Cambridgeshire County Council

Cambridge Supported Living Scheme

Inspection report

44 Russell Street
Cambridge
Cambridgeshire
CB2 1HT

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22 September 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

Cambridge Supported Living Scheme is registered to provide personal care to people living in their own homes.

This unannounced inspection took place on 22 September 2016. There was one person receiving care at that time.

The service had 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. The registered manager is also registered to run another of the provider's services, Cambridgeshire County Council – 40/44 Russell Street, Cambridge, from the same address.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns. People's risks were assessed and measures were in place to minimise the risk of harm occurring. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

Staff were only employed after comprehensive and satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely and flexibly. Staff were well trained and had the skills and knowledge they needed to support people effectively. Staff were well supported by the registered manager.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making. Staff respected people's decisions about their care and how they lived their lives. Systems were in place so that best interest decisions could be made if people were assessed as not having the mental capacity to make specific decisions. Staff were aware of the key legal requirements of the MCA.

People's health, care and nutritional needs were effectively met and monitored. People were supported to maintain a balanced diet. People were supported to have access to the health care services they needed.

People received care and support from staff who were kind, empathetic and caring. Staff treated people with dignity and respect. People were encouraged to be involved in decisions about the service provided. People were involved in every day decisions about their care.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person. Staff supported the person to maintain and develop community links.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care. The registered manager was approachable and supportive. People had access to information on how to make a complaint. The registered manager monitored the quality of people's care and the service provided.

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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

Staff were only employed after comprehensive and satisfactory pre-employment checks had been obtained.

There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Good

The service was effective.

People received care from staff who were well trained and well supported.

People's rights to make decisions about their care were respected. Systems were in place so that best interest decisions could be made if people were assessed as not having the mental capacity to make specific decisions.

People were supported to maintain a balanced diet.

People's health conditions were monitored and they were supported to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were kind, empathetic and caring.

People were encouraged to be involved in decisions about the service provided.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person.

Staff supported the person to maintain and develop community links.

People had access to information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

The registered manager was approachable and supportive.

The registered manager monitored the quality of people's care and the service provided.

Cambridge Supported Living Scheme

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 22 September 2016. It was undertaken by one inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We also asked for feedback from the commissioners of people's care and Healthwatch Cambridge to aid with our planning.

During our inspection we visited one person in their own home. We also spoke with the registered manager, two senior support workers, a support worker and the administrator. During our visit to the person we observed how the staff member interacted with people them they were supporting.

We looked at one person's care records, staff training records and other records relating to the management of the service. These included audits and meeting minutes.

Following our inspection we received feedback from three care managers and a healthcare professional.

Good

Is the service safe?

Our findings

The person we spoke with said they felt safe with their support workers.

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report, and escalate any concerns to protect people from harm. A support worker told us, "I know the [people] really well. I want to make sure they are safe." They told us they balanced this with recognising people's right to make choices about their lives. They said, "Keeping people safe is about making choices and making sure they understand what those choices are and what's available [to help them make those choices and keep safe]." Information was available for staff to prompt them to make appropriate safeguarding referrals should the need arise.

People's risks were assessed and measures were in place to minimise the risk of harm occurring. We saw the person had comprehensive individual risk assessments and care plans that had been reviewed and updated. Risks identified included the home environment and risks associated with the people's health. Appropriate measures were in place to support the person with associated risks. For example, staff were supporting the person to learn to use their new microwave oven to ensure all their food was properly cooked. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised. For example, staff told us that a person regularly bought over the counter medicines, but wasn't able to read the labels. To reduce the risk of the person taking more than one medicine for the same symptom, staff had devised labels showing what each medicine was for.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. These were monitored by the registered manager and the provider's health and safety experts. This ensured appropriate action was taken to reduce the risk of similar events occurring.

Staff considered ways of planning for emergencies. For example, the person had recently experienced poor health and was, on occasion, very unwell. Staff had gathered information about a pendant or watch that the person could wear, that contained an alarm. This would enable them to summon assistance in an emergency.

One staff member told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to meet the needs of the people who received this service. The person told us that staff always arrived when they expected them and stayed for the agreed length of time. Staff told us they felt there were sufficient staff to safely meet the needs of the people they assisted. A community nurse told us there were enough staff so that the service could be provided flexibly. They said, "[Staff] can be flexible to the needs of [people]. We have had someone who needed day surgery, and the discharge was delayed but a

[support worker] stayed late at short notice to ensure that a familiar face was available when the [person] was discharged."

The registered manager and staff told us that staff absence was covered from within the permanent staff team. This service was based at the same site as another of the provider's registered services. Some staff worked across both services, providing additional flexibility to cover care calls.

Staff did not support the person with their medicines. However, the staff member told us they had been trained to administer medicines and their competency to do so had been checked. This meant staff were able to safely administer medicines should the need arise.

