Kidderminster Care Limited

Cambrian House

Inspection report

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Kidderminster
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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?	Requires Improvement

Summary of findings

Overall summary

The inspection was unannounced and took place on 2 February 2016. We carried out an unannounced comprehensive inspection of this service on 4 March 2015. A breach of legal requirement was found and areas that required improvement. After the comprehensive inspection, the provider wrote to us to say what they would do In relation to breach of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014. The breach was due to shortfalls in how consent to care was obtained. We found that improvements had been made at this inspection.

Cambrian House is registered to provide accommodation and personal care for adults who may have a dementia related illness for a maximum of 25 people. There were 25 people living at home on the day of the inspection. There was a manager and were currently registering with us. A 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.

Staff were aware of what constitutes abuse and the actions they should take if they suspected someone was being abused. People were supported to remain safe in the home and told us they were comfortable. People's risks were assessed which included risk of skin damage and falls. Where risks were identified there was a plan to manage the risk. We saw that staff were unhurried and staffing reflected the staffing requirements assessed by the manager.

Medicines were managed by senior care staff people's prescribed medicine had been recorded when taken. We saw that staff remained with people and offered a drink when administering their medicines. Medicines were kept securely and staff who had responsibility for medicine administration had received training and were aware of the actions to take should an error occur.

People were supported to make their own decisions. Staff told us how they supported people to make decisions, such as offering two alternatives, considering their prior wishes and consulting people significant to the person for their views.

People had access to healthcare when they needed. People's care records showed contact with a variety of healthcare professionals. People were supported to eat and drink. They were offered a choice of food and drink. People's mealtime experience was positive and staff attention was on people during this time.

People were supported by care staff that responded patiently and positively, whilst listening to them People were included and involved in decisions about their care and care staff ensured they were treated with dignity and respect. People were supported to maintain relationships with people important to them. There was no restriction of visitors.

Staff knew people as individuals and had knowledge about them and their personal histories. People's care

records contained information about the person's past life including family make up and previous occupation and significant life events. Staff were aware of people's backgrounds which helped them have meaningful conversations with people about topics of personal interest.

People and relatives told us they had no current concerns about the care or home and would be happy to raise if they did. The care staff told us they would resolve any minor compliant or concern at the time it was raised. They said they would refer significant concerns that they were unable to resolve to the management team.

This manager had been in post since February 2015 and CQC had not received an application which contained the relevant information to progress the manager's registration. The recent change in the management structure will need to demonstrate that people continue to receive care that meets their needs. The quality of the service was monitored on an on-going basis through observations of practice and consideration of indicators such as staff turnover, incident and accidents and feedback from people and staff. The service had links with the local community for advice and support to maintain 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?

Good

The service was safe.

People received their medicines in a safe way which encouraged their independence. People were cared for by staff who had the knowledge to protect people from harm. People were supported by staff that kept them safe and meet their needs.

Is the service effective?

Good

The service was effective.

We found that action had been taken to improve how people's best interests were protected .People's consent to care and their capacity had been considered for individual decisions. People's dietary choices were reviewed and used to offer a variety of meals. Health professional external to the home had been involved to support people when needed with their health care.

Is the service caring?

Good

The service was caring.

People and staff had developed respectful, warm and caring relationships with people and were respectful about people's privacy and dignity. People received care that met their needs and individual preferences.

Is the service responsive?

Good

The service was responsive.

People were supported to make everyday choices and were able to choose things to do.

People were confident that if they had concerns, they could raise these with staff. They felt they would be listened to, taken seriously and receive a response to the issues they raised.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The home manager had not yet registered with us. There has also been other management changes with the provider. These changes will need time to show how people's experience of living at the home are reviewed and responded to.

People, their relatives and staff were complimentary about the overall service and that their views were listened to. Procedures were in place to identify areas of concern and these looked to improve people's experience of care.

Cambrian House

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 unannounced inspection took place on 2 February 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our inspection on 4 March 2015 had been made. We inspected the service against all five questions we ask about services: is the service effective, is the service caring, is the service responsive and is the service well lead. This is because the service was not meeting some legal requirements.

The inspection team comprised of two inspectors. As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with seven people who lived at the home and three relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the owner, manager, two senior care staff, two domestic staff, two care staff and one cook. We looked at two records about people's care, five medicine records, falls and incidents reports, and checks completed by the provider.

Good

Is the service safe?

