Cambian Healthcare Limited

Cambian - Trent Valley Road

Inspection report

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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

We inspected this service on 28 October 2015. This was an unannounced inspection. Our last inspection took place in November 2013 and at that time we found the home was meeting the regulations that we checked them against.

Cambian - Trent Valley Road is registered to provide accommodation and personal care for up to six young males. People who use the service have complex needs which may include a mental health condition and/or a learning disability. At the time of our inspection four people were 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.

We identified two Regulatory breaches. We found that the registered manager and provider were not notifying us of reportable incidents. This is a requirement to enable us to effectively monitor the service we regulate. We also found

Summary of findings

that effective management systems were not in place to keep people safe, or make improvements where there had been concerns in the quality of care. You can see what action we told the provider to take at the back of the full version of the report.

Improvements were needed to ensure there were enough staff available to consistently keep people safe and enable people to participate in their preferred activities. The registered manager and provider were aware of staffing shortfalls and were taking action to address this.

Incidents of alleged abuse were not always promptly reported to the local authority in accordance with local safeguarding procedures. This meant people were not consistently protected from the risks of abuse.

Risks to people's safety and wellbeing were mostly assessed and planned for. However, improvements were needed to ensure the risks associated with medicines were consistently assessed and managed.

Systems were not in place to ensure people could give honest and anonymous feedback about their care.

The registered manager was not always available at the service, but a deputy manager had been recruited to help to improve the day to day management of people's care.

People could access sufficient amounts of food and drink that met their individual preferences. Staff supported people to stay healthy and people could access support from health and social care professionals as required.

Staff had completed training that enabled them to meet people's needs effectively. Staff showed they understood and applied the requirements of the Mental Health Act 1983, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This ensured people's mental health needs were met and decisions were made in people's best interests if they were unable to make decisions for themselves.

People were able to make choices about their care and the staff respected the choices people made. Staff treated people with kindness and respect and people's privacy was promoted.

Staff understood people's likes and dislikes which enabled them to form positive relationships with people. People were involved in the assessment and review of their care and staff supported and encouraged people to access the community.

There was a relaxed and homely atmosphere at the service. People knew how to complain about their care if needed and the registered manager responded appropriately to complaints.

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 consistently safe. The provider's minimum safe staff levels were not consistently maintained. Suspected abuse was not always promptly reported in line with local safeguarding procedures.

Risks to people's safety and wellbeing were assessed and planned for, with the exception of medicines management. Improvements were needed to ensure the risks associated with people taking responsibility for taking their own medicines had been assessed and planned for.

Requires improvement

Is the service effective?

The service was effective. People could eat and drink in accordance with their personal preferences. People were supported to stay healthy and they had access to a variety of health and social care professionals when required.

Staff had the knowledge and skills required to meet people's needs and promote people's health and wellbeing. Staff had the knowledge required to support people to make decisions about their care in accordance with current legislation.

Good

Is the service caring?

The service was caring. People were treated with kindness and 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.

Good

Is the service responsive?

The service was not consistently responsive. People could not always participate in their preferred activities at a time of their choosing.

People were involved in the assessment and review of their care and they were supported to engage in education and work based programmes. People knew how to complain and complaints were managed in accordance with the provider's complaints policy.

Requires improvement

Is the service well-led?

The service was not consistently well-led. Some systems were in place to regularly assess and monitor and improve the quality of care. However, improvements were needed to ensure these were effective. Improvements were also needed to ensure people's feedback was sought about the quality of care.

The service had a homely and relaxed atmosphere. A new deputy manager had been appointed with the aim of improving the management of the service.

Requires improvement

Cambian - Trent Valley 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 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 28 October 2015 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 four people 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 standards of care were being met.

We spent time observing care in communal areas and we observed how the staff interacted with people who used the service.

We looked at two people's care records to see if their records 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 training records.

Requires improvement

Is the service safe?

