt that quality of life for their family member had improved since moving into the home because of the opportunities offered and high standards of care provided.

There were effective systems in place to manage risks, safeguarding and medication, and this contributed towards maintaining people's safety. People's care was planned in a consistent and positive way, and protected people's dignity and rights.

People received care and support that was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be supported. People were at the forefront of the service and encouraged to develop and maintain their independence. People participated in a wide and varied range of activities. Regular outings and holidays were organised and people were encouraged to pursue their interests and hobbies. The registered manager and staff were passionate about promoting people's independence and worked hard to find opportunities for people to be independent.

The staff team had the right values and skills to work with people living at the home. Staffing levels remained at the levels required to make sure every person's needs were met and helped to keep people safe.

Systems were in place which continuously assessed and monitored the quality of the service provided, including obtaining feedback from people and their relatives. Systems for recording and managing complaints, safeguarding concerns, incidents and accidents were managed well.

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 was safe.

People were protected from harm. Staff knew what action to take if they suspected abuse was taking place.

Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely. The service followed safe recruitment practices when employing new staff.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills required to provide people with good quality safe care.

Staff asked for peoples consent before providing them with care.

People received enough food and drink to meet their needs. They were supported by the staff to maintain their health.

Is the service caring?

Good ●

The service was caring.

Staff were kind and caring to people living in the home. People felt cared for and valued.

Staff were respectful of people's privacy and dignity.

People were supported to express their views and were actively involved, as much as they were able, in making decisions about all aspects of their care.

Is the service responsive?

Good ●

The service was responsive.

Care plans provided detailed and comprehensive information to staff about people's care needs, their likes, dislikes and preferences.

There was a range of activities that people engaged in. People were encouraged to pursue their own hobbies and interests.

Is the service well-led?

Good ●

The service was well led.

Everyone we spoke with was extremely positive about the way the home was managed.

There was a range of robust audit systems in place to measure the quality and care delivered.

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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 took place on 13 September 2016 and was announced. The provider was given 24 hours' notice before we visited the home. This was because we wanted to make sure that the people who lived there would be available to speak with us during the inspection. The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

On the day we visited the home, we spoke with two people who lived there, two members of staff and the registered manager. We also spoke with relatives of one person living at the home. We looked at records relating to two people's care, which included risk assessments, guidance from health professionals and capacity assessments. We also looked at quality assurance audits that were completed by the registered manager.

Is the service safe?

Our findings

People living at 14 Churchfields told us that they felt safe. One person told us, "Yes, I feel safe living here." Another person told us, "I feel safe here, [registered manager] is nice to me which makes me feel safe."

Staff were able to tell us how they kept people protected from avoidable harm and abuse. They told us that they had received training about how to keep people safe and felt confident in recognising different types of abuse. The staff and registered manager were clear that if they had concerns about people being at risk of harm or abuse, then this would be reported to the local authority safeguarding team. The registered manager told us that they provided a statement to people living at their home and their relatives about their approach to keeping people safe. This detailed how concerns could be raised, and how the staff team had been trained in recognising and responding to concerns of abuse.

We saw that risks associated with people's safety were managed well by the staff team, with risk assessments and detailed risk management plans in place which were reviewed regularly. We saw that these covered activities such as going to the local pub, going shopping independently and using public transport. Staff we spoke with were clear that management of risks should include positive risk-taking so that people's independence was encouraged. One person told us that they had been supported by the registered manager and staff to start using the local bus service to visit friends independently. They told us that the registered manager and staff had arranged for them to have a mobile phone which gave them confidence that they could call for help if needed. Staff were able to describe to us how their detailed knowledge of people helped them to keep people safe and reduce everyday risks. We concluded that risks to people were well managed, so that they remained safe, but were able to enjoy being independent and did not feel restricted.

There were systems in place to monitor the safety of the environment and equipment used within the home thereby minimising risks to people. We saw certified evidence that showed equipment was routinely serviced and maintenance checks were carried out. The premises were well maintained, and people were able to move around the home and gardens safely and independently.