Our findings

All people we spoke with told us they were comfortable and had no concerns about being safe at the home. One person said, "I wouldn't be afraid to tell them (staff) if they didn't do what they should". Care staff told us about how they supported people to remain safe by regularly checking how they were. One person told us, "Always check on me. At night they will stay with me". One relative told us that, "I have absolutely no concerns". They also said the how the home was clean and clutter free.

All the care staff told us they kept people safe by helping them when needed. Care staff were also aware of how the physical environment could impact on providing a safe home. All care staff we spoke with told us what types of abuse people are at risk of and their responsibility to report and protect people. They said they would report any concerns about people's safety to the manager or provider for review and action where needed.

We saw that people were people managing their own risk and happily asked staff for support and guidance if needed. Two people spoke about how they used their walking aids, and we saw staff supported them to stand up from the chair with verbal support. Throughout the day we saw that care staff were positive in encouraging people to ensure they took appropriate risks.

All people we spoke with said the care staff were available for them and responded to requests when asked. Two relatives commented that staff were always around and available if they needed to chat to them and one said, "Plenty of staff whenever we visit". We saw staff had time to respond to people's requests and spend time talking with people and checking they were comfortable or if they needed anything. All staff we spoke with said they worked as a team to cover shifts and that agency staff were used when needed to ensure that the correct number of staff were on shift. Care staff told us they had provided feedback to the manager as they felt people would benefit from a further member of care staff in the mornings. The manager and provider had responded and were recruiting a further member of care staff to support this change.

The manager had a range of staffing to assist in the care of people and were supported by senior care staff, care staff, domestic staff and cooks. The manager told us the staffing group had the right skills needed for people who lived at the home. The manager and provider regularly reviewed the staffing levels to ensure people's needs were met. This involved talking with people and staff for their views and opinions. The manager also told us they looked at the levels of care people needed and this was used to ensure they knew if people needed low to high levels of care. The manager told us this demonstrated that they were able to meet people's needs with the numbers of care staff on shift. While some care staff felt the afternoon shift needed another staff member, the manager was confident the levels were correct. They advised they would review how staff were using their time to ensure they were caring for people as expected.

All people that we spoke with told us the care staff looked after their medicines and were supported to take their medicine when they needed it. One person told us about the medicines they used to manage their anxiety and that "I always get them after my breakfast as needed". The manager had made it the

responsibility of senior care staff to administer medicines. We spoke with one senior about the medicines and they could explain what the medicines were and how often they were needed. People's medicines had been recorded when they had received them. The manager told us they checked the medicines when they were delivered to the home to ensure they were as expected. Staff knew the guidance to follow if a person required a medicine 'when required'. People's medicines were reviewed by the GP to ensure that it was appropriate to meet their needs. For example, the manager told us they had worked with the GP to improve one person's sleeping pattern. This involved looking at the impact on the person and referring back to the GP regularly.

Each month all unused medicines were returned the pharmacy. Where a person was noted not to be using a particular medicine the senior staff used this as an opportunity to contact the GP to see if the medicines needed to be discontinued or reviewed. They also felt there were no unnecessary medicines in the home and no large stocks of unused medicines.

Good

Is the service effective?

Our findings

During the previous inspection on 4 March 2015 we found that the provider was not meeting the law in respect of obtaining and recording people's consent where they lacked capacity and records around maintaining nutritional risks. This was a breach of Regulations 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.The provider had sent us a plan to say how these matters would be addressed. At this inspection, we found that improvements were made and people's consent to care was obtained and records had been reviewed and updated.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

All people we spoke with were able to tell us that they were able to consent to their care and treatment. During the day we saw care staff listen and respond to people's day to day decisions and choices. The manager demonstrated a good understanding of when and how they would need to assess capacity and the steps they would follow to make a decision in the person's best interest. The manager knew where people had appointed a power of attorney to act on their behalf when needed for financial or health decision. All care staff we spoke with told us they knew people had the right to choose the care they wanted. They added that the manager would be told if they felt someone were no longer able to make their own choices.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager told us that no one living at the home had a DoL in place. They were clear of their responsibility to submit applications to the local authority where people may have restrictions placed on their freedom in the future.

All people and their relatives we spoke with felt that care staff knew how to provide the care they needed. For example, by understanding how to manage their diabetes and being aware of what action to take if they became unwell. Care staff told us about some of their training and how they used this to understand people's needs and how to respond accordingly. They were able to tell us about the care they provided and the knowledge about their health conditions. For example, the impact of strokes and recognising signs of heart failure and the action to take.

