

Cambridgeshire County Council

Cambridgeshire County Council - 8b Wagstaff Close Cambridge

Inspection report

8b Wagstaff Close
Cambridge
Cambridgeshire
CB4 2PS

Tel: 01223426368

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10 April 2017

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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

Cambridgeshire County Council - 8b Wagstaff Close is a supported living service. At the time of our inspection the staff provided personal care and support to two people who had learning and physical disabilities. The people lived together in one house and staff support was provided for 24 hours each day. Care was commissioned and provided by the local authority.

At our last inspection, on 11 February 2015, the service was rated as good. At this inspection we found the service remained good.

People were cared for by staff who provided care and support that ensured people's safety and welfare and took into account each person's individual preferences. People were supported to manage their medicines safely. People were cared for by staff who had been recruited and employed only after appropriate checks had been completed.

There were sufficient staff available safely meet people's needs and support them with a variety of activities. Staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively.

People were effectively supported with decision making and supported to have as much choice and control of their lives as possible. People were supported to maintain a balanced diet with suitable food and fluid. People were supported to access healthcare when they required it.

People received care and support from staff who were caring, respectful and friendly. Staff treated people with respect and dignity. Staff knew the people they supported well, and understood, and met, their individual preferences and support needs. People's care plans provided staff with sufficient guidance to provide consistent care to each person.

Staff supported people to maintain relationships that were important to them. People were encouraged to access the community and develop individual interests and hobbies. Staff supported people to maintain existing, relationships that were important to them.

The provider continued to have a robust complaints procedure in place. The service was well managed. There were effective systems in place to monitor the quality of the service people received.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well led.

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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 10 April 2017. It was undertaken by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office at other services that they manage and we needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service. This included responses to questionnaires we received from three staff who work at the service.

We asked for feedback from the commissioners of people's care, from professionals who have regular contact with people use the service and from Healthwatch Cambridge.

People using this service had complex needs which meant they were not able to tell us about their experience of using the service. During our inspection we observed the way care and support was provided and spent some time with both people whilst they were being supported. We also spoke with the registered manager, the service manager, and four support workers. We also received feedback from one visiting social care professional.

We looked at both people's care records, staff training records and other records relating to the

management of the service. These included audits and meeting minutes.

Is the service safe?

Our findings

We observed staff providing care and support to people receiving the service. People were calm and responded well to the choices staff offered. For example, in relation to the type of drinks they would prefer and accepting care and support.

The staff who responded to our survey told us they would know what to do if they suspected a person had been, or was, at risk of abuse. All of the staff we spoke told us they had received induction and refresher training in safeguarding people from harm. All were knowledgeable about safeguarding and described how to escalate any concerns to protect people from harm.

There were arrangements in place to help protect people from the risk of financial abuse. This included procedures for staff supporting people to manage their day to day spending.

People continued to be supported to be as safe as possible by staff who understood how to minimise the risks. Staff focused on what the individual could do, and the support they needed so that activities were carried out safely. We saw that risk assessments were carried out to help reduce the risk of harm occurring to people. These included, environmental risks, risks associated with people's care and support needs such as supporting people to move and accessing the community.

Only staff suitable to work with people were employed. Staff told us and records showed that the required checks were carried out before they started working with people. One staff member told us they "had to wait for checks to come back before I started work here. It took a while."

There were sufficient staff available safely meet people's needs and support them with a variety of activities. One staff member said, "We have time to dedicate to [people receiving the service]." Staffing levels were determined by the needs of the people receiving the service and varied accordingly depending on how many people were being supported, their needs and the planned activities. Staff told us that staff from another of the provider's services covered staff leave. They said these staff knew the people receiving this service and always worked with a permanent member of staff.

Systems were in place that ensured medicines were stored safely and administered in line with the prescriber's instructions. Staff had a good knowledge of the medicines people were prescribed. Frequent checks of medicines and the associated records were made to help identify and resolve any discrepancies. Errors or discrepancies had been investigated and action taken to reduce the risk of future occurrences. This showed us that people were supported to safely receive their prescribed medicines.

Is the service effective?

Our findings

In the provider's survey in June 2016, one relative commented, "Staff are competent to support my [family member]."

We found staff continued to be sufficiently skilled, experienced and supported to enable them to meet people's needs effectively. New and existing staff praised the training provided. One staff member said, "The training and induction are brilliant. [The registered manager] makes sure you are well trained." Staff said they had received refresher training in key topics such as safeguarding, managing medicines and infection control. Staff also received training that was relevant to the needs of each person they supported. One staff member said, "[The training is] personalised. A nurse came [and provided us with] training specific to that person. I feel like I'm so fortunate to work for [the provider] with all this training." Staff told us the provider supported them to work towards a qualification in social care, such as the Qualifications and Credit Framework.

