Cambuslodge Uk Limited

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Inspection report

151 Wandsworth Bridge Road
Fulham
London
SW6 2TT

Tel: 02077315814

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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
Cambuslodge is a small care home providing personal care to five adults with learning disabilities in Fulham.

People's experience of using this service
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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. The service advocated to make sure people had their choice of activities and the healthcare support they needed.

People told us they were happy living in the service and were treated with kindness and respect by staff. Comments included "I'm happy here" and "staff are very nice, incredible really."

People were encouraged to have responsibilities in the running of the house and to develop their independence. People told us they did activities of their choice and were supported to pursue their interests. The home had a friendly dog who had lived there for many years. People using the service loved the dog and played a role in walking, feeding and looking after her.

Risks to people's safety were managed in a way which promoted their independence. Care workers were recruited safely and there were enough staff available to support people safely in the house and to access their activities.

People were in charge in planning and reviewing their care and setting goals for their independence. People increased their independence which enhanced their involvement in the local community and relationships with family and friends. People were supported to communicate well and speak up about their views.

Care workers received enough training and supervision to develop their skills and meet people's needs. Staff were proactive in addressing people's health needs and promoting healthier lifestyles and balanced diets. 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

The manager and director were closely involved in the running of the service and promoted an open culture.

There were regular meetings of the staff team and residents and strong links with other services in the area.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of the thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.
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 7 March 2017).

Why we inspected
This was a routine inspection in line with our re-inspection guidelines. No concerns had been raised about the service.

Follow up
We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

Details are in our safe findings below.

Is the service effective?

Good

The service was effective

Details are in our effective findings below.

Is the service caring?

Good

The service was caring

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our well-Led findings below.

Cambuslodge UK Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
This inspection was carried out by one inspector.

Service and service type
Cambuslodge is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we held about the service, including notifications of serious incidents that the provider is required by law to tell us about. We asked the provider to complete a provider information return (PIR). This is a document which asks for certain information about the service, including what they think they are doing well and their plans to develop the service in future.

We spoke with a reviewing officer from the local authority to obtain their views on the service; these were positive.

The provider had told us that people using the service were going on holiday soon. We took this into account when planning and conducting this inspection. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and made observations of their interactions with staff. We spoke with the director and four care workers. We looked at records of care, support and medicines management for two people. We looked at records of recruitment, supervision and appraisal for four care workers. We also reviewed a range of records such as health and safety, menu planning, staffing rotas and training and house meetings.

Good

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 safeguarded from abuse. There was a policy in place for responding to and preventing abuse. Care workers received mandatory training in safeguarding adults and were clear that concerns about people's safety were taken seriously by managers.
• There were processes to safeguard people from financial abuse. There were daily checks of money held on behalf of people. People's bank transactions were recorded and checked by managers.

Assessing risk, safety monitoring and management
• People had comprehensive risk management plans for activities which could affect their wellbeing within and outside the house. These were reviewed twice yearly.
• People were encouraged to take responsibility for managing risks to themselves. Staff had detailed plans for risks from travelling independently and checked people were able to call for help and advice. There were action plans should a person go missing, including taking photos of what people were wearing and when a concern should be reported.
• There were regular checks carried out to ensure the premises were safe. People regularly practiced following the fire emergency plan and a risk assessment had been carried out of the premises. Staff followed a series of regular safety checks and appropriate checks of electrical, gas and fire equipment were carried out by external agencies.

Staffing and recruitment
• There were enough staff to meet people's needs. Staffing was planned with people's schedules and activities in mind. Care workers told us there were always enough staff available; managers had recruited bank staff and care workers told us this made it easier to cover staff absences. There was a chat group for staff members which was used to arrange short-notice cover.
• The provider had recruited new staff in line with safer recruitment measures. This included obtaining evidence of satisfactory conduct in previous employment and carrying out a check with the Disclosure and Barring Service (DBS). The DBS provides information on people's backgrounds, including convictions, to help employers make safer recruitment decisions.
• The provider had checked evidence of staff identities but had not retained these, which is a legal requirement. The provider obtained further copies of these after the inspection.
• Recruitment processes were designed to make sure staff were suitable. This included assessing competency and knowledge and people using the service interviewed candidates.