Care staff felt supported in their role and told us they would talk to the manager about their role and responsibilities, training or wellbeing requests. One said, "If I need to talk to [manager] I do. The door is always open".

All people that we spoke with told us there was a choice of food and were the types of meals they liked. One

person said they enjoyed the, "Bacon sandwich for breakfast". We also saw that where a person told care staff they did not like the meal provided alternatives were offered and provided. Care staff remained supportive throughout and told us the person preferred to enjoy their meal on their own in the dining room after sitting for a while. People were not rushed at mealtimes and were able to choose to have their meal in the dining room, the lounge or in their rooms.

The cook had asked people for their favourite meals and had used the responses to introduce new meal options. They had then asked the care staff to find out if people had enjoyed the new meals to decide whether to include as regular choices on the menus.

People told us they got to see their GP who visited at least once a week. Care staff also arranged visits if needed. People were supported with additional aids that promoted their wellbeing. For example, reading glasses and hearing aids. Staff were able to tell us about how people were individually supported with their health conditions and where external professional support had been used. We saw records that showed where advice had been sought and implemented to maintain or improve people's health conditions. For example, district nurse visits and therapist advice.

Good

Is the service caring?

Our findings

People spoke fondly of the care staff and commented on how kind and good they were. When care staff were passing people they always spoke to them, one person said to us a one care staff went by, "She is so caring, always checking".

The atmosphere was quiet in the communal areas and people were able to choose between three lounges. However the manager said that one lounge was rarely used so provided a relaxing lounge for visiting families. Three people told us they felt involved in reviewing their care needs and were supported by staff in discussing their options. One person told us they used a quieter lounge in the day for reading and listening to the music and another lounge in the evening for watching the television.

All relatives we spoke with told us the atmosphere was homely and all the care staff were friendly and approachable. During the day when visitors were around we saw them ask care staff about how their loved ones had been. Care staff provided updates about how they had been with warmth about each person. People told us that when their friends and relatives visited they were always welcomed by staff at the home. One relative we spoke with told us staff were, "Very welcoming and nothing is too much trouble".

People had had developed friendships with both people living at the home and the care staff. One person told that that, "The staff understand what is important to me" and one person said, "Staff sit and talk to me". People were comfortable with staff who responded with fondness. One staff member said to a person, "Shall I come and natter with you". One person spoke fondly of the care staff and manager and had framed photos in their room of times spent together. One staff member told us, "I like to see them smile and happy".

We saw that people were able to have their day to day request and preferences met. One person told us they enjoyed the sun and said, "Staff always make sure I'm seated where the sun streams in". One person said they had been able to, "Keep my sense of style". Relatives said there were always involved and felt the care was right for their family member. One relative said, "He dresses as he wishes".

Two care plans we looked at recorded people's preferences with information for care staff to follow about the care need. All staff we spoke with had a good understanding of the people they cared for. For example, their preferred wake up time and daily routines. They said they respected people's everyday choices in the amount of assistance they may need.

Two people told us were supported to do as much on their own and wanted to remain independent with their personal care. They told us about what support they needed from staff and were happy that they were independent within in the home. We saw that care staff would offer encouragement and guidance when needed. Care staff we spoke with told us the levels of support may vary slightly depending on how well people felt that day.

People received care and support from staff that were respectful and took time with people. We saw that staff did not rush people and followed the person's own pace. Two people we spoke with felt they had their

privacy and that care staff were considerate when they spoke about their care needs. Staff spoke respectfully about people when they were talking and having discussions with other staff members about any care needs.

Good

Is the service responsive?

Our findings

During the previous inspection on 4 March 2015 we found that improvements were required. On this inspection improvements had been made in activities offered and plans were in place to update and improve care plans that were focussed around each person as an individual.

Four people we spoke with told us they got the care and support they wanted. Two people were able to say how they had improved since being at the home. For example one person was more mobile and able to get out. One relative said about their family member, "Confidence has come back and they are joining in activities".

Care staff we spoke with were aware of people's health which included wound care, noticing infections and getting medicines to treat the condition and providing pain relief. Care staff recognised where people's health matters were addressed either by them or by referring to other professionals. For example, one person required a new medicine which care staff were unable to administer so the district nurse was contacted to ensure the person received the medicine as needed.

