

The Edmund Trust

Oaks and Cinnabar

Inspection report

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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

Oaks and Cinnabar are two houses next door to each other that provide care and support for up to 10 people with a learning disability. At the time of the inspection, there were two people living in Oaks and four in Cinnabar.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service was safe. Staff were aware of the procedures to follow if they suspected someone may have been harmed. Risk assessments had been completed and staff took action to reduce risk to people. Staff were trained and competent to administer and support people with their medicines. New staff only commenced working in the service after all recruitment checks had been successfully completed. There were enough staff available to meet people's needs.

The service was effective. Staff received the training and support they required to meet people's needs. People were supported to have maximum choice and control of their lives and the staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported to eat and drink enough referrals to health professionals were made when required.

The service was caring. Staff knew people well and understood their likes, preferences, hopes and goals. People were supported to express their views and make choices about their lives and the care and support they receive. Staff encouraged people to be independent and promote their dignity and privacy.

The service was responsive. People received care and support that was based on them as individuals. People were involved in writing and reviewing their care plans so that it reflected their choices. People were encouraged to maintain hobbies and interests. People knew how to raise any issues or complaints.

The service was well led. The service had an open and person centred culture. There was an effective quality monitoring system in place.

Further information is in the detailed findings below.

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 Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Oaks and Cinnabar

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 checked 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 09 February 2017 and was announced. The inspection was carried out by one inspector. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the service, including the provider information return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications the provider had sent us since our previous inspection. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and healthcare professionals that had contact with the home to obtain their views about the service.

During our inspection we spoke with four people who lived at the service, the manager, and one senior care assistant. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We also observed how people were cared for in the communal areas.

Is the service safe?

Our findings

People told us they felt safe living at Oaks and Cinnabar. One person told us, "Yes I feel safe here." Another person told us, "I feel safe here. The staff make sure all the doors are locked at night."

Staff told us and records we saw confirmed that staff had received training in safeguarding and protecting people from harm. Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Staff were knowledgeable about contacting the appropriate agencies responsible for safeguarding if ever they needed to report any incidents or if they had any safeguarding concerns.

Risk assessments had been completed in a way that did not prevent people from doing things that mattered to them. For example, two people had wanted to administer their own medication so they were given the support they needed to do this in a safe manner. People had emergency evacuation plans in place.

The records showed that new staff only commenced working in the service after satisfactory recruitment checks were received. The manager ensured that there were always enough staff working in the service to meet people's needs. People told us that there was always staff available when they needed them.

Medicines were managed and administered safely. Staff had received training and had been assessed as competent before administering medicines unsupervised. Daily checks on the stock of medicines and the accompanying medicines administration records were completed to ensure that people's medicines had been administered as prescribed.

Is the service effective?

Our findings

Staff told us that the training programme equipped them for their roles. The training records showed that staff received training included keeping people safe, autism awareness, administration of medicines, dementia awareness and first aid. The manager told us that they had also organised bespoke training for staff to support people's individual needs. For example, they had requested training from the commissioners of the service regarding how staff should support one person. Staff told us the training they had received had enabled them to support people more effectively.

Staff confirmed that they felt supported by the manager and received regular supervision sessions with them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA and DoLS and had a good understanding of how to put it into practice. We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When decisions had been made in a person's best interest these had been recorded.

People told us they were supported by care staff to choose a menu for the week. People then purchased and prepared the food supported by the care staff. If someone decided that they did not want what was on the menu they could choose an alternative meal. People were supported to make health eating choices.

People told us and the records confirmed that they had access to regular healthcare professionals. When needed people were supported to attend appointments with their GP, dentists and opticians. Each person had a health action plan in place. This recorded any health issues and recorded and monitored any appointments. Each person had a hospital passport which contained important information about them. If the person needed to go to hospital they could take the passport with them to inform staff of what support they required.

Is the service caring?

Our findings

People told us they thought the staff were caring. One person said, "The staff are kind, they make me laugh." Another person said, "The staff treat me good." One person told us, "The staff listen to me. They know me well. They how to make me happy."

People's care plans included information about what was important to them as an individual. Staff were aware of what made people happy. For example one person's care plan stated, "I like staff to be calm, friendly and to listen to what I have to say. I like them to ask me questions so I know that they are listening to me."

People told us they thought the care staff treated them with dignity and respect and promoted their independence. One person's care plan stated, "I'm happy to let staff dry me but it is better for me to do as much as I can for myself. So prompt me to do what I can." One person told us, "[name of staff] is really good at helping me with a shave."

One member of care staff told us, "I love what I do. I genuinely want to be here, listening when people want to talk and comforting them when they need it." They also told us, "The company values include treating people with respect, equality and a person centred approach."

Care staff had positive working relationships with people. We observed staff supporting people when they became anxious. This was done in a gentle manner and repeated until they felt better. We also saw care staff asking people how much support they would like with making their lunch.

The care staff had supported one person to invite their friends to a training and discussion session about diabetes. The person was supported by the staff to lead discussions about how diabetes effected them and ideas that may help them. The person received a certificate after the session. The person told us that leading the sessions and receiving the certificate had, "Made me feel proud."

Is the service responsive?

Our findings

The support people received was focussed on them as an individual. People told us that the staff knew them well. One person told us, "I like living here it's good fun."

People also told us that they had been involved in writing their care plans. The care plans included all of the information that staff required. This meant they could offer the support and care that people needed in the way that they preferred. The care plans had been regularly reviewed and when people's needs had changed they had been updated.

One person told us that they enjoyed spending time at their allotment. They also stated that when they had problems with a piece of equipment they used on the allotment the staff had fixed it for them. People were encouraged to take part in activities and hobbies that interested them. One person told us, "The staff know how to make me happy, they go to the pub with me."

There was a range of ways for people to feedback their experience of the care and support that staff offer. All of the four people we talked with told us they would speak to a manager if they wanted to complaint about anything. There was a complaints procedure in place. The records showed that complaints had been dealt with appropriately and action had been taken to avoid a reoccurrence.

Is the service well-led?

Our findings

A registered manager was not in post. However, the manager had applied to the Commission to become the 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 2008 and associated Regulations about how the service is run.

There was a positive and open culture within the service. People knew the staff and manager well. We also saw that members of the senior management had taken the time to get to know people and discuss any planned changes to the service with them. People were encouraged to talk to the care staff or manager if they weren't happy with something. One person told us, "If a member of staff done something I didn't like I would talk to [name of manager] or the big manager (the chief executive)." Staff told us that they felt confident if they had any concerns they could discuss them with the manager and they would be dealt with appropriately.

House meetings were held weekly so people could discuss what they would like on the menu, what activities they would like to do and any other issues. One person also represented the house by attending the "People's Action Group". This group was made up of people who lived in services managed by the provider. The group discussed any issues, policies and the results of the quality assurance surveys. The group were putting together an action plan to address any issues raised in the surveys.

There was an effective quality monitoring system in place. This included daily, weekly and monthly checks including; health and safety, financial, care plans, risk assessments, and people's records. There was a development plan in place which had been collated by the manager, senior managers, staff and people that lived at Oaks and Cinnabar.