

Choices Housing Association Limited

The Cambrian

Inspection report

Cambrian Way
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Staffordshire
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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

We inspected this service on 18 and 19 February 2015. This was an unannounced inspection. The service registered with us in October 2013, this was their first inspection.

The Cambrian is a purpose designed care home that offers people temporary accommodation and respite care. The service is registered to provide accommodation and personal care for up to 16 people. People who use

the service may have a physical disability, a learning disability and/or a mental health needs, such as dementia. At the time of our inspection seven people were using the service.

The service 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 and

Summary of findings

associated Regulations about how the service is run. The registered manager had recently taken a planned leave of absence, but a registered manager from another local service run by the provider was providing management cover.

We found that improvements were required to ensure all people could access and participate in leisure and social based activities that met their individual preferences.

People were protected from avoidable harm because safety risks were identified and managed and the staff understood how to keep people safe. Medicines were managed safely.

There were sufficient numbers of staff to meet people's needs and keep people safe. Staff received training that provided them with the knowledge and skills to meet people's needs.

Staff sought people's consent before they provided care and support. Some people who used the service were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed.

People were supported to access suitable amounts of food and drink of their choice and specialist diets such as vegetarian diets were catered for.

People's health and wellbeing needs were monitored and advice from health and social care professionals was sought when required.

Staff treated people with kindness and compassion and people's dignity and privacy was promoted. People were encouraged to make choices about their care and the staff respected the choices people made.

People were involved in the assessment and review of their needs and care was delivered in accordance with people's care preferences.

People's feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

There was a positive atmosphere within the home and the staff, manager and provider regularly assessed and monitored the quality of care to ensure standards were met and maintained.

Summary of findings

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 abuse and avoidable harm. Risks to people were assessed and reviewed and staff understood how to keep people safe. People's medicines were managed safely.

Is the service effective?

Good



The service was effective. Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing.

People consented to their care and support and staff knew how to support people to make decisions in their best interests if this was required.

Is the service caring?

Good



The service was caring. People were treated with kindness, compassion and respect and their right to privacy was supported and promoted. People were encouraged to make choices about their care.

Is the service responsive?

Requires improvement



The service was not always responsive. People's personal care preferences were met; however, people were not consistently supported to access or participate in their preferred leisure and social based activities.

Staff responded to people's comments about their care to improve people's care experiences.

Is the service well-led?

Good



The service was well-led. There was a positive atmosphere at the service. Effective systems were in place to regularly assess and monitor and improve the quality of care.

The Cambrian

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 was 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 18 and 19 February 2015 and was unannounced. Our inspection team consisted of one inspector.

We checked the information we held about the service and provider. This included the notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

We spoke with four people who used the service and one relative. We did this to gain people's views about the care. We also spoke with four members of care staff, two senior care staff and the manager. This was to check that standards of care were being met. A visiting health care professional also gave us feedback about the care people received.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff records and complaints. We looked at these to check that the service was managed safely and effectively.

Is the service safe?

Our findings

People told us that the staff helped to keep them safe. One person said, “They work with me to keep me safe. I’ve got a frame and a wheelchair which they use with me and they always say, ‘try not to get up until we are with you’”. Another person said, “I always feel safe when I come here”. We saw that people’s risks were assessed and managed to promote their safety. For example, we saw that people who were at risk of choking had plans in place that ensured this risk was reduced.

People told us they were involved in assessment and management of their risks. One person said, “The staff were worried about me being alone in my room during the day, but I told them I’ve paid for the peace and quiet. We agreed I can stay in my room as much as I liked and I can use my buzzer if I ever need help. The staff come and check on me frequently too”. Care records also confirmed people’s involvement in risk assessment and management.

Staff demonstrated a good understanding of people’s risks and we saw that people were supported in accordance with their risk management plans. For example, one person’s care records showed they were at risk of falling. We saw that the staff provided this person with supervision when they walked to manage this risk.

People who used and visited the service told us that staff were always available to provide care and support. One person said, “I use my bell four or five times during the night and the staff come quickly. They never leave me when

I need help”. Another person said, “They are very good at answering the buzzers. The longest I’ve ever had to wait was only five minutes”. We saw there were sufficient numbers of staff to meet people’s needs. Call bells were answered promptly and people were supported in an unrushed manner. We saw that the manager regularly reviewed staffing levels to ensure they were based on the needs of people. One person confirmed this by saying, “They bring more staff in when they’ve got more people staying”.

People told us and we saw that medicines were managed safely. One person said, “They always know what time I need my next tablets”. Another person said, “I get my tablets when I need them and the minute I take them they are marked off the list”. We saw that systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Staff told us and we saw that recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs’ characters and their suitability to work with the people who used the service.

Staff explained how they would recognise and report abuse. Procedures were in place that ensured concerns about people’s safety were appropriately reported to the registered manager and local safeguarding team. We saw that these procedures were followed when required.

