

The Edmund Trust

2 Cambridge Road

Inspection report

2 Cambridge Road
Milton
Cambridge
CB24 6AW

Tel: 01223 883130

Website: www.cambridgeshiremencap.co.uk

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

2 Cambridge Road is registered to provide accommodation and personal care for up to eight people who have a learning disability. At the time of our inspection there were eight people living at the home. Accommodation is provided over 2 floors and all bedrooms are single rooms.

This unannounced inspection took place on 23 & 27 March 2015

At our previous inspection on 14 August 2013 the provider was found not to be in breach of the regulations that we assessed.

The home had a registered manager who had been in post since January 2011. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered managers, 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.

Summary of findings

There were robust recruitment process in place. This helped ensure that only staff who had been deemed suitable to work at 2 Cambridge Road were offered employment. There were a sufficient number of suitable qualified and experienced staff working at the home.

Staff had been trained in medicines administration and safeguarding people from harm and were knowledgeable about how to ensure people's safety. However, there was not a clear record of medicines held in the home so we could not be sure that all medications were being administered as prescribed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager and staff were knowledgeable about when a request for a DoLS would be required. Authorisations to lawfully deprive people of their liberty had been obtained and staff were aware of the action to take if further actions were needed. People's ability to make decisions based on their best interests had been clearly documented to demonstrate which decisions they could make and what these were for.

People's privacy and dignity was respected by staff. People's care was provided with compassion and in a way which people appreciated. People's requests for assistance were responded to promptly.

People's care records were not up-to-date which could put people at risk of not receiving their care as planned. People were supported to undertake hobbies and interests of their choice.

People were supported to access a range of external health care professionals. This included their allocated GP, optician, chiropodist and dentist. Risks to people's health were assessed and promptly acted upon by staff.

People were supported with their meals choices and supported to prepare and cook their meals. Staff ensured appropriate risks assessments were in place where a risk had been identified.

People, relatives and staff were provided with information on how to make a complaint and staff knew how to respond to any identified concerns or suggestions. Action had been taken to address people's concerns and to prevent any potential for recurrence.

The provider had not sought people's views to identify areas for improvement. Audits completed did not always demonstrate where action had been taken when improvements had been required.

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?

The service was not always safe.

Although there were appropriate arrangements in place for the storage, medication records did not detail all of the medication held in the home.

A sufficient number of staff with the appropriate training were employed to meet people's needs. Pre-employment checks completed by the provider ensured that only staff whose good character had been established were offered employment.

Staff had been trained on how to protect people from harm and were knowledgeable about the reporting processes to follow if they thought people may have been harmed.

Requires Improvement



Is the service effective?

The service was effective.

People were supported to eat and drink sufficient quantities by staff who knew people's dietary needs well.

People were supported to see a wide range of health care professionals in order to support their health care needs.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity.

Staff were knowledgeable about people's needs and preferences.

Staff spoke with people in a caring and respectful way.

Good



Is the service responsive?

The service was not always responsive.

People's care plans did not reflect their current needs.

People were supported to take part in their choice of activities, hobbies and interests.

People were supported to raise any concerns they may have had. This was by various means including staff recognising when a person was not happy.

Requires Improvement



Is the service well-led?

The service was not always well-led.

Requires Improvement



Summary of findings

Although there were systems in place to monitor the quality of the service, the system did not identify that action needed to be taken and if it had been taken.

There were no formal opportunities for people and relatives to express their views about the service.

There was a registered manager in place.

2 Cambridge Road

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 registered manager 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 23 & 27 March 2015 and was completed by two inspectors.

We looked at information we held about the service including statutory notifications. A notification is information about important events which the registered manager is required to tell us about by law. We also spoke with the service's commissioners and health care providers.

During the inspection we spoke with five people living in the home, three relatives, the service manager and four care staff. We also observed people's care to help assist us in understanding the quality of care people received.