There were safe staff recruitment practices in place and the registered manager explained the recruitment process to us. Staff or volunteers were subject to checks including a disclosure and barring service criminal records (DBS) check. This was to ensure that people were supported by staff that were deemed as being suitable for their role. We observed that the staffing levels were sufficient when we inspected to assist people promptly when they needed support. We spoke to people living in the home, who told us that there were enough staff to meet their needs. One person told us, "There is enough people to help, and at night time too."

We saw that medicines were managed and administered safely. The registered manager ensured that medicines were stored securely, and records we looked at showed that they were given as prescribed and at the right time. We asked people living at the home about their medicines, one person told us, "I get my medicines, I know what they are and I get them on time." People told us that they received additional

medicines, such as painkillers or cold remedies when they needed them. We saw that people had a detailed plan in place about how they wanted to take their medicines. Staff told us that one person requested to have their morning medicines made ready the night before, so that they could take them as soon as they woke in the morning. They told us that this helped the person sleep better at night and they did not worry as much. The manager had arranged for this to take place so that the medicine was stored securely in the person's room at night time, and that staff confirmed with them in the morning that it had been taken.

Is the service effective?

Our findings

We saw that the registered manager ensured that people received effective care. The registered manager and staff had the skills and in depth knowledge required to support people living at the home. One relative we spoke to told us, "To be honest, I am amazed and really impressed at the care [relative] receives. I've been impressed from the first minute."

The records we saw showed that staff had completed all the training the registered manager considered essential. This included training in infection control, eating and drinking and the Mental Capacity Act 2005 (MCA). All but one member of the staff team had also completed the level three diploma in promoting independence. This is a nationally recognised qualification for staff working in social care. The registered manager maintained a training record and plan for each staff member so that it could be identified what training had been completed, and when it needed to be renewed. The registered manager told us that they regularly met with the staff to discuss their performance and development needs.

The manager and staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The 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. The application procedures for this in care homes are called the DoLS. We checked whether the provider was working within the principals of the MCA.

Throughout the inspection visit, we saw staff asking people for their consent before providing support to them. For example, when giving support to help people engage in an activity. One person we spoke with told us, "They [staff] always check with me first." People living at the home told us that staff always asked for their permission before providing them with support. We saw in people's records that when it had been considered necessary MCA assessments had been completed and best interests decisions made. These had involved the appropriate individuals such as a person's relative or their GP. People told us that they had been asked about what should be in their care plan and knew what information was contained in them.

We looked at how people were supported with eating and drinking, and how a balanced diet was maintained. People living at the home were supported to be as independent as possible, and were able to plan their meal choices and go shopping with the support of staff if required. People told us that the food was of good quality, and that they always received enough to eat and drink. One person told us, "The food is lovely,[staff member] is a great cook. We saw in minutes of meetings that people told the registered manager that 'the food was gorgeous.' People were able to make their own drinks, but could ask for support at any time to do this if they wished. The evening meal we observed was a social occasion, with people choosing to sit and eat together.

We saw that guidance and information was available for people to access on healthy lifestyles. The registered manager had a detailed understanding of people's support needs for maintaining a healthy diet for people. For example, one person who liked to go shopping for food on their own, was given advice on shopping for a range of foods to support a balanced diet. They were advised that certain foods were okay in moderation, but that they should also purchase items such as vegetables and fruit to promote a healthy lifestyle. We were satisfied that people living at the home received enough to eat and drink and maintained a balanced diet.

People and their relatives told us that they had access to healthcare professionals and were supported to maintain good health. One person told us, "[Staff member] helps me if I don't feel well, they get me a doctor's appointment, they are very good at that." The registered manager and staff had a detailed knowledge about each person's medical history, as well as their current health needs. People were supported to regularly see a chiropodist, dentist and attend appointments and reviews with their GP or hospital consultant. We saw that the home had received feedback from the local GP who praised the staff for the healthcare support they provided to people.

Is the service caring?

Our findings

People we spoke with told us that they felt cared for and had positive relationships with staff at the home. One person told us, "Everyone is really nice. They are caring, they listen to me and treat me with respect." Another person said, "[registered manager and staff] are so good to me, I don't know what I would do without them, I'd be lost without them."