Is the service effective?

Our findings

People told us that the staff had the knowledge and skills required to meet their needs. One person said, “The staff really seem to know what they’re doing”. Another person said, “The company trains them well. Every week it seems that someone is on some training”. Staff told us they received regular training and training records confirmed this. One staff member told us that completing dementia training had given them the skills to provide good care. They said, “I learned that it’s important to have information about people so I can talk to them about their past. I now speak with people’s relatives to make sure I find this information out. It’s then recorded in the care plans”. Care records we looked at contained information about people’s likes, dislikes and experiences and we saw staff talking to people using this information. This showed that the training had been effective.

People who were able to make decisions about their care confirmed that staff sought their consent before they provided care and support. One person said, “They always ask before they help me and they get my permission first”.

The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff understood the legal requirements they had to work within to do this. The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements that ensure where appropriate, decisions are made in people’s best interests when they are unable to do this for themselves. The staff demonstrated they understood the principles of the Act and they gave examples of how they worked with other people to make decisions in their best interests as required. Care records confirmed that mental capacity assessments were completed and reviewed, and best interest decisions had been made in accordance with the legal requirements. At the time of our inspection, one person was being restricted under the DoLS. The correct guidance had been followed to ensure this restriction was lawful and in the person’s best interests.

People told us and we saw that choices of food and drink were consistently offered and provided. One person said,

“Each day there is a choice of three or four things and it’s all homemade”. We saw staff offer people choices from a varied menu, and when people did not want anything from the menu alternative options were presented and people’s food and drink requests were met. Without exception people told us they were very satisfied with the quality of the food and drink. One person said, “The food is absolutely brilliant, it’s restaurant standard”.

People also told us and we saw that sufficient amounts of food and drink were readily available and accessible. One person said, “I have a kettle in my room and I can get biscuits or fruit when I want. There is no shortage of nice food”. We saw people accessing snacks and drinks throughout the day.

We saw that specialist diets, such as vegetarian and milk free diets were catered for. One person told us their dietary needs were consistently met. They said, “I said I liked soya milk and soya yoghurt. The staff went to the shop and bought these for me. They’ve fitted in around my likes and needs”. Staff showed a good understanding of people’s nutritional needs and we saw that a healthy and balanced diet was promoted.

People told us and we saw that staff supported them to eat and drink if this was required. One person said, “They cut my food up for me, but only after they’ve checked with me first”. We saw that adapted cutlery and cups were used that enabled people to be as independent with eating and drinking as possible.

People told us they were supported to access a variety of health and social care professionals if required. One person said, “I started to get a bit sore, so the staff asked the nurse to come out and see me. They sort everything out for us here”. Care records confirmed that people received the professional support they required. For example, we could see that referrals were made to district nurses if a person’s skin had deteriorated. People also told us that staff worked with other professionals to help them to understand their care and treatment. One person said, “I went for an appointment at the hospital and I was unsure of what the outcome was, so the staff called them to confirm what had been said”.

Is the service caring?

Our findings

People told us and we saw that staff treated people with kindness and compassion. One person said, “The staff are all lovely, kind people”. Another person said, “The staff are very kind to me. They’ve done my hair this morning and everyone’s told me how lovely it looks”. We saw staff ask this person if they wanted their hair styled and after this had been done staff all complimented the person. One staff member said, “You look a million dollars”. This made the person smile.

People told us and we saw that they were involved in making choices about their care and we saw that people’s choices were respected. One person said, “We talked about my room before I came in to agree it was okay for me”. Another person said, “I go to bed when I choose to and I choose when I get up”.

People told us and we saw that they were treated with dignity. One person said, “They treat me like a human and how I expect to be treated”. Another person said, “Everybody’s washing is washed separately. It’s nice to have them washed separately and it means we get our own clothes back as they don’t get mixed up”. We saw that staff sat and chatted with people at mealtimes while they supervised them to ensure their safety. People told us this made them feel like they were dining with friends.

People told us their privacy was respected. One person said, “They are very good at knocking on people’s doors. They don’t come into my room until I say so”. Another person said, “There’s a small dining room and lounge we can use to meet with our visitors in private”.

People told us that the staff respected people’s independence. One person said, “Nothings too much trouble for them. I needed some equipment to help me be more independent and even though we are supposed to bring our own, they got some for me”. This person confirmed that this equipment had enabled them to maintain their independent living skills during their stay. They said, “Being able to do things for myself is important to me”.

People told us they were enabled to develop and maintain friendships. One person said, “Since I’ve been coming here I’ve made lots of friends. It’s made me a better and happier person”. People also told us that their family and friends were welcomed and respected when they visited the service. One person said, “My visitors have all been impressed and have said they’ve been greeted by staff and offered a cup of tea or coffee”.

