

The Edmund Trust

2 Cambridge Road

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

2 Cambridge Road is registered to provide accommodation and personal care for up to eight people. At the time of our inspection there were eight people with a learning disability living at the home. Accommodation is provided over 2 floors and all bedrooms are single rooms.

This announced inspection took place on 10 August 2016.

There was 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. Staff were following the correct procedures when administering medication. The records of the administration of medication were accurate. Daily medication audits were being carried out to ensure people received their medication as prescribed.

The CQC is required by law to monitor the Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The provider was acting in accordance with the requirements of the MCA including the DoLS. The provider could demonstrate how they supported people to make decisions about their care and the principles of the MCA were being followed.

The recruitment process had been followed to ensure that staff were only employed after satisfactory checks had been carried out. There were enough staff on shift to ensure that people had their needs met in a timely manner. Staff received a thorough induction and ongoing training to ensure that they had the skills and knowledge they required to meet people needs. Staff were aware of what actions to take if they thought that someone had been harmed in any way. Staff confirmed that they felt supported and received regular supervisions and annual appraisals.

Staff were kind and caring when working with people. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were usually respected. Staff encouraged and enabled people to make choices and carry out tasks independently and with support when needed.

Risks to people had been assessed and the necessary action had been taken to reduce the risks where possible. Care plans gave staff the information they required to meet people's care and support needs in a person-centred way. Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed. People were involved in preparing a choice of food and drink that they enjoyed.

Staff supported people to maintain their interests and their links with the local community to promote social inclusion.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or registered/service manager.

People's views about the quality of the service were being obtained. People attended meetings about their care and support and discussed their views and choices.

There was an effective quality assurance process in place which identified any areas for improvement and ensured that they were actioned.

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.

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Action had been taken to assess and minimise risks to people's safety.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff were acting in accordance with the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards. This meant that people only had decisions taken on their behalf if the correct procedures had been followed.

Staff were supported and trained to provide people with individual care.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People valued their relationships with the staff team.

People's rights to privacy and dignity were valued.

Staff encouraged and enabled people to make choices.

Is the service responsive?

Good ●

The service was responsive.

Care plans contained up to date information about the care and support that people needed. □

People were aware of how to make a complaint or raise any concerns.

Is the service well-led?

Good ●

The service is well-led.

Staff felt confident to discuss any concerns they had with the registered manager or service manager and were confident to question colleagues' practice if they needed to.

A quality assurance process was in place to identify any areas for improvement.

2 Cambridge Road

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 August 2016 and was announced. The provider was given 24 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. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service. 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 service to obtain their views about the service.

During our inspection we spoke with the three people who lived at 2 Cambridge Road, the service manager and two support workers. We looked at the care records for two people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported people in the communal areas. Observations are a way of helping us understand the experience of people living in the home.

Is the service safe?

Our findings

People told us that they felt safe living at 2 Cambridge Road because "There are always staff around to help". One person told us they felt safe because of "Staff support". Another person told us, "I feel safe here. I like having waking night staff."

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 abuse. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Information about how to raise a safeguarding concern was visible on a noticeboard in the home for people and their visitors to refer to.

Staff told us that they completed training to enable them to complete risk assessments. Any risks to the person and to the staff supporting them were assessed. The risk assessments included information about the action to be taken to minimise the chance of harm occurring. For example, cooking, preparing snacks and hot drinks and accessing the community independently. This meant that risks were reduced whilst staff still supported people to be independent when appropriate. Staff were aware of the risk assessments in place and stated that they reviewed them regularly to ensure they were up to date.

We saw that there were a sufficient numbers of staff working on shift. Staff had time to sit and talk to people and engage them in activities. The service manager stated that the number of staffing hours provided is based on the funding from the local authority. The service manager told us that extra hours had been secured to allow staff to undertake more activities with people. People told us that they there were staff available to help them when they needed it.

There were effective recruitment practices in place to ensure that staff with the right skills, attitude and values were employed at the service. Prospective new staff had to complete an application form and attend a face to face interview. People who lived at 2 Cambridge Road had also been involved in the interview process and had asked the candidates questions that were important to them. People were safeguarded against the risk of being cared for by unsuitable staff. This was because staff were checked for criminal convictions with the Disclosure and Barring Service (DBS) and satisfactory employment and personal references were obtained before they started work.

Staff told us and records confirmed that they had completed administration of medication training. The service manager told us that they completed assessments with staff to ensure they were competent to administer medication. The records of medication administered were accurate and showed that people were receiving their medication as prescribed. People told us that they always received their medication in the way that they preferred. We saw in one person's support plan that they preferred to take their medication with a certain drink and the person confirmed that this always happened.

Staff recorded all accidents and incidents and these were analysed by the manager so that any trends and/or patterns were identified. This would ensure any learning was recognised and adjustments were

made to the care and support people received. This reduced the risk of an incident occurring again.

The records showed that firefighting equipment and emergency lighting had been tested regularly.

Is the service effective?

Our findings

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded. When needed DoLS applications had been submitted to the relevant authority. This meant that people were only having decisions made on their behalf or their liberty restricted after staff had followed the correct procedures.

