

Cambrian Supported Living Limited

Cambrian

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 Cambrian on 9 November 2016. As this was a supported living service, we contacted the director of the service 48 hours' before the inspection. This was so that they could let the people who lived there know we were coming. At the last inspection in June 2014 and we found the service met all the regulations we looked at.

At the time of our inspection, the service was supporting 11 people with personal care needs. These people lived within a supported living setting at Cambrian House. Supported living describes the arrangement whereby people are supported to live independently with their own tenancies.

There was a registered manager in place. 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 2008 and associated Regulations about how the service is run.

We found that people were very positive and complimentary about the service they received. People using the service told us they felt safe and the relatives we spoke with also agreed people were safe. We found that people were protected from the risk of harm and abuse. All staff spoken with had a good understanding of safeguarding, the signs of abuse, and how to report it. However, we found that the registered manager had not always notified The Care Quality Commission (CQC) as legally required to do so about safeguarding concerns. We also found that the recording of safeguarding outcomes could be improved.

People's medicines were administered safely. Some people were supported to self-administer medication. However, we found that some medication records were confusing and could be improved.

Staff were skilled and knowledgeable. We found that staff completed an induction prior to starting work in the service and received regular and on-going robust training.

We found that staff had awareness of and had received training in the Mental Capacity Act 2005 (MCA). People told us that staff sought their consent for any care tasks. People were supported to make their own decisions whenever possible.

Staff were kind, caring and compassionate. People told us that staff treated them with dignity and respect. We found that staff had developed effective caring relationships with people.

Support plans were in place. They provided sufficient details and were regularly reviewed and updated. The care plans and risk assessments provided person centred information, which included people's preferences and choices. We found that people were supported to maintain as much independence as possible.

People were encouraged to give feedback to the service and people knew how they could complain.

Complaints were taken seriously and responded to.

The service was well-led. People knew who the registered manager was and felt able to raise any concerns with her. Staff told us that they felt well supported. We saw that regular household and staff meetings were held, as well as supervision meetings to support staff.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly about the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

We found that the service was not consistently safe.

People received their medicines as prescribed, but improvements were required regarding medication records.

People told us that they felt safe. Staff understood their responsibility to keep people safe, but areas of reporting and recording could be improved.

The service had sufficient staff to meet the needs of people.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

Is the service effective?

Good ●

The service was effective.

Staff were skilled and knowledgeable, they had received induction training and regular on-going training.

Staff had an understanding of the Mental Capacity Act. People were involved as much as possible in decisions about their care.

People were supported to maintain their health and well being and eat a healthy diet.

Is the service caring?

Good ●

The service was caring.

People were treated in a kind and caring manner.

People were involved in decisions about their care and were positive about the support that they received.

Staff respected people's choices and provided their care in a way that maintained their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and had a good understanding of their needs.

Care records demonstrated people's needs were assessed and people received person centred care. Support plans and risk assessments were regularly reviewed and kept up to date.

There was a complaints procedure in place. People knew how to complain and felt that they would be listened to if they raised any concerns.

Is the service well-led?

The service was well-led.

People using the service knew the registered manager and felt able to express their views and that these would be listened to.

Staff felt well supported and able to approach the management with any concerns.

The service had systems in place to monitor quality which included seeking feedback about the service from people and their relatives.□

Good ●

Cambrian

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 inspection took place on 9 November 2016. The provider was given 48 hours' notice because the location provides a supported living service and we wanted to ensure that staff were available in the office, as well as giving notice to people who received a service that we would like to visit them.

The inspection was carried out by two adult social care inspectors.

Before the inspection we checked the information that we held about the service. We looked at any notifications received and reviewed any information that had been received from the public. The registered manager had not received a Provider Information Return (PIR) before the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However we gathered this information during our inspection.

We used a number of different methods to help us understand the experience of people who used the service. During the inspection we visited Cambrian House and spoke with four people who lived there. We also spoke over the telephone with two of the relatives of people who received support from the service.

We spoke with five members of support staff, the director of the service and the registered manager. The registered manager was not in work at the time of the inspection but we spoke with her on the telephone a few days later. During the inspection visit we looked at care planning documentation for two people and other records associated with running a care service. This included three staff recruitment records, staff supervisions/appraisals and training records. We reviewed further records required for the management of the service including feedback from service users and their families, quality assurance audits, the business plan, satisfaction surveys, meeting minutes, rotas and the complaints procedure.

