

Susash Sheffield Ltd

Cambron House

Inspection report

3 Flanderwell Lane
Bramley
Rotherham
South Yorkshire
S66 3QL

Date of inspection visit:
07 April 2021

Date of publication:
19 April 2021

Ratings

Overall rating for this service	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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Summary of findings

Overall summary

About the service

Cambron House is a care home providing personal care and nursing. It can accommodate up to 38 people. There were 19 people using the service at the time of the inspection.

People's experience of using this service and what we found

There was a new manager appointed who was applying to register with The Care Quality Commission (CQC). They had introduced new quality monitoring systems with the support of the providers. We found the systems being used were effective in identifying areas for improvement to ensure the service improved outcomes for people who used the service. These systems required embedding into practice and sustained to continue to drive improvements.

Staff we spoke with told us the service was much improved, they felt listened to and supported. There was regular communication with relatives and people who used the service and the manager, and the providers were promoting a positive culture that was person centred.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was inadequate (published January 2021)

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information.

Special measures

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Cambron House

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Cambron House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection took place on 7 April 2021 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with eight members of staff including the provider, manager, a nurse and care staff.

We reviewed a range of records. This included two people's care records, incident reports and weight records. A variety of records relating to the management of the service, including quality monitoring and audits were reviewed.

After the inspection

The manager sent us information we had requested, including the environmental improvement plan, staff rotas and supervision schedule.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

At our inspection in December 2020 we found there were insufficient and inadequate systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice. At this visit we found improvements had been made and the providers had met the requirements of the warning notice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service did not have a registered manager. The provider had employed a new manager, who had commenced in February 2021, they were applying to register with the CQC.
- The staff we spoke with told us the service had improved in the last three months. They said they felt supported and were listened to. They were clear about their roles and responsibilities.
- The providers and the manager understand the regulatory requirements. The providers had been overseeing the service since our last inspection to ensure improvements were implemented to improve outcomes for people who used the service.

Continuous learning and improving care

- The providers and the new manager had developed systems to monitor the quality of the service that were effective. We looked at a sample of audits and found these had identified areas that required improvements.
- We looked at the audit in relation to managing weight loss and incidents and accident analysis and found the new monitoring systems were robust to ensure any issues identified were followed up. These new systems required embedding into practice to ensure they were sustained.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff training and support had been provided to promote person centred care. Predominantly, support we observed was person centred and staff we spoke with knew people well and how to meet their needs. The manager was aware further training and support was required. They told us this would be addressed at staff supervision to ensure staff received full support in developing their roles to improve outcomes for people.
- We observed staff were mostly working together as a team. We observed there was leadership and direction for staff to ensure they were deployed effectively to meet people's needs.
- The manager had commenced meeting with relatives by Microsoft teams. To ensure they were listened to

promoting a positive, open and inclusive culture.