Staff told us they continued to feel supported by the registered manager and senior staff. Staff received regular supervision and work appraisal. All staff said they felt the registered manager and senior staff were approachable and that they could raise areas of concern with them. All were confident they would be listened to and concerns addressed. A staff member said, "My line manager is approachable, supportive, and encouraging at all times."

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. For people in a supported living service, an external agency would make the deprivation of liberty safeguarding (DoLS) application to the Court of Protection. The registered manager was working with an external professional to assess people's mental capacity and complete these applications.

People's rights to make decisions about their care and support continued to be respected. Where people were assessed not to have the mental capacity, they had been supported in the decision making process. Staff said they had received training in MCA and DoLS and understood the implications for the people they supported. They spoke knowledgeably about supporting people to make informed decisions and the use of best interest decisions where people were not able to make the decision themselves. For example, when making large purchases.

People were supported to maintain a healthy diet. Staff supported people to be involved with menu planning with the use of pictures. They spoke of the importance of incorporating fresh fruit and vegetables into people's diets and how they encouraged this. In order to promote people's independence and encourage their fluid intake, staff had supported a person to set up a "hydration station" with chilled water

and a variety of squashes which we saw the person using.

People continued to be supported to access healthcare appointments and monitor their health. Staff knew people very well and recognised when one person wasn't their "usual self". They supported the person through repeated GP appointments and treatment for recurring infections.

Is the service caring?

Our findings

At this inspection we observed care and support being provided in a caring, respectful and friendly manner. We saw how staff included people in conversations and how people responded as a result. Staff showed they were kind and compassionate when speaking with people and took their time to talk with people and showed them that they were important.

Staff looked for ways of reducing people's anxiety and involving them in decisions about their care. They told us that when one person became anxious, they displayed behaviours that could harm themselves or others. One staff member told us, "The main message is prevention rather than intervention." They went on to tell us how they supported the person to plan their day and use a "pin board". They supported the person to cut pictures from magazines and stick them on the board to help them remember their planned activities for the day. This helped the person to reduce their anxiety.

We saw that staff treated people with respect and dignity. Staff discussed personal care issues with people discretely and quietly before assisting the person.

Staff continued to involve relatives in decisions about people's care where this was appropriate. In a review of one person's care a relative had commented that staff kept them "informed and involved" although they lived a long way away.

The registered manager was aware of local advocacy services and how to access these when the need arose. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

All the staff we spoke with said they would be happy with a family member receiving care from this service. One staff member said this was because, "I feel confident in what's done here... As a result the [people] are very happy here and have a good variety of opportunities."

Is the service responsive?

Our findings

People's health and welfare continued to be met by staff who remained responsive to their needs. Staff spoke knowledgeably about people, their preferences and their care needs. This information corresponded with that in people's care plans which provided staff with sufficient guidance to provide consistent care to each person. Staff told us they were given time to read people's care plans before they provided care to people.

Staff continued meet people's needs in ways that suited each person. An external care professional also told us that staff had "coped well with the different style of support necessary" for a person's particular needs. Staff told us that one person liked to be outside, but the other did not. They planned suitable activities for each person based on this and other preferences. One staff member said, "[One person] likes to plan ahead. We've got time to support [them] with that."

Staff told us, and records showed, that people were regularly supported to access the community, both to join in with groups or on their own. They told us they were planning holidays for each person and were "looking at suitable options." They said they had been to the seaside for the day and were looking into the possibility of an overnight theatre trip.

Staff told us how they had supported people to be involved in household tasks and take care of the garden of the house they lived in. We saw staff supporting one person to replant containers with flowers outside the front door. The person indicated to us how pleased they were with this.

Staff supported people to maintain relationships that were important to them. For example, they supported one person to visit a family member regularly and another with the care of their pet.

The provider continued to have a robust complaints procedure in place. During a review one relative had said, "If I'd made a suggestions or voiced a concern it is taken seriously and I know would be acted on if needed." Records showed that people and or their relatives had been provided with information about how to complain about the service. We saw the registered manager had thoroughly investigated and appropriately responded to complaints.

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. 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 managed two other services in addition to this one. However, staff told us that they saw the registered manager regularly and could contact him at any time. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the support needs and preferences of the people supported by this service.

We received positive comments about the management of the service from all the staff and the care professional we had contact with. One staff member said, "[The registered manager] knows the job... He knows what's what. He understands what we do because he's done it." Another staff member said, "[The service] runs more efficiently. There is a good exchange of information." Staff told us they felt supported both informally and through more formal supervision and team meetings.

The provider and registered manager had a number of quality assurance systems to monitor and improve the service. Audits had been completed in areas including medicines and accidents and incidents. A quality assurance questionnaire had been sent to people's relatives in June 2016. This contained very positive feedback and included the comment, 'I cannot speak too highly of the quality of care that my [family member] has received from the [service]... It is such a relief to feel that I can trust the care of my [family member] to such a team.'