

Cambian Healthcare Limited

Cambian - Eversley House

Inspection report

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20 February 2016

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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

We inspected this service on 18 and 20 February 2016. This was an unannounced inspection. This was the service's first inspection since they registered with us in April 2015.

Cambian – Eversley House is registered to provide accommodation and personal care for up to five people. People who use the service are between 16 and 25 years of age and have complex needs which may include a mental health condition and/or a learning disability. At the time of our inspection one person was 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 associated Regulations about how the service is run.

People's safety was maintained because risks were assessed and planned for and the staff understood how to keep people safe. Medicines were managed safely, which meant people received the medicines they needed when they needed them.

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

People's health and wellbeing needs were met and people were supported to access health and social care professionals as required. People could access suitable amounts of food and drink that met their individual preferences.

Staff showed they understood and applied the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This ensured that when people had the ability to make decisions for themselves, their decisions were respected. It also ensured decisions were made in people's best interests if they were unable to do this for themselves.

People were treated with respect and staff promoted people's independence and right to privacy.

People were involved in the assessment and review of their care and staff supported and encouraged people to access the community and participate in activities that were important to them.

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 at the home and people and staff were supported by the management team.

The management team regularly assessed and monitored the quality of care to ensure good standards were met and maintained. The registered manager understood the requirements of their registration with us.

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. Risks to people were assessed and reviewed and staff understood how to keep people safe.

Sufficient numbers of staff were available to keep people safe and people were protected from abuse and avoidable harm. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective. People could eat and drink in a manner that reflected their individual preferences. People were enabled to make decisions about their care and support and staff respected the decisions people made. Staff knew how to support people to make decisions in their best interests if they were unable to do this for themselves.

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

Is the service caring?

Good ●

The service was caring. People were treated with respect and their privacy and independence was promoted.

People were encouraged and enabled to make choices about their care and staff respected the choices people made.

Is the service responsive?

Good ●

The service was responsive. People were involved in the assessment and review of their care to ensure that care met their preferences and needs.

Staff supported people to do the things that were important to them. People were enabled to share concerns about their care and systems were in place to respond to any complaints.

Is the service well-led?

Good ●

The service was well-led. Effective systems were in place to regularly assess, monitor and improve the quality of care. Feedback from people who used the service was also sought to

improve care. Staff felt supported by the management team.

Cambian - Eversley 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 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 20 February 2016 and was unannounced. Our inspection team consisted of one inspector.

Before the inspection 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. We used this information to formulate our inspection plan.

We spoke with the person who used the service, two members of care staff, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that good standards of care were being met.

We looked at the care records of the person who used the service to see if they were accurate and up to date. We also looked at records relating to the management of the service. These included quality checks, staff rotas and staff recruitment information.

Is the service safe?

Our findings

The person who used the service told us they were protected from the risk of abuse. They said, "They don't abuse me". The staff and the registered manager told us how they would recognise and report abuse in accordance with the agreed local safeguarding procedures. Records showed that suspected safety concerns were reported in accordance with these procedures as required.

The person who used the service told us they felt safe around the staff. They said, "I'm supported well, no one's horrible to me". 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.

The person who used the service confirmed they were involved in the assessment and management of risks to their health and wellbeing. Care records showed that risks to their safety and wellbeing had been assessed and planned for. These plans promoted them to retain their independence and we found that staff understood and followed these plans. Care records showed these risks were reviewed with the person on a regular basis and any changes to how these risks were managed were clearly recorded and communicated to the staff. We found that safety incidents were reported by staff and investigated by the registered manager. The registered manager worked with people and staff to prevent further incidents from occurring.

The person who used the service told us that staff were always available to provide them with care and support. Staff rotas showed that the skill mix of the staff was considered when planning rotas. For example, rotas we viewed showed there were always staff on duty who were able to drive, so that people could access the community when they wished to do so. The registered manager told us they regularly reviewed staffing levels and staff rotas also showed the provider's minimum safe staffing levels were consistently met.

The person who used the service told us they were encouraged and supported to take their medicines as prescribed. They said, "The staff look after my medicines" and, "I get them when I want them". Our observations and medicines records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

Is the service effective?

Our findings

The person who used the service told us they could eat foods that met their individual preferences and choices. They said, "I can eat what I like, I don't starve". They confirmed they were supported by staff to gain and maintain cooking skills in preparation for independent living. Staff told us they supported people to eat a healthy diet and with people's consent weight was monitored to help them to achieve any health based goals.

The person who used the service told us they were supported to stay healthy and well. They confirmed they received support from health and social care professionals to do this. This included; doctors, occupational therapists, psychologists and social workers. Care records showed that advice from these professionals was incorporated into the person's care plan and staff demonstrated they followed this advice by telling us how they supported the person to stay healthy and well.

The person who used the service confirmed that staff respected their ability to make decisions about their day to day care and support. Staff told they supported people to make decisions by informing them of the advantages and risks associated with specific decisions. They also told us people had the right to make decisions about their care, even if the decision was an unwise one.