Our findings

People told us and we found that the provider's minimum staffing levels were not consistently met, which meant people could not always do the things that were important to them. One person said, "The staffing is messed up at the moment. The other houses (local services owned by the provider) take our staff, so I can't always do the activities I want to do". Staff also told us there had been some recent shortfalls in staffing levels. They were particularly concerned that at times during the night shift there was only one staff member at the service, even though the provider's minimum staffing levels for nights was two staff. One staff member said, "There have been issues at another local service. They haven't got the balance right yet for staff who are trained in medicines, so at times our staff have to assist with medicines at another service which leaves just one staff member here". This meant that at times, there were not enough staff available to keep people safe in the event of an incident that required the support of two staff. For example, one person could at times, require the support of two staff to help to keep them safe when they were agitated or distressed. We found that no incidents had occurred on the occasions that just one staff member was available at night. However, there was a risk that this situation could occur.

Staff explained how they would recognise and report abuse. However, effective systems were not in place to ensure suspected abuse was consistently reported to the local authority in accordance with local safeguarding procedures. The agreed local safeguarding procedure requires that staff should immediately report safeguarding concerns to them so they can consider if any action is required to manage or minimise further incidents from occurring. We found that safety incidents were not always reported in a timely manner. For example, one safeguarding concern was not shared with the local authority until 11 days after the concern was identified.

People told us and we saw that medicines were administered when required. One person said, "I've always had my medication when I've needed it". We saw that medicines were ordered and stored in a safe manner. However, improvements were needed to ensure that when people took responsibility for their own medicines when they were away from the service, they were safe to do so. There were no risk assessments or risk management plans to show staff had assessed the risks associated with medicines under these circumstances.

People confirmed they were involved in the assessment and management of risks to their health and wellbeing. We saw that with the exception of medicines management, risks to people's safely and wellbeing had been assessed and planned for. These plans promoted people to retain their independence and we saw that staff understood and followed these plans. For example, we saw that where appropriate, plans were in place to support people to access the community safety. Staff showed they understood these plans and we saw staff support people in accordance with these plans.

People told us that they felt safe. One person said, "The staff make me feel safe. If I'm agitated I know I can speak to them". Another person told us they felt safe because the staff treated them well. They said, "The staff speak nicely and don't argue with us". Staff told us that recruitment checks were in place to ensure they were suitable to work at the service. One staff member said, "I started working at another service (owned by the provider) where there were no service users while I was waiting for my checks to be completed". These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Good

Is the service effective?

Our findings

People told us and we saw they could eat foods that met their individual preferences and choices. One person said, “We decide what we want to eat in our weekly meetings and we take it in turn to cook. If we don’t want what’s being cooked, we can just cook something else”. People also told us and we saw they could access drinks and snacks at any time. One person said, “We can go into the kitchen any time to make drinks or get food”. We saw that staff promoted a varied and balanced diet and healthy eating was also promoted. One person said, “We eat quite healthy, we don’t just eat chips all week”.

People told us they were supported to stay healthy. One person told us staff were supporting them to maintain a healthy weight. This person’s care records confirmed their food intake and weight was being recorded and monitored by the staff as part of this process. People also told us they received support from health and social care professionals. One person said, “Psychology has worked with me to write a relapse prevention plan”. Another person said, “The occupational therapist is doing budgeting with me”. Care records showed that people had regular access to health and social care professionals.

People told us the staff respected their abilities to make decisions about their day to day care and support. One person told us that even though staff encouraged them to eat a healthy diet, they respected their decision to choose to eat unhealthy foods. They said, “The staff tell me how to eat healthy, I don’t always listen, they know it’s my choice”. Staff showed they understood the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This legislation is in place to ensure that where appropriate; decisions are made in people’s best interests if they are unable to do this for themselves. Staff told us people who used the service had the ability to make decisions for themselves, but they knew how to support people if their ability to make decisions changed. At the time of our inspection, no one was being restricted under the DoLS.

Staff also showed they understood their role in keeping people safe under the Mental Health Act 1983. This legislation is in place to ensure people’s mental health needs are met. For example, staff knew how to correctly support one person who was restricted under this Act via a Community Treatment Order.

People told us the staff had the skills they needed to work effectively with them. One person said, “They seem to know what they’re doing. They always seem to be able to tell when I’m bored”. Staff told us they had received training to provide them with the skills they needed to meet people’s needs. This included; an induction to the service, safeguarding adults, managing violence and aggression and report writing. 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 techniques. For example, one staff member said, “I’m trained in MVA (Management of violence and aggression). I’ve never even had to entertain using any of the hands on techniques as I’ve always been able to talk people down when they are aggressive. I’d sooner talk to people before I used hands on”. Staff also confirmed they had regular meetings with senior staff to discuss their development needs.