Relatives of people we spoke with felt that the home was extremely caring, and that the registered manager and staff were exceptional at developing positive relationships. One relative told us, "It's a real fantastic family atmosphere, he's not just a lodger, he is part of their family." They went on to tell us, "He is really happy, always well looked after, he can mix with friends, he has a life now."

Staff had an in-depth knowledge of people's life histories, and used this when planning activities and care for them. For example one person living at the home enjoyed gardening with their father before moving into the home. Staff arranged for them to attend a local day provision, which had a horticultural activity they could participate in.

We observed that the registered manager staff had compassion and respect for people. We saw that they were consistently reassuring and showed kindness towards people when they were providing support, and in day to day conversation. The interaction between staff and the people who lived at the home was relaxed. It was clear from how people approached the staff, that they were happy and confident in their company.

There were high levels of engagement with people throughout our visit. From conversations we heard it was clear staff understood each person's needs and knew how to approach and engage with each person. Staff we spoke with described people's preferences in detail, and how they wished to be supported. Staff interacted with people positively and used their preferred names.

People living in the home told us that they were consulted about their care and support needs. We saw that people had an appropriate care plan in place that was regularly reviewed. We saw from the records that people had been involved in the planning of their own care and people had signed their care plans to show that they agreed with the content of them. This was facilitated by the registered manager who was key worker for both people living in the home. A keyworker is a member of staff who takes a lead role in working with a person to understand their preferences, changes in health and in communicating with relatives and health professionals. Relatives told us that they felt they were fully involved in their family members care where appropriate. They told us that they felt consulted and able to contribute. One relative told us that the registered manager always rang them before an appointment to ask for their views, and again after the appointment to update them.

We found that people's independence was encouraged and promoted. People had their own set of keys to the home, and were encouraged to be independent and access the community using public transport. For example, one person living at the home liked to organise a 'night in' on a Saturday evening for everyone and this had become a tradition. Each Saturday afternoon they went into the local city on the bus to meet

friends, and do the shopping for a 'party night tea.' Staff told us how they had supported this as a one off event in the past and that it had grown from there in to a regular event. This gave the person a sense of responsibility and staff felt their confidence had grown because of this. When we spoke to the person, they told us that their confidence had grown in using public transport and they had recently arranged a trip with a friend to visit the seaside for a long weekend. They said that they would be using public transport and it would be the longest trip they had made, but they felt supported by the registered manager and staff as they would come and help if they needed them too. The registered manager had arranged for the person to have a mobile phone for use in an emergency on public transport or accessing the community independently.

Staff we spoke with told us how important it was that that people were treated with dignity and that their privacy was maintained. Staff gave us appropriate examples of how they achieved this with people. We saw that staff gave people time and space to do the things that they wanted to do and to make their own choices. People were able to spend time in their own rooms if they wanted, and had a separate lounge area if they did not wish to sit with others. We observed that staff always knocked on people's doors and that people's information was kept confidential and secure.

When we spoke with the registered manager, and staff, they told us that their aim for people was to live ordinary lives and be as independent as possible, even though they were living in care. We saw that the registered manager and staff worked hard to achieve this for people living in the home. They did this by continually asking people what they wanted to do, and finding options to meet these requests. One person told us, "I choose what I want to do, and get to do it." A relative told us, "They get anything they want or need. We are always kept up to date with their welfare, I can't think of anything they could do better, they are brilliant and take all their needs in their stride." People living in the home were treated with respect and were able to live in a caring environment that put their independence at the forefront of their daily lives.

Is the service responsive?

Our findings

People told us that they received the care and support that they needed. They said that staff were responsive to them and asked them how they wanted their care to be provided. One person told us, "I get to live my life, I am not restricted at all." We saw that people's care was organised and planned so that it reflected the needs and wishes of the individual. People accessed the community on a regular basis, and had busy and enjoyable lives. One person told us, "It's really really nice living here, I get out and do what I want to do."