Using medicines safely
• Medicines were managed safely. The provider maintained suitable records of medicines administration and checked these at daily handovers. Medicines were stored safely and securely.

• Care workers had the competency to give medicines safely. Staff had training in administering medicines and managers carried out assessments of their competency.
• Medicines care plans included information on why people took medicines, what the possible side effects were and when to give medicines provided on an 'as needed' basis. Emergency medicines were retained with the agreement of health professionals and there were plans in place to safely manage homely remedies.

Preventing and controlling infection
• Care workers received training in infection control as part of their inductions. Care workers told us they had access to personal protective equipment such as gloves.
• Food was safely stored and prepared. Food was stored in the refrigerator safely and labelled with opening dates, and staff checked storage temperatures were safe on a daily basis. There were colour coded chopping boards for preparing different foods, although some of these were quite worn and would require replacement soon.
• The house was kept clean throughout.

Learning lessons when things go wrong
• The provider learned from serious incidents. For example, when a person went missing the service revised missing persons procedures, added a bell to alert staff when a person left the house, and asked people's agreement to carry trackers for their personal safety, with issues relating to mental capacity fully considered.

• The provider recorded when minor incidents had occurred. Incident forms recorded the immediate action taken and were signed off by the staff team. Incident recording processes did not routinely prompt managers to consider what had been learned from the incident. The incidents we reviewed were minor in their severity.

Good

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
• The provider carried out detailed assessments of people's support needs when they started using the service. This included their preferences for their care and their abilities in a range of daily living skills.
• The provider's policies were reviewed to take account of changes in the law and best practice., such as reviewing the safeguarding policy to take account of local procedures.

Staff support: induction, training, skills and experience
• New care staff received a detailed induction into the service. This was planned in a way which took account of how the service worked and what people's needs were, and new staff received frequent supervision during this time. Staff induction also included obtaining the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
• Care workers received enough training to carry out their roles, and comments from staff reflected this. Managers had assessed what they considered mandatory training and monitored staff training to ensure this was received.
• Care workers received regular supervisions and appraisals. These had a strong emphasis on personal development. Care workers told us they felt supported to develop their skills.

Supporting people to eat and drink enough to maintain a balanced diet
• People had the right support to eat and drink. People were encouraged to take responsibility for their cooking and took it in turns to cook. People used picture cards to choose the weekly menu and staff described how they used these items to ensure a balanced diet.
• There were checks to make sure people ate well. This included monitoring people's food intake and regularly checking people's weight. Staff acted when people lost or gained weight, and records showed no issues of concern relating to people's nutrition. A visiting professional told us "They make all their food fresh, including soups and smoothies."
• Some people had been identified at risk of dehydration. There were plans in place to address this and care workers recorded how they had followed these.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People told us they received the right support to stay well. This included supporting people to appointments when they were feeling unwell. People had agreed goals for how to improve their health, including taking the dog for a walk and doing exercises, which they were encouraged to have ownership of.
• The provider sought advice from a range of healthcare services and advocated for the needs of people who

used the service. The provider told us they stayed with people in hospital to ensure they were comfortable and that their needs were met.

Adapting service, design, decoration to meet people's needs
• Minor adaptations had been put in place to meet people's needs. These included handrails throughout to support people with mobility needs.
• The building was designed in a way that improved people's wellbeing and confidence. People had put art they had produced in communal areas and were proud of these. Communal areas had sections that reflected people's diverse interests.

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 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People had consented through their care. This was through signing support agreements and through meaningful involvement in support planning which took place twice a year.
• The provider met their responsibilities to assess people's decision making capabilities. For example, they agreed to carry trackers if they were at risk of becoming lost when travelling independently and the provider assessed their capacity to make this decision.
• There were no restrictions on people's liberty. People were free to come and go at will and visited shops and the local community.