Three relatives told us they were confident that their family member's health was looked after by the care staff who had the knowledge needed. They also felt staff provided updates if there were any changes or make suggestions that feel their loved ones would prefer. Staff took time to talk with family members about how their relative had been. One relative commented, "Care here is excellent. The staff have improved his health and personal care" and, "They contact us with any changes immediately and keep us informed".

Staff used observations and discussions with other staff to recognise any changes or concerns about people's wellbeing. Staff told us they felt this supported people and would record and report any changes in people's care needs to senior care staff or the manager. Three of the staff we spoke with said they were listened to and any changes to people's health were acted on. People's needs were discussed when the care staff shift changed. The information shared any changes and how each person had been including their emotional well-being.

People's views about their care and their relatives input had been considered. The manager provided an updated care plan they were in the process of introducing. They told us the new plans would better reflect each person and their care needs. In addition, care staff would be able to see information clearer and without unnecessary documents in relation to the care needed.

All people we spoke told us they chose how they spent their days, either in their room or the communal areas. One person commented that they loved music and dancing and that, "The staff dance with me". Other people told us they enjoyed listening to music, reading or spending time in their room. The manager had developed and implemented a timetable of group activities which some people enjoyed and took part in. These were chosen by people at the home and care staff told us they were flexible on the day and went with what people wanted. Senior care staff were responsible for leading on each activity in the morning and afternoon. One person said they, "Go out with staff and do my shopping". They also enjoyed going to the

local public house nearby with staff.

Three people we spoke with said they would talk to any of the staff if they had any concerns. However they told us they were very content and had no issues to raise. One person said, "I raised something last week and it was dealt with".

All staff we spoke with told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. There had been no written complaints, but the manager was available and approachable and told us they would "Deal with it at the time". This reflected the views and opinions of the people, their relatives and staff. Throughout our visit people and relatives had been comfortable to approach care staff or the manager to talk about care and treatment. The manager also supported one person to raise a concern where they felt the care and treatment provided externally had not been appropriate.

Requires Improvement

Is the service well-led?

Our findings

During the previous inspection on 4 March 2015 we found that improvements were required. On this inspection improvements had been made with records. However, the manager had been working at the home in that position since February 2015. An application enabling CQC to progress the manager's registration had not been received despite communication with the manager and provider about this. The manager will need to register with us so the provider can show how they are meeting their conditions of registration.

In addition to the lack of a registered manager at this location, there had been a recent change in the management structure at provider level which led to a change to the regional manager role. Care staff felt that prior to the appointment of this person, people's experiences in the home had not always remained the main focus of the provider. The manager, provider and care staff told us that they felt this was a positive change which had improved communication. People had seen recent improvements in their care and home environment and the manager felt people had experienced better care. However, these changes need to be embedded and sustained over a period of time to demonstrate that the leadership is stronger and focused on outcomes for people who live there.

People, their relatives and care staff we spoke with knew who the manager was and told us they were happy to talk with them when needed. All care staff told us they worked well together and provided support to people at the home. The manager told us they had direct support from the senior care staff who also had responsibility when they were not available at the home. The manager told us the staffing team worked with them to ensure people were involved and treated as individuals. All care staff we spoke with said they were part of a good staffing team that was supported by the manager.

People received care and support from a consistent staff group so people were familiar with them. Three people told us about how they felt living at the home and how they were involved and valued by the management and staff. All relatives felt they had been asked for their views and opinion. One relative commented that, "So much more involved. Me and [person] are happy here" and that, "We liaise as much as we can" with the manager and care staff.

The provider had used questionnaires to get an understanding of the overall experiences of people. We saw the overall impression was that people were satisfied with the home and the care provided. They had done this by listening to people and providing opportunities to be involved and had made improvements to the environment whilst considering people's preferences.

The manager told us they had support from the provider and felt they "Working well together" and added that "We may not always agree but we make decisions". The manager told us they made sure they spent time asking people about their care informally day to day. They told us that this helped them to understand what was happening in the home.

The manager told us that they kept their skills and knowledge current and used external resources and

training provided from the local authority. They also referred to external guidance and organisation such as The Social Care Institute for Excellence. The manager told us they felt this supported them to be aware of changes and information that was up to date and relevant. The manager also shared information and good practice regionally with the providers other registered managers.

All aspects of people's care and the home environment were reviewed and updated. For example, they spoke with people and their relatives, looked at people's care records, staff training, and incidents and accidents. Resources and support from the provider were available and general maintenance to the home was in progress.