Is the service safe?

Our findings

People and their relatives told us that safe care was provided by the service. Comments included "This is the best place I've ever lived" and "I feel safe living here." One relative told us "I feel confident to leave her there."

People who required support with taking their prescribed medicine were provided with this support. The people we spoke with told us that they were happy with the support they received with their medication. We saw that all staff had undergone medication training and the service had a medication policy that all staff were aware of.

Staff spoken with understood the support that people required with medication, however we found that support plans did not always contain sufficient detail about the level of support needed. The plans said that people required "support" but did not go into detail about the type or level of support required. We saw that each person also had a medication profile, but the information contained within these was not always current. We discussed this with staff who told us that the profiles were used for various reasons. However we found that due to the information not always being accurate this could lead to confusion or mistakes. Staff told us that some people who used the service were being supported to manage their own medication or were being supported to build their skills to enable them to take their medicines independently in future. We discussed the recording of people's needs around medication with the director, who agreed to review this and advised that individual support plans would be implemented for each person.

The service undertook medication audits on a regular basis and we saw examples of these. We saw that the management had identified areas for improvement around the recording of medication administration. Medication administration records (MARs) were used by staff, to record when medication was administered. Occasional gaps had been identified, where staff had not always signed to indicate that medication had been administered. This issue had already been raised with staff within staff supervision meetings and team meetings. The director told us that this issue was being monitored and any further necessary action would be taken.

Staff told us that they had received training in protecting vulnerable adults and had read the provider's safeguarding policy. We were able to view training records and could see that all the staff had received this training within the last year. All staff spoken with demonstrated their understanding of what constituted abuse and the process they would follow if a safeguarding incident occurred or they had any concerns about one of the people they provided care to. One person told us, "I'd report it to the manager and record immediately". Staff were clear about the meaning of the term 'whistleblowing' and they were clear that they would report any concerns regarding poor practice to either the manager or equally that they could report this externally and they were all aware of the need to escalate concerns about people's welfare both within the organisation and externally. One person told us, "I've had to do it in a previous job, so I'd know what to do".

People told us that they felt safe living at the service and would be able to raise any concerns with staff if needed. They said "If I had any concerns I would definitely tell someone, they wouldn't ignore you." We

found that staff at the service promoted people's safety. We saw for example that information to raise awareness about fraud and internet safety had been discussed with people during a house meeting.

Services which are registered are required to notify the Care Quality Commission (CQC) of any safeguarding incidents that arise. We noted in a couple of instances that safeguarding incidents had not been notified to CQC, however the registered manager had liaised with the local safeguarding team and appropriate action had been taken in relation to the incidents. The registered manager acknowledged that there had been an oversight in submitting notifications to CQC. Following the inspection the registered manager took action to ensure that the correct guidance was sought and implemented regarding statutory notifications. The registered manager also told us that she was in regular contact with the local safeguarding team and would discuss any concerns or issues with them directly to ensure that appropriate action was taken. However, we found that action taken in response to any safeguarding concerns was not always clearly documented.

The director advised us that the service was fully staffed and there was a stable staff team. We reviewed staff rotas, spoke with staff and people using the service. We found that sufficient staff were employed to meet the needs of the people supported by the service. There was a minimum number of staff based within Cambrian House and staffing was constantly adjusted dependent upon the needs of the people using the service. During our inspection we saw that there were four support workers on duty, as well as an extra member of staff because someone had required support to attend an appointment. During the night there was one member of staff on duty throughout the night. Staff told us that there were enough staff to meet people's needs and they had time to talk with people and meet their needs in an unrushed manner.

We looked at the staff files for three members of staff to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, an application form as well as notes from the interview and evidence of references.

The service recorded incidents and accidents and the registered manager kept a file in order that she could maintain an overview of these and any trends could be identified. People had risk management plans in place. We saw that these assessments covered many areas of risk within a person's care such as medication, self-neglect and any environmental risks. We could see that staff discussed risks with people and talked about how they could work together to manage and minimise the risk of harm. All risk assessments were designed to enable people to have as much freedom as possible and if there were any changes to the level of risk, the assessments were promptly reviewed and new measures put in place to keep people safe.