We looked at four people's care records, relatives' and staff meeting minutes and medicine administration records. We looked at records in relation to the management of the service including audits and servicing records. We also looked at staff recruitment, supervision and appraisal processes and training, complaints and quality assurance.

Is the service safe?

Our findings

People told us they always felt safe living at the home. One person said: “I love living here and feel very safe”. Another person said: “staff are great and they ensure we are safe”. One relative said, “[Family member] has lived there for a long time. I feel they are safe because they always look well cared for and would tell us if they were not happy about anything at all.”

Staff confirmed they had received training in medication administration. People we spoke with told us they received their medication regularly. One person told us: “The staff always ask if I have any pain”. We found that medicines were stored securely and at the correct temperature. The amounts of regular prescribed medicine were recorded appropriately but there was not a system in place to show the amount of as required medication held in the home. However, homely medicines such as cough medicine were not recorded when given and the date when the bottle was opened was not recorded. This meant that people could be at risk of receiving additional medicine. The recent monthly medicines audit had not identified the error.

The service manager told us how staffing ratios were determined following an assessment of people’s care and support needs. Staff told us and we found that enough staff were available to meet people’s needs. One member of staff told us that, “Agency and bank staff were only used when this was unavoidable but that the same staff were used for consistency and the safety of people.” We saw that people did not have to wait long for their request for assistance to be responded to and that staff had time to sit and chat with people.

Risk assessments had been completed to ensure that people were safe inside and outside of the home. Risk assessments seen were those completed for people’s safe eating and drinking, transport, personal care and moving and handling. Staff were able to describe those people who were at risk and the measures that were in place to minimise the risks to these people.

Accidents and incidents were recorded. This enabled the service manager to monitor for any trends. We saw that

action had been taken to reduce the risk of recurrence of incidents. Examples of this included the additional equipment to aid a person to work independently. We found that people were supported by staff with their independence and to, to take risks. These included people going to their day activities, the pub or going shopping. Measures were in place to support a person’s behaviour and ensure that they were safe. This included the avoidance of situations which created or increased the person’s anxiety.

All of the staff we spoke with knew people’s needs and supported people well. Care plans contained some guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. One of the care plans did not contain full guidance to staff on the actions to take if the person exhibited challenging behaviour, but staff spoken with were aware of the actions to take.

All staff we spoke with had received training on how to protect people from harm and safeguard them. They demonstrated a thorough understanding of the different types and forms of abuse, and who to report any concerns to. Information about safeguarding was also available to staff to access if required. Staff told us they would be confident to blow the whistle on bad practice if they observed it.

Two staff members told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all the required safety checks had been completed prior to staff commencing their employment. This ensured that only staff deemed suitable to work with people were employed.

We looked at the records for checks on the home’s utility systems and equipment including gas and electrical safety, Legionella temperature monitoring and lifting equipment. These showed us that regular checks had been completed to help ensure people were as far as practicable, cared for in a place that was safe to live, work in or visit. People were assured that the registered manager had completed appropriate checks to help ensure their safety.

Is the service effective?

Our findings

All of the people we spoke with told us, and we saw from our observations, that staff knew people's food preferences well. One person said: "I can choose what I eat and where I eat it". There were various places that people could choose to eat for example the kitchen, dining room or lounge. One person said: "I have a packed lunch when I go out and then a cooked tea when I come home".

Staff were able to communicate effectively with people and ensured that people's agreement to, or refusal of care and support that was offered was respected. Staff understood people's needs well and ensured they always received a verbal, written or implied consent from each person before providing any care or support. A relative said: "If [family member] didn't want to do something they would tell the staff".

We found that staff kept up-to-date with current best practice and that a wide range of training opportunities were available to them. Staff told us that they had recently received training in epilepsy, autism and managing people's behaviours in a non-physical way. This helped to provide them with the knowledge, skills and competencies to meet people's needs. One member of staff said, "We are always doing some sort of training." Another member of staff told us, "I get all the training I need to do my job properly". One relative said, "From what I see, each time I visit, [family member's] needs are met by staff who have the right skills. I can't fault them."

