

Cambridgeshire County Council

Cambridgeshire County Council - 6 St Lukes Close Huntingdon

Inspection report

6 St Luke's Close
Huntingdon
Cambridgeshire
PE29 1JT

Tel: 01480 456941

Website: www.cambridgeshire.gov.uk

Date of inspection visit: 19 August 2015

Date of publication: 18/09/2015

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



Overall summary

This unannounced inspection was carried out on 19 August 2015. The previous inspection took place on 15 September 2014 during which we found that the regulations regarding people's care records were not

being met. The provider sent us an action plan informing us that improvements would be made by 2 January 2015. At this inspection on 19 August 2015 we found that the required improvements had been made.

Summary of findings

Cambridgeshire County Council - 6 St Luke's Close Huntingdon provides respite care and support for up to six people with physical and learning disabilities. There were six people using the service when we visited.

At the time of our inspection a registered manager was 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 and associated Regulations about how the service is run. However, at the time of our inspection the registered manager was absent due to sickness. Suitable arrangements were in place to ensure that the service was managed on a day to day basis by an acting 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. People's rights were being protected as DoLS applications were in place where required and had been submitted to the relevant local authorities.

People who lived in the home were assisted by staff in a way that supported their safety and that they were treated respectfully. People had health care and support plans in place to ensure their needs were being met. Risks to people who lived in the home were identified and plans were put into place to enable people to live as safely and independently as possible. There were sufficient numbers of staff available to meet people's care and support needs. Medication was safely stored and administered to people.

Staff cared for people in a warm and sensitive way and assisted people with personal care, eating and drinking and going out in the local community.

Members of staff were trained to provide effective and safe care which met people's individual needs and wishes. Staff understood their roles and responsibilities and were supported by the acting manager to maintain and develop their skills and knowledge through ongoing support and regular training.

Arrangements were in place to regularly monitor health and safety and the quality of the care and support provided for people using the service.

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 safe.

Staff were trained and informed about how to recognise harm and also how to respond and report any concerns correctly.

There were sufficient numbers of staff available to meet people's health and social care needs.

A risk assessment process was in place to ensure that people were cared for as safely as possible and any risks that were identified were minimised.

Good



Is the service effective?

The service was effective.

The acting manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported by staff who had received training to carry out their roles.

Arrangements were in place for people to receive appropriate health care whenever they needed it.

People had access to a varied and nutritious diet and were able to have drinks and snacks when they wanted them.

Good



Is the service caring?

The service was caring.

Staff were sensitive and caring in their approach and they supported people to be as independent as possible.

People were offered choice and received care in a way that respected their right to dignity and privacy.

People and their relatives/representatives were involved in making decisions about their care as much as possible.

Good



Is the service responsive?

The service was responsive.

People's health and care needs were assessed, planned for and regularly reviewed so that their needs could be met consistently.

People and their relatives/representatives were encouraged and supported to provide feedback on the service. People's relatives and representatives were aware of how to make a complaint.

People had access to a range of social activities and were encouraged by staff to pursue their individual hobbies and interests.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There were arrangements in place to monitor and improve, where necessary, the quality of the service people received.

Members of staff felt supported and were able to have open discussions with the acting manager and senior staff.

Staff were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

Cambridgeshire County Council - 6 St Lukes Close Huntingdon

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 19 August 2015 and was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to tell us about by law.

We also reviewed the provider information return (PIR) This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

We made contact with health care professionals who were in regular contact with the home. This included; a care manager from a local authority, a speech and language therapist, a learning disability specialist nurse and a GP from a local surgery.

We spoke with three people living in the home, the acting manager, five members of staff and five relatives of people living at the home. We looked at five people's care and support plans and records in relation to the management of the home including audits and policies and staff records.

During our inspection we observed people's care and support to help us understand the experience of people who could not talk with us. We observed people taking part in their individual hobbies and interests and also saw how they were supported by staff.

Is the service safe?

Our findings

One person told us that, “The staff are very good and help me with what I need.” A relative of a person living in the home told us that they had no concerns about the care and support their family member received. They said, “I am very happy with the care that my [family member] receives and I have no concerns and they are in safe hands at all times.”