The service had a business continuity plan describing what staff should do in the case of an emergency and plans were in place if people needed to be relocated. This also contained the details of all the relevant contacts. We saw that there had been an incident in the past year where staff had needed to use this and one person was successfully relocated in an emergency situation.

Is the service effective?

Our findings

People spoken with told us that the service provided effective care and support. They told us "You get all the support you need" and "The staff seem well trained." One relative said "We are absolutely satisfied."

We found that staff had appropriate knowledge and skills to carry out their roles effectively. New staff completed an induction which was based on the Care Certificate. This certificate has been developed by national health and social care organisations to provide a set of nationally agreed standards for those working in health and social care. Staff spoken with told us that they had completed an induction and this had included working alongside more experienced staff, until they were confident and competent to work unsupervised.

All the staff we spoke with confirmed that their training was up to date. Training records showed that staff had received training in all the key areas such as fire safety training, first aid, food hygiene, safeguarding and safe administration of drugs within the last 12 months. All staff were also trained to NVQ 2 or 3 level. We saw records that some staff had received additional training in certain areas, for instance HIV awareness. One member of staff commented "They will look at ways of improving, we might be asked to do meds training for example."

The registered manager had a computer system in place that alerted her to when training was due and this could then be flagged with the relevant staff member to ensure everyone remained up to date with training. The director informed us that the training programme had recently been reviewed with the support of a training company. From January 2017 we saw that workshops have been devised along with workbooks in certain areas, such as mental capacity and safeguarding. The aim will be for staff to complete workbooks, which will be assessed and signed off by the registered manager when the required standard has been met.

All the staff members we spoke with told us that they received on-going support and supervision on a regular basis. One person told us, "It's helpful. I love it, we get praised for the things we've done, which keeps your morale up and you know you are doing a good job". We could see that all staff received an appraisal annually as well as four individual supervisions and one group supervision. Professional boundaries were discussed at each supervision session and staff had the opportunity to review policies such as the lone worker policy. We could see from the files that all staff were receiving this level of supervision regularly.

We asked staff how they made sure that the care they were providing was what the person wished. Staff told us in all cases, they could ask the person directly and gain consent and there was also information contained within the care plan to guide them about their needs and preferences. People confirmed that they were given choices and one person commented "I'm not told what to do."

Discussions with staff showed that they understood their role in identifying and referring people who had experienced a change in their mental capacity. 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 saw that staff had access to the Code of Practice in relation to the MCA. Whilst the staff had not yet undertaken any mental capacity assessments they had appropriate documentation should this be required. Following the inspection the registered manager forwarded a copy of the service's policy relating to MCA, as well as the checklist used when making best interest decisions.

Staff spoken with told us that they had undertaken training about MCA and had an understanding of its principles. They said that if they noticed any change in the capacity of a person using the service, they would refer this to the manager. They told us that there was currently no-one they were caring for who lacked mental capacity to make decisions. One staff member commented "People are usually able to make their own decisions" and "We say to people, it's your home, they are free to decorate their rooms for example."

People were supported to eat and drink enough and to cook healthy balanced meals. Staff had a good understanding of people's dietary needs and this was also very clearly detailed in people's support plans. Staff described how they had supported a person to eat a healthier diet because the person had wanted to lose some weight. Within Cambrian House there was a communal kitchen. The service employed a cook who devised a menu and prepared meals for people at lunchtime and in the evening. People told us that they were able to use the kitchen to prepare their own meals if they chose. The director of the service told us that promoting people's independence with cooking and meal preparation was an area that had been identified for further improvement. The cook already undertook sessions with people to support them to develop their cooking skills. Indeed, one person commented "The chef has taught me how to cook." However, there was a planned house meeting to discuss how people's independence with meal planning and preparation could be developed further.

Staff had developed effective working relationships with a range of health professionals to help ensure positive outcomes for people's health and well-being. We could see from records that staff made referrals to appropriate health professionals where they had concerns about someone's health. Staff also worked closely with the local commissioning teams and mental health professionals. People confirmed that they had access to GP's and other professionals when needed. One person found this to be very supportive, they said "If you feel ill, you just tell the staff and they will contact someone."

Is the service caring?

Our findings

People who used the service were very positive about the support they received from staff. Comments included "I'm treated great" and "There's always someone to talk to, they are kind and caring." One relative told us, "There's a nice atmosphere, it's friendly and free and easy."