Although there was no one using the service who was over 18 years old, the staff told us how they would support people to make decisions in accordance with the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one who used the service was being restricted under the DoLS as this was not required. However, staff showed they understood the DoLS and the registered manager demonstrated they knew how to make an application under DoLS if this was required.

Staff told us they had received training to provide them with the skills they needed to meet people's needs effectively. This included; an induction to the service, safeguarding adults and children, managing violence and aggression and mental health awareness. We saw that training had been effective and staff had the skills they needed to provide safe and effective care and support. For example, we saw that people were protected from the risk of inappropriate or unsafe restraint because staff had received training that enabled them to manage people's aggression using verbal de-escalation techniques. For example, one staff member said, "The most useful training has been the de-escalation training. It gave me some really good tips to help, like; using appropriate language, paraphrasing and being aware of my body language. I've used the techniques and because of that I've never had to use restraint. I'm really proud of that". Staff also confirmed they had regular meetings with senior staff to discuss their development needs and any training requests

were met.

Is the service caring?

Our findings

The person who used the service told us staff respected their ability to make choices and decisions about their care. Comments included, "I get up when I want to" and, "I can go out when I want to". Care records showed staff worked closely with people to identify and agree the level of support and supervision they required. For example, care records showed a person had requested a decrease in the level of supervision they received from staff. We saw that staff had considered the impact of this change on the person's safety and agreed to this change. This showed the staff respected people's right to make choices about their care and support. We also saw that staff enabled people to access professional advocates to support them in making choices about their care if this was required.

The person who used the service told us the staff treated them with respect. One staff member told us how they respected people who used the service. They said, "I don't give orders and I relay information in the way I would to my family and friends. If you treat people with respect, they give it back". We also saw that people could access private areas of the home when they wished to do so and staff respected people's right to privacy.

The person who used the service confirmed that their right to independence was promoted and staff supported people to maintain their independent living skills. They confirmed they were encouraged and supported to complete daily living tasks to help them achieve independent living. This included cooking, laundry and shopping skills. Staff told us it was important to promote independent living skills, so people could progress with their rehabilitation.

The person who used the service confirmed and their care records showed they were supported to maintain regular contact with their family. We saw that staff supported them to maintain regular phone and face to face contact with their relatives.

Staff were able to demonstrate that they knew the likes and dislikes of the person who used the service, which enabled them to have meaningful interactions with them. We saw that this had positive effects on the person as they were able to participate in meaningful conversation which helped meet their social interaction needs.

Is the service responsive?

Our findings

The person who used the service confirmed they were involved in the assessment and planning of their care. They told us that they had a keyworker who was responsible for working with them to do this. They said, "My keyworker talks to me about the things I want to do and the things that I could be doing".

The person who used the service told us they attended regular meetings to discuss and make changes to their planned care. They said, "We talk about my progress" and, "They help me to set goals". Care records showed that these meetings occurred regularly and goals were agreed and adjusted in response to people's progress or changing needs.

The person who used the service told us they were enabled to participate in leisure based activities that met their individual preferences. Care records showed that staff were also encouraging and supporting the person to engage in educational programmes with their consent.

We saw that staff took an educative approach to help the young people who used the service to learn about issues that commonly affected young people. Staff told they used a display board each month to highlight common issues. One staff member said, "We change it each month. It's good to make people aware of the different things out there". Staff also told us it helped people to learn about issues that they may not feel comfortable talking to the staff about. We saw that the February display provided information on; lesbian, gay, bisexual and transgender history month and a valentine's display gave information about contraception and sexual health.

The person who used the service told us they knew how to complain about the care. They said, "I would tell any of the staff if I had a complaint". They also told us they had regular meetings with staff where they were asked if they had any problems or concerns. Records showed that complaints had been investigated and managed in accordance with the provider's policy.

Is the service well-led?

Our findings

The person who used the service told us they were happy with their overall care. They said, "There's nothing bad to say. This place has helped me to get better". Staff told us they enjoyed working at the service because they liked the people and staff team. One staff member said, "It's enjoyable working here. We do lots of activities with people and there's something new every day".

Staff told us they were supported by the registered manager and deputy manager. The management team were described as, "approachable" and "supportive". Staff also told us there was an effective on call manager system in place that ensured they had access to on-going management support 24 hours a day. Staff told us the management team held regular one to one meetings with a manager that ensured their development needs were monitored and met. One staff member said, "We have regular supervision and we can request more supervision sessions if needed. I'm asked if I have any concerns or if there is any training I want to go on. I also get feedback on the things I'm doing well or not so well". Records showed that staff meetings were also held regularly which ensured staff were kept up to date with regards to any changes at the service.

Quality checks were completed by the management team. These checks included; checks of medicines management, care records, health and safety and infection control. Where concerns were identified, action was taken to improve quality. For example, a medicines audit showed weekly medicines checks were not always completed, so action was taken to address this. Medicines records showed that these checks were now being completed on a regular and consistent basis.

The registered manager sought feedback about the care from people who used the service. This was via a satisfaction questionnaire and regular meetings with people. The results of the latest questionnaires had been analysed and were found to be overwhelmingly positive. Therefore no further action was required on this occasion.

The registered manager understood the responsibilities of their registration with us. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.