Good

Is the service effective?

Our findings

We asked the person if they liked the staff who worked with them. They confirmed they did, saying, "Yes I do."

In the PIR the registered manager told us, "We ensure that all of our staff receive mandatory training in all aspects of their role that helps to ensure that the people they are supporting are kept safe. This includes safeguarding training, first aid, and epilepsy (where necessary)." Staff confirmed this and told us they received a comprehensive induction which included completion of the Care Certificate. This is a national induction programme tailored to develop staffs' knowledge and skills in social care. A staff member told us this included shadowing more experienced staff providing care. They said, "[Managers] are very clear about what I can and can't do. I'm supernumerary until I've completed my induction."

Staff told us they received sufficient training to provide appropriate care and support for the people they worked with. Staff received regular refresher training in the key areas mentioned above. In addition, staff had the opportunity to receive training in a wide variety of other areas relevant to the needs of the people they were supporting. For example, staff told us they had received training on risk assessment and hoarding. The staff member told us this had been a, "Really good course" and how it had focused on people's perceptions of how some people chose to live. This showed that staff received sufficient training to enable them to meet people's needs.

Staff members told us they felt well supported by the registered manager and the rest of the staff team. One member of staff told us, "The registered manager's great. I can share my concerns. There are days when I'm so glad I've got the team [to talk to]." Staff received annual appraisal and formal supervision monthly when their goals were reviewed. They said that this was useful and provided them with an opportunity to discuss their support, development and training needs.

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.

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). Arrangements were in place for external agencies to make DoLS applications to the Court of Protection [CoP]. The registered manager told us no one was deprived of their liberty at the time of our inspection.

We found the service was working within the principles of the MCA. People were supported by staff who had a sound knowledge and understanding of the MCA. The registered manager and staff had a good level of

knowledge about their duties under the MCA. They were skilled at supporting and empowering people with decision making. One staff member said "We have to get consent. We don't assume for next time. We ask for every single time." Systems were in place so that best interest decisions could be made if people were assessed as not having the mental capacity to make specific decisions. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner.

During our visit we saw the support worker continually checked for consent and agreement from the person. For example, the support worker asked for the person's permission before entering their home and sitting down. The support worker took time to explain things to the person and reminded them of previous conversations they had had about relevant topics. The support worker talked about the person having an alarm installed to summon emergency aid. They asked the person's permission to show us the information the person had received about the alarm and to share the discussions they had had with the person. They told us the person had agreed to have the alarm installed, but they could see the person was unhappy about it. As the person had the mental capacity to understand the risks of not having the alarm, after further discussion the alarm was removed. The support worker told us later, "It's all about their independence and making choices. One of the hardest things is watching people make unwise decisions."

Staff encouraged and supported the person to maintain a balanced diet. For example, the staff had provided the person with information on healthy eating and frequently reminded them of this. The person had recently purchased a new microwave oven and staff were supporting them to use the microwave control settings to ensure their food was properly cooked.

Records showed that people's health conditions were monitored. They also confirmed that staff made appropriate referrals to, and supported people to access the services of a range of healthcare professionals, such as the GP and community nurse. A support worker told us, "A massive part of our role can be liaising with [healthcare professionals]. I get to know people well and can see the changes [in people's health and wellbeing] early on." A healthcare professional told us the staff were very knowledgeable about the people they supported. They also said staff were willing to acknowledge others' opinions and respected their professional views. They said that staff shared information and updated them when necessary about aspects of people's health and wellbeing.

We saw staff had supported the person to have a completed "hospital passport". This provided information for external healthcare workers, for example, following an admission to hospital, to help them understand the health, communication and support needs of the person. This showed that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

The person we spoke with told us their support workers helped them with things such as "explaining letters." Care managers praised staff. One care manager told us they felt on staff member had "gone above and beyond [their] role" to support some people. They said this was particularly the case when a staff member supported a person and their family when a person was ill and subsequently died. Another care manager told us they had been impressed by staff member's dedication towards the people they work with and the empathy they displayed.

Staff told us that they would be happy with a family member being cared for at this service. One staff member said this was because the staff, "Genuinely care about the people we work with."

Staff placed emphasis on developing meaningful relationships with the people they worked with. One staff member told us, "It's all about relationships. [With] people and their families. Trust is an enormous thing. We're about improving people's quality of life. You've got to be open and honest with people. People need security. If we say we'll do something, we've got to make sure we do it. It's back to relationships and trust. They're real principals that we do in practice."

Information about people's history, health, personal care needs, religious and cultural values and preferences had been incorporated into care plans. From discussion we found that staff knew this information well.

The person confirmed that staff had supported them to be involved in the care planning process and agreed to it. Records showed when staff had discussed the person's care plan with them.