Good

Is the service caring?

Our findings

People told us they had positive relationships with the staff. One person said, “The staff are really nice people. I can relate to them and they can relate to me”. Another person told us how important it was that staff participated with them in their preferred activities. They said, “I like the staff. They like the things that I like, and I like that they come fishing and to football with me”. A staff member told us that participating in activities with people gave them and people positive experiences. They said, “I like fishing with [person who used the service]. It gives me the opportunity to teach them new techniques. I’ve just bought some new equipment myself, so we can enjoy fishing together. [Person who used the service] prefers it when staff participate”.

Staff knew people’s likes and dislikes which enabled them to have meaningful interactions with people. We saw that this had positive effects on people. For example, we saw a member of staff spend time talking to one person about one of their hobbies. The person responded positively to this by engaging in a sustained and meaningful conversation.

People told us they could make choices and decisions about their care. One person said, “We have meetings every week where we choose the activities we want to do and the food we want to eat”. Another person said, “We can choose who our keyworker is”. We saw that information about people’s care was presented to them in a manner that helped them to understand it. For example, where appropriate, information was presented in a pictorial format or easy read format to enable people to understand it. We also saw that people accessed professional advocates to support them in making choices about their care if this was required.

People told us the staff treated them with respect. One person said, “The staff respect me. They don’t look down on me, which I think is respectful”. People also said their right to privacy was respected by the staff. One person said, “We have keys to our rooms, and our bedrooms are private. If staff need to come in, they always ask us before they go in”.

We saw that people’s right to independence was promoted and staff supported people to maintain their independent living skills. One person said, “I do my own washing and keep my room tidy”. We saw that staff supported people to gain and maintain independent living skills. For example, staff supported people to acquire and maintain planning and budgeting skills to enable them to cook and shop efficiently and effectively. Staff understood the importance of promoting independence. One staff member said, “It’s important to teach the lads to be independent to enable them to re-integrate successfully into society”.

People told us and we saw they were supported to keep in contact and maintain relationships with their family and friends. One person said, “I go home regularly and my family can visit me here anytime too”.

Requires improvement

Is the service responsive?

Our findings

People told us they were not always supported to pursue their interests and participate in activities that were important to them. “I get to do the activities that I want to, but sometimes I don’t always get to go if there isn’t enough staff, if staff can’t be bothered to go, or if there’s no money. To be fair, this is a good week and I’ve gone out four days in a row, but it hasn’t been this good recently”. All four people who used the service told us there had been recent occasions where they had not been able to do the things that were important to them. Staff also confirmed this by saying this was the result of staffing shortfalls and a lack of financial resources. One staff member said, “We’ve had some problems with the petty cash running out. It’s meant that sometimes people can only do their activities if we have been able to pay ourselves. We get to claim the money back after If we do pay”.

The registered manager confirmed there had been occasions that people had not been supported to complete their planned activities. They told us that a new system had been put in place to manage the finances for the service and more staff had been recruited to address the staffing shortfalls at provider level. We will check if these improvements have been effective at our next inspection.

People told us they were involved in the assessment and planning of their care. They told us that they had a keyworkers who were responsible for working with them to do this. One person said, “My keyworker knows me really well. We have chats to check I’m okay and it was them who went through my care plan with me”. Staff understood how important it was to involve people in the planning of their care. One staff member said, “I’m [person who used the service’s] key worker. I sat down with them to agree a care plan. It’s important they are involved in the process as it’s their care plan, not mine”.

People told us they attended regular meetings to discuss and make changes to their planned care. One person said, “We have regular meetings where we review my progress and discuss what I need to be doing”. Another person said, “I have a big say in my goals. We meet every couple of weeks to go talk about my goals”. Care records showed that these meetings occurred regularly and goals were agreed and adjusted in response to people’s progress or changing needs.

People told us they were supported to engage in education or work based programmes. For example, one person told us they were supported to attend college and another person told us how the occupational therapist had supported them to gain a traineeship to enable them to acquire the skills they needed for future employment.

People told us the staff were often responsive to their individual preferences to be supported by certain staff. For example, one person told us how their request to be supported by a certain staff member during a specific activity was often met. One staff member confirmed this by saying, “I try to organise the shift so the right staff go with the right people on their activities. It’s important to some people that staff join in”.