Staff demonstrated that they had an understanding of how to recognise different types of harm and how to report any concerns. They told us that they received ongoing training and felt confident dealing with safeguarding issues. They were aware of the safeguarding reporting procedures to follow. One member of staff said, “I have received training and I know where the safeguarding information is kept in the office and would never hesitate in reporting any incidents of harm or abuse to my manager.” We also saw a poster displayed in the home which gave the telephone contact details of the local authority safeguarding team so that people could independently use the information.

Risks to people had been identified so that staff were aware of any associated risks when they provided support to each person. Examples included assessed risks regarding eating and drinking, behaviours that challenge, bathing, using the kitchen and when staff assisted people when they were going out in the community. When people had specific dietary needs these had been risk assessed and foods were specifically prepared to reduce the risk of choking.

Our observations showed and staff confirmed to us that people were supported by sufficient numbers of staff so that they had the opportunity to be supported at home and whilst out in the community. We saw that staff provided care and support in a patient, unhurried and safe manner.

The acting manager told us that staffing levels were monitored on an ongoing basis to meet people’s individual changing needs, and that bank and agency staff were made available to meet those needs. One member of staff

told us that staffing levels were good and allowed them to have enough quality time when they supported people at home or when they accessed local day services and nearby places of interest including sports facilities and shopping centres.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at a sample of two recruitment records and we saw that appropriate checks had been carried out. Staff confirmed that they that they had received an induction which covered a variety of topics regarding care and support issues. Staff told us that they had been assisted by more experienced staff when they first started work in the home to ensure that they understood their role and responsibilities. This showed that the provider only employed staff who were suitable to work with people living in the home.

Staff told us that they had received training so that they could safely administer and manage people’s prescribed medications safely. Following their training staff’s competence to administer medications had been assessed. Medication administration records showed that people had been supported to take their medications as prescribed.

We observed that audits of medication were undertaken by staff during the handover of each shift to ensure that stock levels were correct and that all medication had been administered. We saw that medication was stored safely. This showed that arrangements were in place to manage people’s medication in a safe way.

There were fire and emergency evacuation plans in place for each person living in the home to make sure they were assisted safely. Fire alarm, fire drills and emergency lighting checks had also been carried out to ensure people’s safety in the home. Regular and up-to-date checks had been completed regarding equipment such as the hoists and fire safety systems.

Is the service effective?

Our findings

One person told us, "I am happy living here and the staff help me with what I need." A relative told us, "I am always invited to reviews and able to have a say in my [family members] care, everyone is very helpful and the staff are all good." Another relative told us that communication was very good with the staff and they were always kept informed of any changes to their family members care by the acting manager and members of staff.

We observed a member of staff assisting a person who lived in the home and it was evident that they understood and responded to the person's physical care needs when they assisted them in their wheelchair to go out in the community.

People's care records contained detailed guidance for staff about how to meet the person's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including; their likes and dislikes, communication needs, activities, personal care and daily routines. The care plans were written in a person centred way to meet people's individual preferences.

There were separate health care records in place which included visits from or to health care professionals. People had regular appointments with health care professionals such as a GP, physiotherapist and speech and language therapist. A relative told us, "The staff will contact a doctor if my relative is unwell." This showed us that there was an effective system in place to monitor and respond to people's changing health care needs and that people were being supported to access a range of health care professionals to ensure that their general health was maintained.

People's care plans and risk assessments were reviewed regularly. Each file contained a 'health passport'. This was a document that accompanied a person for any health care treatment and provided important information about how to meet the person's needs for healthcare professionals such as hospital staff. Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. One member of staff told us how they needed to carefully prepare food for a person to minimise the possibility of them choking

Staff told us they received a wide range of training to ensure they could meet the needs of people and provide them with effective care. There were regular updates/ refresher training sessions to ensure that staff's training was kept up to date and this was confirmed in the training records that we saw. Staff also said they were supported to gain further qualifications in health and social care to expand on their skills and knowledge. Staff said that they enjoyed and benefited from their variety of training sessions and that they were supported to gain further qualifications. Staff told us that there was an ongoing programme of supervision and appraisal to ensure that their performance and development was monitored.

Staff said that they had undertaken training and had an understanding on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training and this was confirmed by the staff training record we looked at. The acting manager told us that an application had been submitted to the relevant local authorities regarding one person. Relevant documents regarding this person were in date and included best interest meetings.