Good

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 told us that staff were always kind and treated them with respect. Comments included "They're very kind "and "Staff are…incredible really." People gave examples of how their cultural needs were met, for example to be supported to attend their chosen place of worship and to ensure they had access to culturally appropriate food. Religious symbols were displayed when this was a person's choice. A person we spoke with had an upcoming birthday party and was excited about this; people told us of their recent birthday parties and how much they had enjoyed them. A visiting professional told us "I couldn't see people having that amount of individual attention anywhere else."
• People had good relations with staff which were established over a long time. Most people using the service had lived there for over a decade. We spoke with several staff members who had been working in the same service for over fifteen years.
• People had access to advocacy services where there were differing opinions about their needs and how best to meet them. The provider sought second opinions when they felt health services were not treating people equally and ensured people had the right care. For example, they had used archived letters as evidence in supporting a person in a dispute regarding care charges. The service had raised funds for a person to have dental implants as these were not available on the NHS. A visiting professional told us "when a person wanted to attend [a particular activity] they really fought for that."
• People were supported to vote in elections and the importance of this was discussed in tenants' meetings.

Supporting people to express their views and be involved in making decisions about their care
• People had multiple ways to express their views. People were encouraged to take the lead in planning their care in twice yearly reviews and used pictures and presentations to engage in this. The provider asked an independent person such as a relative or social worker to support a person to answer questions about their satisfaction with their support and the review process.
• People had weekly keyworking meetings with their keyworkers. These were used to make plans for upcoming activities and described their support needs. Keyworkers described how they adapted this process for each person to make sure they were able to speak up. Comments from people included, "I get to choose what I do" and "Yes, it's my choice."
• People were involved in the running of the service. This included having lead roles such as being responsible for feeding or walking the dog. One person acted as service user representative and was responsible for leading meetings and providing accessible minutes. Another person using the service was responsible for updating the pictorial rota each week to show people who was working each day. People were involved in interviewing potential new staff members and had a say in who worked in the house.

Respecting and promoting people's privacy, dignity and independence

• People were encouraged to set goals and to develop new skills and reported back on their progress. This included taking responsibility for aspects of their own personal care such as shaving and applying creams. Several people using the service were able to travel independently and for other people the provider worked with their day activity providers to provide travel training. People told us of how this had helped them develop their confidence, and a visiting professional said "[person] used to be escorted everywhere now they travel independently. They meet friends, know shop keepers and bus drivers, [s/he] feels part of the community." Staff demonstrated considerable knowledge of aspects of each journey a person could do for themselves and the specific areas where they needed to develop skills and used tools such as Street View to assist in this.

• Care workers described how they ensured that care was provided in a way which promoted their independence. Staff demonstrated an understanding of what their role was and how they were careful not to give more support than was needed.

• People's privacy was respected. We saw staff knocking on people's doors and people told us this always happened. The provider had made a bathroom window opaque to protect people's privacy.

Good

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 meet people's needs, preferences, interests and give them choice and control
• People led discussions about planning their care through a twice-yearly review process. People used photographs and prompts to review what had worked for them and what had not worked so well. This was used to set goals and make plans for the coming year.
• Staff demonstrated how they had met people's needs through daily recording. Comments from staff included, "[People] are willing to say if you're not doing something right; they know what they want so you don't make a decision for them" and "We have to go the extra mile for our service users."
• People were involved in planning their holidays and went away both in the UK and overseas several times a year. Some holidays were arranged with supported holiday schemes and some were provided with direct staff support. People were able to go on more holidays as the provider took steps to reduce costs, such as making their own car and family's holiday home available for people to use. At the time of our inspection people were about to visit a holiday camp with staff support and spoke of how much they were looking forward to this.