People told us that they were happy with the amount and type of activities that were on offer. People were regularly supported to go on holidays, both locally and abroad. Relatives told us that they were very pleased about this as it offered their relation opportunities that they had not experienced before. Destinations had included coach trips around Europe, European river cruises as well as beach holidays in the Mediterranean. People had been able to enjoy trips to London theatre's to see their favourite shows or bands.

Daily activities were flexible and people were able to choose what they wanted to do, for example watching TV, meeting friends or enjoying hobbies such as paper crafts. Visiting the local pubs was popular amongst people living in the home, and the registered manager and staff arranged this if people did not want to go independently. On most days during the week, people attended local community initiatives where activities were available to join in. Both people living in the home referred to this as 'work' which they described as very important to them and staff also referred to this as such. Staff told us that this activity was helpful to people for giving structure to their week and enabling further opportunities for socialising and stimulation.

People told us that staff made social occasions from daily tasks like shopping, and would go out for a coffee when shopping at the supermarket. There were regular events within the home, such as BBQ's and parties, not just for special events such as birthdays and Christmas, but because people just wanted to have a party.

We saw that care plans were developed detailing the care, treatment and support needed to make sure personalised care was provided to people. Care plans were person centred and had been tailored to the meet individual needs. They had been reviewed on a regular basis to make sure that they remained accurate and up to date. Where changes were identified, the information had been disseminated to staff so that the right care and support could be provided. People's likes and dislikes had been identified, for example what style of clothes one person liked to wear. This meant that people's care had been planned carefully and was responsive to their specific needs.

There was a comprehensive complaints policy available to everyone who received a service as well as relatives and visitors. The registered manager and staff were able to explain the procedure to make sure any issues raised would be acted on to make sure people were listened to. People living at the home told us they would tell staff members if they had any complaints or concerns.

Regular house meetings took place. The registered manager explained that these meetings were facilitated by an independent person who knew the people living at the home. The meeting was arranged so that it was

held jointly with people living in another home also managed by the same registered manger. People told us that they preferred this as otherwise the group would be too small for a good discussion. Relatives we spoke with said that they had never had cause to raise a concern, but felt confident that it would be dealt with if they did.

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was. They told us that they saw them every day and felt that they could speak to them whenever they wished to. Relatives we spoke to told us that they felt the manager was very approachable, willing to listen and that any problems or concerns they had were addressed and remedied quickly. One relative told us that he regularly received calls from the registered manager 'checking in with them' and asking if they were happy with their relatives care.

We saw that the registered manager and staff of the home had very close relationships with people living there. People were clearly pleased to see them when they arrived at the home, and wanted to spend time with them. One person living at the home had written thank you cards to the registered manager and staff, which showed their appreciation and fondness for them. We saw during our inspection visit that the registered manager and staff were accessible at all times and work well with each other in a professional and respectful way. This meant that there was an open culture within the home which was focussed on treating people as individuals.

The registered manager and staff were passionate about providing people with the care that met their individual needs and preferences. This in turn encouraged people to live the lives that they chose. People we spoke to at the home told us that since moving to the home, their lives had improved because of the care and support provided by the registered manager and staff. Relatives we spoke to also told us this. They felt that the approach and commitment of the registered manager and staff meant that their family member had access to opportunities they had never had before, and that they had thrived because of this.

The manager had systems in place to assess the quality and safety of the service provided in the home. We found that these were effective at improving the quality of care that people received. There was an established auditing programme to monitor service provision. A recent audit and review of the service provision identified that staff needed to be able to meet the needs of people living in the home as they got older. As a result of this, the deputy manager completed training in supporting older people. Care plans and medication audits were completed regularly. We saw that incidents and accidents had been recorded and followed up with appropriate agencies or individuals and, if required, The Care Quality Commission had been notified. Maintenance checks were completed regularly by staff and records kept. The registered manager periodically carried out a satisfaction survey that was completed by people living at the home and their relatives. The feedback that we saw was very positive and showed that people were happy with the service they received.

The home had a whistle blowing policy, staff told us that they knew how to whistle blow and that they had received training in the importance of this. Staff were clear that if they had a concern, they would raise this without delay. It is important that staff know how to whistle blow and feel comfortable to do this so that concerns can be addressed without delay.