Lunch time was a sociable occasion, with lots of interaction between the staff on duty and person having lunch at home. The person was having a sandwich of their choice and told us that, "I can choose what I like and I helped to make myself a tuna sandwich." A day meal plan was displayed in the kitchen, it was very varied, included healthy options such as vegetables and fruit and a choice of main course. Staff told us, "We have meetings with people to decide on meals they would like and we use pictures and photographs of food and meals so that people have a chance to choose." One person said, "I help with cooking the evening meal and enjoy the cake baking sessions." A relative told us, "My [family member] likes to be involved in cooking and they like the meals at St Luke's."

The acting manager told us that they supported people to have access to dieticians and speech and language therapists to discuss any issues regarding nutrition and any concerns regarding people's eating and drinking. A speech and language therapist we spoke with confirmed that the staff had discussed people's eating and drinking needs and followed their guidance. A local GP told us that the service had proactively responded to people's healthcare needs and accompanied people to appointments and also telephoned the surgery for advice when required.

Is the service caring?

Our findings

One person said, “I really enjoy coming to St Luke’s and the staff are great.” Not all of the people we met during our inspection were able to tell us about the care and support they received due to their complex needs. However, we saw that there was a friendly and attentive rapport between staff and people using the service. People were being assisted by staff with personal care and making arrangements to go out in the local community. A relative told us, “My [family member] is very happy receiving respite care at St Luke’s and looks forward to going (back there). I have no concerns.” Another relative said, “They know my [family member] really well and know how to care and support them.” We saw that the people living in the home and their relatives interacted in a friendly and positive with the acting manager and staff. A relative said, “I can visit whenever we like, and I am always made to feel very welcome.”

We saw that staff asked people about their individual choices and were responsive to that choice. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person’s answer, and understanding what a person’s body language and facial expressions were telling them.

We saw that staff were aware of individual people’s body language and any sounds that they made which showed that the person was not happy or was upset. Staff spoke with people in a kind and attentive way and they respected the person’s dignity when providing care and personal assistance by making sure that bedroom and bathroom doors were kept shut. People were also encouraged to be

involved in making decisions and staff used visual prompts to encourage participation including pictures of meal choices. We saw that members of staff included people in conversations, such as talking about forthcoming events and going on a shopping trip. We saw that people responded positively to this and responded by smiling, laughing and being, or becoming, calmer.

A relative told us, “My [family member] enjoys going to St Luke’s and visits regularly throughout the year.”

Staff members were enthusiastic about the care and support that they provided and talked with warmth and affection about the people using the service. One staff member told us, “I really enjoy working here and it is a supportive team.” We saw staff speaking with people in a kind and caring manner and explaining what they were doing whilst providing assistance. Staff knocked on people’s bedroom doors before entering. This demonstrated that staff respected the rights and privacy needs of people.

We saw that people were able choose where they spent their time and could use the communal areas within the home and in their own bedrooms. People were able to bring their personal possessions to enjoy during their stay at the service to meet their preferences and interests.

A relative we spoke with told us that the staff were kind, caring and compassionate. Another relative told us, “The staff know my [family member] really well and understand how to care and support them.” The acting manager told us that no one living at the home currently had a formal advocate in place but that local services were available when required.

Is the service responsive?

Our findings

We carried out an unannounced inspection of this service on 15 September 2014. At this inspection we identified a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of concerns regarding people's care records not being up to date. The provider sent us an action plan informing us that improvements would be made by 2 January 2015. At this inspection on 19 August 2015 we found that the required improvements had been made.

We looked at five care plans during our inspection. There were a variety of care and support documentation in place covering aspects of the person's assessed needs. Care plans were written in a 'person centred' style to show the person's care and support preferences. Examples included any medical needs, eating and drinking preferences, activities, significant relationships, daily tasks, communication needs, personal care support needs and mobility needs. There were guidelines for staff to follow so that they were able to meet the person's assessed needs, preferences and personal support requirements.

Care plans were up to date and were regularly reviewed to ensure that people's needs were met. People's care and support plans were regularly reviewed to ensure that information about people's care needs were up to date and any changes were responded to and documented. This included changes to a person's eating and drinking guidelines in conjunction with a speech and language therapist advice. A relative told us that they were regularly contacted where there had been any changes to their family member's care and support needs.

An initial assessment of people's care and support needs had been completed prior to them being looked after for their respite stay. This ensured as much as possible, that each person's needs were able to be met. One person said, "They know me and the things that I like and dislike."