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.
• The service assessed people's communication needs and staff understood these well. Care workers gave examples of how they used objects of reference and pictures to support people's communication.
•Key documents were made available in accessible formats. These included tenants meeting minutes and review minutes.

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
• People were supported to access a varied range of activities, interests and employment. People told us about the jobs they had previously done and where they now worked, and how staff have encouraged them to try new jobs until they found one they felt was right for them. Day activities included sport, exercise, drama and artistic endeavours. We saw examples of art work and performances people had been involved in. The service maintained links with these services to update on people's progress and respond to any issues of concern. A visiting professional told us "Everyone goes to different services of their choice; they are always arranging for funding for individuals to do their own thing."
• The provider supported people to build and develop relationships. This included working with staff and families of friends and romantic partners to facilitate spending time together. People's rooms were filled with pictures of them spending time with family and friends.

• People were supported to develop and maintain their interests. A visiting professional told us "People are allowed to be themselves." This included arranging individual days out to places of their interest. People told us how they had attended historical sites and of the souvenirs they had bought and displayed. A person told us how they ran a local quiz night with the encouragement of staff, and how staff had helped them acquire many books by a chosen author.

Improving care quality in response to complaints or concerns
• The service had a process for addressing and recording complaints. Very few complaints had been received; some related to tension between people using the service. A recent tenants meeting had been arranged to discuss how to make a complaint, what they should expect from the service and why it was important to speak up.
• Where a family member had complained the provider had responded and taken action to respond to the concern.

End of life care and support
• No-one using the service was receiving end of life care. The provider accepted this was a sensitive issue and that people did not always want to discuss this, but had found ways to engage people in conversations about their wishes for when they died.
• The provider told us that a person using the service had died some years ago, and spoke of how they ensured the person was supported at home with access to guests, friends and family and appropriate palliative care.
• The provider had used this as an opportunity to have discussions about what people would want at the end of their lives and had recorded this. This included whether people would prefer to be at home when they died, how they would like their funeral to take place and who they would want to be informed.

Good

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The provider had bespoke methods of care planning and review which put people at the heart of planning their care. People were involved in most aspects of running the service.

• The company director and registered manager were visible in the service and knew people well. We saw examples of people approaching managers to chat and to talk about their daily life.

• Managers promoted a sense of working together as a family. This was reflected in feedback from staff members and people who used the service. Comments from staff included, "There's a sense of family here, everyone helps out and you're not scared to let management know what is happening."

• The provider understood how to report incidents and concerns to CQC or the local authority.

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

• There were clear processes for allocating staff responsibilities. Shift leadership was the responsibility of the staff member who had slept over, and there were clear lists of the checks that needed to be carried out by this staff member. Handovers were used to carry out important checks of health and safety, finances and medicines and to hand over appointments and issues relating to people's wellbeing. A staff member told us, "Everything is orderly here" and a local authority monitoring officer told us, "It's a good, well-led home."

• Managers used checklists to ensure that important tasks were carried out. This included making sure that people had everything they needed when they left the house, to meet specific people's needs and to keep the home clean and safe.

• There were systems in place to check important issues were not overlooked. This included monitoring and reviewing people's documentation and ensuring that yearly health checks were carried out.

• The provider understood risks to the service and had continuity plans in place for eventualities such as the provider or manager's death or the house becoming uninhabitable.

Continuous learning and improving care

• Managers used appraisals and supervisions to emphasise personal development. Staff members had continuous professional development packs where they recorded their learning and development aims. Staff spoke of how they were supported to take on new responsibilities. A staff member told us, "We watch each other to see how they work together and give each other feedback."

• The provider had plans to develop the service, including addressing what they felt was a backlog of maintenance and renewal caused by funding issues.

Working in partnership with others

• The service had good communication with local services, including day services, specialist health services and the local authority. They used these links to ensure that all stakeholders could be involved in planning care and that issues of concern could be addressed promptly.

• People's families visited regularly and maintained good contact with the managers and staff. The local authority told us that family members regularly visited unannounced.