We saw that staff responded to people’s behaviours that challenged staff in a caring manner. One staff member’s hair was pulled by a person who used the service. The staff member responded to this by saying, “You like my hair don’t you, but can I have it back please”. The person let go of the staff member’s hair and the person and staff continued to interact in a happy and positive manner.

Is the service responsive?

Our findings

Some people told us they were encouraged to pursue their interests and participate in activities that were important to them. For example, one person said, “I’m going to the local shop later with the staff and we are planning on going to the cinema later this week” and, “I needed some pyjamas so the staff took me shopping”. However, some people told us they were bored at times because leisure and social based activities to meet their individual needs were not always promoted. For example, one person said, “Them that want to go out can go out. I don’t really want to go out, so I’m sometimes a little bored”. One person’s relative said, “[The person who used the service] is asked to join in some activities, but she struggles with her attention so she doesn’t tend to join in. She absolutely loves bingo but the staff haven’t played that with her yet. It’s a shame because she would enjoy it so much”. We discussed this with the manager who told us they were aware that improvements in activity provision were required. They gave us examples of activities they were going to introduce. These included bingo and film nights.

People and their relatives told us they were involved in assessments and reviews of their needs. One person said, “A member of staff came to visit me in hospital before I was discharged here. They described the clientele, asked me what foods I liked and didn’t like and we went through what help I needed. We also discussed the fees”.

Care records contained a record of people’s assessments, care preferences and reviews. Staff told us they read and signed people’s care plans before they used the service so that they understood people’s care needs and preferences. One staff member said, “I like how people get a thorough

assessment before they come here and we read about them before they arrive”. We saw that staff understood people’s needs and preferences and people confirmed that they received their care in accordance with their preferences. For example, one person told us that staff only supported them with the tasks they needed support with in line with their care preferences. They said, “It’s been brilliant here, they’ve tailored it to me”.

People were protected from the risks of social isolation. People told us and we saw that family and friends could visit anytime. People also told us that they could access the internet to communicate with their family and friends. One person said, “It’s just like a hotel. There is Wi-Fi and TV’s in the bedrooms. It’s meant I can keep it in touch with people and what’s going on in the world”.

People told us and we saw that the staff regularly sought people’s feedback about the care. We saw that the staff used this feedback to improve people’s care. One person told us, “I was given a comments card to fill in. I filled one in to say my plate was cold which meant the food wasn’t as hot as I like it to be. The manager and chef came straight up to speak with me and it was agreed my food should be put onto a hot plate. I was impressed at how they responded to my comment”.

People knew how to complain and they told us they would inform the staff if they were unhappy with their care. One person said, “It’s a lovely place, I have nothing to complain about, if I did I would tell any of the staff because I know they would all help”. Staff told us how they managed and escalated a complaint and we saw that complaints were managed in accordance with the provider’s complaints policy.

Is the service well-led?

Our findings

People and staff told us there was a positive atmosphere at the home. One relative said, “The staff are very happy, they all get on with each other and I’ve never heard any of them complain”. Another person said, “The staff are like a big happy family. The senior is the mum and the other staff are their children”. Staff told us they enjoyed working at the home. One staff member said, “I love working here, the people are lovely, the staff are lovely, the managers are lovely and everyone is really respectful of each other”.

People told us they were involved in the monitoring of the quality of care. For example, one person told us, “When agency staff have been used, the manager has come up to me to ask me how I have found them. They are very fussy about who they have”. The manager confirmed that if negative feedback was gained about agency staff, they would not be used at the service again.

Frequent quality checks were completed by the staff and managers. These included checks of medicines management, infection control, health and safety and care records. Where concerns with quality were identified, action was taken to improve quality. For example, changes had been made to the quality of information recorded in people’s care records in response to problems identified with recording the support people had received. In addition to these checks further quality checks were completed by the provider. These provider led checks ensured the quality monitoring that the managers completed were effective.

Some staff members had been allocated specific quality checks to complete. They told us that this gave them more responsibility and accountability for their work. One person said, “I’m responsible for fire safety. I do weekly and monthly checks and fire practices. I reported that the door seals were not effective and they were changed straight away”.

Recent changes had been made to the quality checks that ensured they were based upon the proposed changes in health and social care regulations. These checks were also based around our new approach to inspecting services. This showed that the provider kept up to date with changes to health and social care regulation.

Staff told us the manager, provider and senior staff were approachable and supportive. One staff member said, “I can approach the manager or head office if I have any concerns”. Another staff member said, “The seniors are good, they help with the care if it’s needed”. Staff told us and we saw that they had individual and team meetings with the manager where their training needs and the quality of care were discussed.

The registered manager had recently taken a planned leave of absence and the provider had made arrangements for a registered manager from another local service run by them to provide management cover. This showed that effective systems were in place to ensure the service was overseen by a suitable person during the registered manager’s absence.