We found that there was a stable staff team and positive caring relationships had been developed with people using the service. The staff members we spoke with showed they had good understanding of the people that they were supporting and were able to meet their various needs. Each member of staff was a key worker for a number of people. This involved ensuring that the care plan was up to date for all the people they were key worker for as well as being the main contact for that particular person. Whilst staff worked with all the people in the service, they felt that they often had a more detailed knowledge of the people they were a key worker for. One person explained "I have a keyworker, who you can turn to."

Staff told us that they enjoyed working for Cambrian and had very positive relationships with the people they worked with. Comments included, "It's a really positive company, everyone works well together. If I was ill or a family member, I'd want them to be placed here" and "I know them (people living here) all really well as I've worked with them a long time".

People who received a service told us that staff were supportive, kind and caring. One person told us that he was very happy living at Cambrian House and said it was "One of the best places," because he felt staff would support him with any problems. Another person described how well they had been supported through a difficult period.

The service promoted a philosophy of care whereby people who used the service were included and were enabled to be part of decision making about their support, as well as the service. We found that service users and their relatives were encouraged and given regular opportunities to express their views. One relative explained that they were involved in the creation of their relative's support plans and were involved in regular reviews they told us "I get involved with the reviews. I can't praise Cambrian enough."

Regular tenants' meetings were held at Cambrian house, which enabled people to provide feedback and be involved in decisions about the service. We saw that within these meetings people had made decisions about activities which they would like to be organised. People were also given information, for example we saw in the minutes of one meeting that staff had discussed how people could be supported to make a complaint. If people did not wish to attend these meetings, the minutes were made available and people could add written comments. People who used the service were also actively involved in the recruitment of new staff. Staff informed us that people had been involved in the interview process when they had been recruited

Each person was provided with a tenant's handbook which they signed to confirm that they had received this. This included the out of hours contacts, a description of the services provided as well as details of how to make a complaint. There was also a suggestions and complaints box in the house where people could

comment on the service they were receiving.

We found that staff promoted people's privacy and dignity. We saw that staff knocked on people's doors before entering and gave us examples of how they maintained people's dignity. Staff we spoke with demonstrated they knew the values in relation to respecting people's privacy and dignity. One staff member described how they always ensured that curtains were drawn and doors were closed when they assisted with personal care. People spoken with told us that they were treated with dignity and respect. One person explained "I've been well treated and I'm full of praise. They give above average care, it could be institutionalised but it's not."

Personal information about the people using the service was securely stored in the offices of Cambrian.

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs. People felt they were involved with organising their care plan, describing how they regularly met with staff to enable them to understand their needs. Comments included, "We go through a chart, it gets updated and I've done it a few times to see where I'm improving," and "I have regular contact with my family and I feel well supported."

People's needs were assessed before they moved into the service. This enabled staff to be sure they had the right knowledge and skills to meet their individual needs. We found that support plans were person centred and had been written with the people involved. We saw that people had been encouraged to consider what outcomes they would like and could say how they liked to be supported. For example people were supported to develop their living skills and independence. Staff explained that "People are treated individually." We saw that people had signed their support plans to confirm that they had seen and agreed with the information contained within them.

We saw that the service used a tool called an "outcomes star", which was an evidence –based tool designed to support and measure change. Staff told us that they regularly met with people to discuss and review their outcome star. The aim was to support people with long term health conditions, to measure their progress in living as well as they can. An action plan was developed and we saw that this linked to people's priority outcome areas within their support plans. People spoken with told us about the outcomes star and said that they found this to be helpful. One person commented "They have been very supportive; we have a star plan that they go through every three months, which looks at social skills and lifestyle skills."

People's care needs were kept under regular review. When changes had been identified records were updated to reflect this. We saw that daily records were kept which were detailed and up to date. The director told us that review meetings were held every three months. People and their relatives were invited along with other professionals as appropriate. Relatives told us that communication in general was good, they felt included and were kept informed. One relative commented "They keep me informed, we had a review not so long ago."