People told us they knew how to complain about the care. One person said, “I can complain to staff if I want to, but we also have our house meetings where we talk about house maintenance, grumbles and any issues we have with other people”. People confirmed that their ‘grumbles’ were listened to acted upon. One person said, “I told them my door lock didn’t work and they fixed it”. There was an accessible easy to read complaints procedure in place and staff demonstrated that they understood the provider’s complaints procedure. We saw that complaints had been investigated and managed in accordance with the provider’s policy.

Requires improvement

Is the service well-led?

Our findings

We found that the registered manager and provider had not notified us of incidents of alleged abuse. This is a requirement of their registration with us to enable us to monitor the service. Care records showed there had been at least five incidents of alleged abuse since our last inspection. None of these had been reported to us. This is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We saw that the systems that were in place to assess and monitor the quality were not always effective. There was a rolling programme of quality checks that were completed by the staff, registered manager and provider. Records showed that some of these checks had identified the need for improvements to be made. However, action plans that outlined how the improvements were going to be made were not always in place. For example, a quality check completed by the provider earlier in the year had identified some areas for improvement, such as the need for the use of a nutritional risk assessment tool for one person who used the service. No action plan was in place to outline how and when the improvements needed to be made, and the nutritional risk assessment had not been introduced.

We also saw that checks of safeguarding incidents had been completed, but these checks had not identified that the incidents had not been reported to us. Effective systems were not in place to ensure safeguarding incidents were immediately reported to the local authority in accordance with the agreed local procedures. For example, one safeguarding concern was not shared with the local authority until 11 days after the concern was identified. The registered manager said this delay in reporting was due to them not being present at the service at the time. This showed that there was ineffective reporting of safeguarding incidents in the absence of the registered manager.

The registered manager confirmed that the staffing shortages at another local service owned by the provider had resulted in some staffing shortfalls at this service. They said, "Sometimes I've had to rob Peter to pay Paul, but I have made those decisions looking at the service as a whole". They also told us that new staff had been recruited and changes to the provider's medicines training systems had been made which would improve the staffing situation. This showed that although the provider and registered manager were taking action to address the staffing issues, people's safety at this service had been compromised. No plans were in place to safeguard the people who used this service from the risks associated with the staffing shortfalls.

The above evidence shows that effective management systems were not always in place at the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and staff told us the registered manager was not always present at the service. One person told us, "He's not here very often. He's always at the other houses (owned by the provider)". Staff also confirmed this by saying, "Not having the manager here has led to some of the problems we've had with the money not always being here. It was only him who could get the petty cash for us". The service's fire register showed that the registered manager had visited the service on four occasions between 1 October 2015 and 28 October 2015. At the time of our inspection, the registered manager was registered to manage three services for the provider. He told us he had needed to base himself at one of the other services he managed, to address some on-going issues at that service. He also said these issues were being resolved and he would soon return to split his time evenly between the three services.

The registered manager told us and we saw that a deputy manager had recently been appointed to the service. He also told us that having this deputy in post would help to address some of the issues we identified. For example, in the absence of the registered manager safeguarding incidents were not reported to the local authority and staff were unable to access adequate amounts of petty cash. The registered manager felt that these problems would be resolved by the deputy manager. We will check if this appointment has been effective at our next inspection.

People and staff spoke positively about the deputy manager. One staff member said, "The deputy has been great so far". Another staff member said, "I think the deputy will make some good changes". This showed the staff had confidence in the deputy manager.

People told us their feedback was sought about some aspects of their care through regular house meetings and reviews. However, no system was in place to gain people's feedback about the care through an anonymous satisfaction survey. This would enable people to give

Requires improvement

Is the service well-led?

honest feedback about their care which they may feel unable to do verbally inform of staff. The registered manager told us they planned to implement an annual satisfaction survey to address this.

People and staff told us, and we saw that there was a relaxed and homely atmosphere at the service. One person said, "I like it here because it's so chilled". A staff member said, "It's very laid back here". Staff told us they enjoyed working at the service. One staff member said, "It's like a breath of fresh air working here. I like the freedom we have to be able to do things that the lads want to do. The lads really appreciate that too".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Effective systems were not in place to ensure the quality of care improved in response to quality concerns. Risks to people's safety were not always effectively managed.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered manager and provider had not notified us of incidents of alleged abuse.**