We spoke with the service manager and the staff about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and found that they had an awareness of the Act and what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty was lawful. We saw that there were up to date and appropriate policies and guidance available. We were told that none of the people who currently lived in the home were being deprived of their liberty or had any restrictions in place.

People and their relatives told us they were consulted about what care needs they or their family member would like support with. One person said: "They always ask me what I want to do, what I like and what I don't, I have a choice." One relative said: "I am kept well informed about the care of [family member] and the staff always ensure their needs are met". Another relative told us: "Staff are very good at keeping me informed". This showed that communication between people using the service, family members and the staff was good.

People's health records showed that each person was provided with regular health checks through arrangements for eye tests, dentist and support from their GP. One person told us: "If I need to see a doctor the staff arrange this for me very quickly." We spoke with one healthcare professional. They told us that they had no concerns about the care that people received and they were well cared for.

We found that people and their relatives' were kept informed about health care needs and any hospital or doctor's appointments attended, which included any changes to the person's care as a result. One relative said, "The manager and staff tell us everything about [family member]. We are kept informed on what happens." This meant that people, their relatives and staff were involved in their care and any treatment options and outcomes agreed. This meant people could be confident that their health care needs would be reliably and consistently met.

Staff helped people with their meal choices including aspects of sharing the preparation of some meals. Some people liked to help clearing up whilst others liked to help prepare the food. Staff knew people's eating preferences well. Staff ensured that people ate a healthy balanced diet whilst respecting people's allergies and food intolerances. We saw and people told us that they had snacks and drinks during the day and that they never had to ask for drinks as staff regularly offered these to them.

Staff told us they felt supported and were able to discuss any concerns they had with their peers and the service manager if the need arose.

Is the service caring?

Our findings

People who lived at the home and their relatives told us they were very happy with the care provided. All of the people we spoke with told us that staff were kind and caring. One person told us: “I am very well looked after and the staff are great”. Another person said: “I know all the staff well and they are so caring and always happy to help me”.

Relatives we spoke with told us: “I couldn’t ask for better for [family member]. The staff are kind and caring and they keep me well informed of any changes.” Another said: “[family member] is well looked after and they have settled in very well”.

It was evident through our observations that staff were knowledgeable about each person and how they liked to be supported. Staff were able to communicate with people effectively. One person we spoke with told us, “Staff take time to talk to me and so they know me well”. Another person said: “They take an interest in me and remember what I like to do. I can always change my mind like today I have stayed at home”.

Arrangements were in place to make sure that people were involved in making decisions about their own care. One person told us: “My keyworker and me sit and discuss what I want to do and we work out a timetable”.

Staff promoted people's independence and respected their privacy and dignity. Staff greeted people respectfully and used people's preferred names when supporting them. Staff told us how they maintained people's dignity and independence. One member of staff commented how they encouraged people to be independent as possible and said: “It is important to let people do as much for themselves as possible even it takes them longer than if we did it for them, it gives them a sense of achievement”.

People could choose where they spent their time. There were several communal areas within the home and people also had their own bedrooms in which to entertain visitors. People told us they were able to choose what time to get up and to go to bed.

The service manager told us that advocacy services and their contact details were available if required, although nobody required their use at the time of the inspection.

Is the service responsive?

Our findings

The registered manager completed an assessment of people's needs prior to people living at the home. This ensured they were able to meet their care and support needs. Most people had lived at the home for some time. One relative said: "The one thing we liked about the home was how knowledgeable the staff were and the confidence they gave us in ensuring they were able to provide [family members] the support they require". Another relative said: "I feel I am well informed and able to discuss [family members] care and support needs on a regular basis".

People we spoke with were told us about the activities and hobbies that they pursued. These included going to the pub, the town and local parks as well as spending time in their room listening to music or watching TV. One person said, "I like films and staff help me to watch these." In addition, we saw members of staff talk to people in a one-to-one conversation. We saw people had made friends with each other and that staff supported them to maintain contact with friends and family members. People were also able to attend religious services if they choose to.