The service promoted inclusion and supported people to take part in activities that reflected their interests. The focus was on what the individual wanted. We saw that some people were also supported to work within the wider community and worked within various voluntary organisations. There were activities taking place on a regular basis that people could choose to participate in if they wanted to. These were developed to meet people's individual preferences and needs. Staff confirmed where people needed assistance to access activities this was supported. A relative told us that the service "Played to the client's strengths" and had supported their relative to take part in lots of different activities such as swimming and cookery. People were also supported with outings and a recent trip to the seaside had been arranged in response to a suggestion. People told us that there were no restrictions and they were able to go out independently if they wished. Although one person told us that they preferred to go out with the support of the staff and that this was available.

The provider had a complaints policy and processes were in place to record any complaints received and address them in accordance with their policy. We saw that a copy of the complaints procedure were available to people in the entrance of Cambrian House. All the people we spoke with demonstrated that they felt confident in being able to raise any concerns or issues. They felt that any issues would be addressed appropriately by the staff.

The service had recorded two complaints in 2016, both of which indicated that a referral to the local safeguarding team may have been required. Despite there being a lack of evidence on file to demonstrate that these issues had been referred to the local safeguarding team, discussions with the registered manager indicated that appropriate action had been taken and the issues had been resolved. We also noted that in the customer survey which had been completed, someone had written a complaint and we could not see any evidence to suggest that this had been dealt with appropriately. Again the registered manager provided information to demonstrate that the issues had been dealt with appropriately. We therefore noted that the recording of actions taken to address issues needed to be more robust to demonstrate that appropriate action had been taken.

There were regular meetings with people using the service. People confirmed these were an opportunity to discuss any concerns or make suggestions. Minutes of these meetings were sent to all tenants and copies were held in the office and displayed on a notice board in the main lobby.

Is the service well-led?

Our findings

We found that the service was well-led. People knew who the registered manager was and said that the management team were very responsive. People were supported to express their views and felt listened to. Staff also told us that the service was well-led. Comments included "It's great working here, all the procedures are clear" and "I love it here."

We saw that suitable management systems were in place to ensure that the service was well led. There was a registered manager in post who had been registered with the Care Quality Commission (CQC) since November 2013. We spoke with director of the service during the inspection because the registered manager was unavailable. The director was mainly involved in the running of the service from a strategic perspective, but had a very good understanding of the needs of the people using the service. We also spoke with the registered manager over the telephone following the site visit.

As part of the inspection, all the folders and documentation that were requested were produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.

Staff told us that the registered manager and management team were very supportive. People using the service and staff found that the registered manager was visible and staff told us that she was always available and felt able to approach her to deal with any concerns. Staff spoken with were very positive and motivated. Comments included "(Name) is the best boss I've ever had. She is really approachable and will listen. She is very firm but fair" and "I feel well supported, if we need something we get it, in the best interest of the clients." People using the service were very familiar with the registered manager and told us that they could approach her with any concerns.

Staff members we spoke with had a good understanding of their roles and responsibilities and were positive about how the service was being managed and the quality of care being provided. Regular staff meetings were held and we saw from the minutes of these meetings that the registered manager had clearly set out her expectations of staff and included discussions around the quality of the care provision. We asked staff how they would report any issues they were concerned about and they told us that they understood their responsibilities and would have no hesitation in reporting any concerns that they had. They said that they could raise any issues and discuss them openly with the manager. One staff member told us, "The manager is very good, if we raise issues, she will respond".

We found that Cambrian used a variety of methods in order to assess the quality of the service they were providing to people. The registered manager completed medicine and care plan audits. The provider also had a quality assurance system in place to check quarterly that staff training was up to date; staff had received appropriate supervision and the registered manager had completed all the relevant quality audits on care files, the environment as well as reviewed the appropriate policies.

The provider completed an annual survey for people receiving a service. We could see that the survey asked questions such as, 'are you treated fairly and equally?' 'are you able to report any concerns to staff?' and 'are staff punctual, friendly, courteous, polite, trustworthy and competent?' We could see that the registered manager had analysed these and recorded how they would address any concerns raised and what action had been taken. As mentioned in the responsive section, we did find one complaint within the survey responses where there was no record of any action taken. Discussions with the registered manager demonstrated that appropriate action had been taken. However, we recommend that any action taken in relation to all complaints and safeguarding incidents should be recorded more robustly.

The provider completed an annual survey for staff looking at whether employees were satisfied in their roles. The manager analysed these for any themes and we could see issues that had been raised had been addressed through supervisions and staff meetings.