The acting manager told us that the care planning documents had been redeveloped to ensure that there was

a consistent approach with an agreed format for recording information. Staff told us that they found the care plans to be clear, up to date and provided them with sufficient information so that they could deliver the required care and support. Night time care plans had also been implemented to describe the support needs that people may require.

People had a specified number of respite days which they could use throughout the year. The majority of people spent between one to five days at the service. However, it was noted that three people had been living in the home for several months which impacted on the amount of available spaces for other people wishing to use the service. One relative told us that this had meant that some of their family members respite stays had been cancelled

We saw that people had opportunities to pursue their hobbies and interests. One person told us that they enjoyed going out shopping and cooking. We saw that one person was involved in a camping trip with the local community centre and that another person had attended a local day service during the day. Another person was spending time visiting their relatives. This demonstrated to us that people had opportunities to go out into the community and take part in their individual social interests.

Relatives we spoke with said that they were confident that any concerns or complaints they may have would always be promptly dealt with. All relatives we spoke with were complimentary about the service and did not raise any concerns. One relative said, "The manager and staff deal with any concerns or issues that I may have very promptly." Another relative told us that they knew how to raise concerns and said, "I can always visit and raise any issues and make suggestions and I feel listened to."

There was a complaints policy and procedure displayed in the home which was also available in a format so people could access it and use it themselves if they wanted to. A complaint recording log was in place and there was evidence of correspondence to resolve concerns that had been raised by a complainant.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. However, the registered manager was absent from the service due to sickness. Suitable arrangements were in place for the day to day management of the service and an acting manager was in place. People living in the home interacted well with the acting manager in a cheerful and comfortable way. The acting manager and staff had a good knowledge about people and their care and support needs.

A relative we spoke with during our visit had positive comments about the service and they were happy with the service provided to their family member. People's relatives had completed a satisfaction survey and we saw positive feedback regarding the care and support provided to their family member. One relative told us, "Staff are keen and very helpful and keep in touch with me about any events regarding my family member."

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. An evaluation of the provider's 2014/15 quality assurance survey highlighted achievements and areas for development. It was noted in comments from some relatives that the lack of regular available spaces had meant that some of their family members' visits had been cancelled and they said that this had been disappointing. A new development was planned regarding a 'summer house' which was due to be built in the garden. It was anticipated that this would provide further communal/ activity space for people using the service.

Many of the staff had worked at the home for a number of years and one member of staff told us, "I love my job and working here - it's like a big family and everyone works very well together as a team." Staff told us that there was an open culture and that they felt well supported by the acting manager and senior staff. They said they were confident in being able to raise any issues or concerns with the acting manager. A member of staff told us, "It's a very good team here, and I feel well supported." Another staff member told us, "Our manager is very supportive and helpful and I can

Speak with them any time I need to." Staff were aware of the whistleblowing policy and told us that they would not hesitate in reporting any poor practices, they had witnessed, to the senior staff and acting manager.

Staff told us that and we saw that there was a communication book in place where they were made aware of any updates and events in the home. They also told us that they attended regular staff meetings where they could raise any issues and ideas for developments in the home.

The acting manager and senior staff monitored a number of key areas which included; care plan updates, staffing, training, health and safety and any concerns or complaints. There were up to date fridge temperature records, fire records, and legionella water testing and water temperature records. This meant that the safety and quality of people's care was consistently monitored. We saw that there were effective arrangements in place for the servicing and checking of equipment and the fire safety system.

The acting manager showed us reports that they had submitted to their manager which monitored the home's services and highlighted any identified risk. Where the need for improvement had been highlighted action had been taken to improve systems. An example included the implementation of night support plans in people's care documentation. This demonstrated the home had a positive approach towards a culture of continuous improvement in the quality of care provided. The home also had monthly visits from one of the provider's registered managers who carried out audits to ensure the home remained safe and delivered effective care.

Incident forms were looked at by the acting manager. Any actions taken as a result incidents were documented as part of the homes on-going quality monitoring process to reduce the risk of the incident reoccurring. This showed us that the provider had systems in place to monitor the quality of service being provided at the home.

A care manager from a local authority told us that communication was good and the information provided by the acting manager and staff were of good quality and that they were knowledgeable about the people living in the home.