Care plans we looked at covered areas such as mobility, communication, social needs, and nutrition but these did not always reflect people's choices and preferences or make it clear what people were able to do for themselves and then what support they required from staff. Some information had been added but this was not always signed and dated by the author so was unclear if it was still relevant. The service manager told us that he was aware that care plans were a priority and required updating to reflect people's care and support needs. However people

said that regular staff knew the support they needed and provided this for them. They said that staff responded to their individual needs for assistance. One person said: "They ask me about my life and how I want things done I feel involved". Another person said: "I can get up and go to bed when I want". Records showed that when people's needs had changed, staff had made appropriate referrals to a healthcare professional. Where a person's mental health was causing them some distress, further support was sought from the Mental Health Team. We saw that the outcome of medical appointments had been recorded with any follow up action to be taken.

People said that they knew who to speak with if they were unhappy about something. One person said: "I would speak to someone" and named a member of staff who they would speak with. Another person told us: "I have no concerns but would tell my family if I had and they would deal with it". Staff we spoke with were knowledgeable about the action they would take to support a person in making a concern or complaint.

A complaints procedure was available. There was a record of complaints, which included details of any investigations, the action taken and outcome. This demonstrated that people were listened to and action was taken, if needed. The service manager advised us that there were no specific recurring themes in relation to the nature of the complaints. Our review of the record of complaints found that this was the case. Staff told us they would report any concerns or complaints they received to the registered or service manager and ensure that it was recorded in the complaints file.

Is the service well-led?

Our findings

The registered manager was not available at the time of this inspection. There was a service manager in post who was responsible for overseeing the day to day management of 2 Cambridge Road. The service manager was responsible for ensuring that people were having their needs met and staff were provided with the support that was required. A staff member told us: “The service manager is very supportive and we are able to approach them at any time”. One relative told us: “We have found [staff name] to be very approachable and welcoming whenever we visit the home”.

We received positive comments from staff, people who lived at the home and relatives about the registered manager and they all told us that they were approachable, fair and communicated well with them.

We found that staff had the opportunity to express their views via staff meetings and handovers.

Staff told us they were encouraged to make suggestions to improve the quality of service provision. They did this either individually in supervision or in one of the regular team meetings. They told us they could now go to both the registered manager and the service manager if they had any problems and felt confident in doing this.

There were a number of systems in place to monitor the quality of service provided to people living at the home. The registered manager conducted monthly audits to assess the service and we viewed audits undertaken covering all aspects of medicines management, fire, health and safety. However where actions to be taken had been identified, there was no information to show that the actions had been taken. The service manager told us that a

new service action plan is yet to be compiled to look at areas for improvement within the service. The contract monitoring team conducted a visit in September 2014 to the service. They identified a number of improvements that required action. The service manager told us that not all the actions that had been identified had been put into place including that staff were not yet receiving regular supervisions or had an appraisal. A survey to get the views of people who live at the home, relatives and other stakeholder's had yet to be completed. People we spoke with felt they were able to raise any issues and discuss the home with their keyworker at any time.

The service manager maintained a training record detailing the training completed by all staff. This allowed them to monitor training and to make arrangements to provide refresher training as necessary. Staff told us the service manager regularly worked within the home to ensure staff were implementing their training and to ensure they were delivering good quality care to people. They told us that if there were any issues identified in people's care, the service manager would address them there and then.

Staff told us that they maintained links with the local community including people's day centres and the local community centre. A relative said, “We have not regretted our decision once for [family member] to live there”. Another said, “I can't think of anything they could improve as they do everything so well for [family member] except a little more dusting in their room”.

The registered manager had on one occasion failed to notify CQC of an event that had involved the police following an incident that involved people that lived at the home. They are, by law, required to do so. We found that whilst they had not notified CQC a thorough investigation had been completed and ensured the safety of people.