Staff treated people with respect and dignity. They called people by their preferred name and spoke in a calm, clear and reassuring way. They sought the person's consent before entering their homes and providing support. Staff were skilled in recognising when to withdraw from a conversation and knew when the person was looking unhappy or anxious. Staff recognised that they were sometimes asking people to discuss personal issues or areas of a person's life they did not feel comfortable with. For example, their health or finances. One staff member told us, "We try to package the message so people understand. We look for ways of delivering information in ways that don't make people shut down. We try to deliver messages in ways people will accept." Staff were creative and looked to utilise and develop people's skills and strengths. For example, producing pictorial labels so a person understood the contents of their medicine boxes.

People who required advocacy were supported in a way which best met their needs. For example, people who knew the person well were consulted about their care when appropriate. The registered manager told us that when required, referrals were made for more formal advocacy. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

In the PIR the registered manager told us, "Before we start support, we ensure that we have all the information that we require from a referral. This process includes meeting the [person]. They told us they also receive a social workers assessment and speak with relatives if this is appropriate. This information is then used to ensure the most appropriate support worker is matched to the person based on their skills and the person's needs.

The assessment included people's life history, preferences, health and care needs, and their hobbies and interests. This assessment formed the basis of people's care plans and was to help ensure that the care that was provided would effectively and consistently meet people's needs. For example, there was clear guidance for staff that included supporting the person with their correspondence.

Staff talked enthusiastically about the service they offered. They had a good understanding of people's individual personalities. Staff understood what could cause people's behaviours that challenged themselves and others. For example, staff recognised that the feeling of lack of control of situations could trigger this and told us of the strategies for responding to different people. One staff member told us, "We try to continually reinforce positive experiences and successes and focus on those." We saw care plans contained clear guidance about this and how to minimise triggers. We saw staff praised the person's positive behaviour, for example that the person had heated their meal for the appropriate length of time.

Daily notes recorded a clear diary of how the person was at the visit and the support they had received. The registered provider told us this information was then used to monitor the care and support provided, and to provide feedback to the commissioner of the service.

People's care plans and the associated documents, such as risk assessments, were reviewed regularly. A healthcare professional told us, "I find that [staff] share information between themselves, so are all generally up to date with issues in the lives of the people they support …I really value this...If I have a conversation with one member of staff, the information will be passed on to all who need to be aware of it." This meant staff were provided with up to date information about how to meet people's needs.

Staff supported the person to maintain and develop community links. For example, the person attended a local church group and health care facilities such as the local GP surgery. A staff member told us that they had worked with a person who regularly bought more food than they could eat. They supported the person to look for ways that people working in their local shop could help them with this. For example, the person carried a card that they handed to the person at the counter to advise them that two of one dessert were enough.

People could also receive additional support from the service's local office. This office was based in another of the provider's services and was continually staffed. This provided an emergency contact for people who used the service. In addition, extra short term support could be offered from the service where the office was based. For example, a support worker told us that one person wouldn't eat unless prompted. For several

days they arranged for the person to visit the agency office for additional support and meals. This helped the person to establish a routine of eating meals again.

The person told us that staff listened to them and that they felt they could speak to them if something was worrying them. The person was confident the support workers would help them sort out any problems or concerns they had.

Information about how people could complain, make suggestions or raise concerns was available in a file in the person's home. Staff had a good working understanding of how to refer complaints to senior managers for them to address. We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure.

Good

Is the service well-led?

Our findings

We received positive comments about the service from the person we spoke with, staff and external professionals. One healthcare worker told us, "My contact with [the service] has been a positive experience." Another professional said, "I've had no experience of anything less than good practise with the [the service]."

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was also registered to run another of the provider's services, Cambridgeshire County Council - 40/44 Russell Street Cambridge, from the same address.

The registered manager understood their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. Records showed that notifications had been submitted to the CQC in a timely manner.

The registered manager was supported by a staff team that included senior support workers and support workers. Staff were clear about the reporting structure in the service. From discussion and observations we found the staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service. Throughout our inspection it was clear staff encouraged people to be as independent and as empowered to make informed decisions as possible.

The staff we spoke with were familiar with the procedures available to report any concerns within service and how to escalate these within the organisation. They told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. They were confident that any concerns they raised would be addressed and action would be taken to bring about improvement.

The registered manager was approachable and supportive. A staff member said, "[The registered manager's] very approachable. If he's not here he's contactable. He does call you back. If I need him, he's here." Staff had regular formal supervision and attended team meetings to discuss people using the service and any changes to the service.

The registered manager completed audits to monitor the safety of the service and identify areas of improvement. For example, the registered manager checked that staff received regular supervision and appraisal and had received appropriate training.

The quality of people's care and the service provided had been monitored. This included formal reviews of care and more informal discussions with relevant other people.

The registered manager had developed strong links with the commissioners of the service and other providers of services, such as healthcare and social care professionals. Staff had developed good

community links and helped people to use these as a support network. For example, local churches and community groups and local shop workers.