People received support from staff who had received training which enabled them to understand the specific needs of the people they were supporting. Staff confirmed that they had attended various training courses including; safeguarding adults, autism awareness, dementia awareness, deprivation of liberties, epilepsy awareness, fire safety and fluids and nutrition. The service manager confirmed that when needed people completed refresher training to ensure their practice was up to date. New staff completed comprehensive inductions including a period of shadowing new staff, time spent with the management team and classroom based training. New staff also had to complete a booklet to demonstrate that they were knowledgeable in their new position before being allowed to work unsupervised. When people's needs changed the training courses reflected this so that staff were aware of how to support people.

Staff had the guidance and support when they needed it. Staff were confident in the registered manager, service manager and team leader and were happy with the level of support and supervision they received. Staff told us their supervision sessions were used to reflect on their work and request any extra training or support they may require.

People were supported to maintain a healthy diet. One person told us that they helped to choose the menu for the week and if they didn't like any meals they could have an alternative. We saw that this happened on the day of the inspection when one person did not want the main choice for dinner and they were offered an alternative. We saw that people were encouraged to participate in preparing food and drink and were given the support they required to be able to do this. One person told us that their favourite responsibility in the home was preparing the vegetables. Staff were aware of the support people required at meal times. Guidance was in place to ensure that people received adequate food and drink.

Records showed that when required people had been referred to various healthcare professionals including

a Speech and Language therapist and a dentist. Each person had a health action plan which included information about their health, any appointments they had attended and action they needed to take to stay healthy. One person told us, "If I'm unwell I can see the doctor. I chose if I wanted a flu jab or not."

Is the service caring?

Our findings

People told us that they thought the staff were caring. One person told us, "I like living here. Staff are very good, when I need something I can ask." One person told us, "[Name of service manager] is always lovely. She listens to what we say." Another person told us "[Name of service manager] comes round and makes sure I'm not sad" and "The staff are nice."

Staff told us how they promoted people's dignity. For example, by keeping people covered up when they assisted them with personal care. People confirmed that this happened and told us that staff always closed bedroom and bathrooms doors before assisting them. One person's support plan showed how they helped a person to maintain their dignity when they were not aware that they needed support to do so. We observed staff quietly informing people that they needed to adjust their clothes to maintain their dignity. One member of staff told us, "It's their home [the people living at 2 Cambridge Road]. I show them respect, dignity and never assume it's ok for me to do something. I always ask first. For example, I ask someone if it's ok if I sit with them at lunch. I treat people the way I would like to be treated." Another member of staff told us, "I communicate everything I'm doing; making sure that the person is comfortable with it. Giving someone their dignity is the most important thing you can do for them. I treat people as an individual, what works for one doesn't necessarily work for another."

Support plans had been written in a way that promoted people's privacy, dignity and independence. One person told us, "I sat with my keyworker and told her what I wanted in my care plan."

We observed staff working with people in a kind and caring manner. We observed two members of staff gently encouraging a person to make their own drink. When the person showed signs of anxiety the staff members gave them verbal encouragement and placed their hand on the person's shoulder for reassurance. The person responded well to this and was able to make their drink.

Staff had a detailed knowledge of the people they were supporting, their life history, likes and dislikes and hobbies and interests.

People had been supported to find advocacy services when they needed it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

Staff were able to tell us how they offered people choices such as what they would like to wear and eat, where they would like to go and what time they would like to get up and go to bed. People confirmed that they were encouraged to make choices that affected them. One person told us how they had stayed in bed late and then had chosen to go out shopping with a member of staff.

Each person had a support plan, health action plan and hospital passport in place. People confirmed that they had been involved in the writing of their plans and that they made decisions about how they wanted to be supported by the staff. The support plans were written in a positive way and included information about what people's aspirations and goals were for the future. We saw from the records and talking to people that they were being supported to achieve their goals. For example, one person's goal was to visit an animal sanctuary. They had visited the sanctuary on the day of the inspection and returned home very happy and stated that they would like to go again. People's support plans also contained individual information about how staff could enable them to carry out tasks independently. For example, one person's support plan stated, "I choose which clothes and dress I wear for day. I do not like staff or anyone to touch them." People also had their care plans in a format that they found accessible and meaningful. For example, one person had a box which they had decorated and contained things that were important to them such as their knitting. One person told us they were aware of their support plan and they had asked their keyworker to make changes to it, which had been completed.

Each person had chosen which member of staff they would like to have as their keyworker. Staff told us the keyworker role included spending time with the person each month and reviewing any health appointments, how they are working towards their goals and anything else they had done during the month. Staff told us that the keyworker role also involved liaising with people's families when the person wanted them to.

The service manager told us how they had responded to people's changing needs and ensured that they received the support they needed both from staff inside the home and external agencies. The service manager was meeting regularly with the commissioners and health care professionals to ensure the best possible short term and long term outcomes for people. Staff had received extra training to enable them to support people's changing needs. This had meant that people had been able to stay living at 2 Cambridge Road, in the environment that they were familiar with even when they needed extra support from staff.

Some of the people living at 2 Cambridge Road attended day services during the week. Some people had chosen to have 1-2-1 staffing for a few hours a week so that they could choose where they would like to go with staff. Staff helped people to plan and co-ordinate activities according to their interests. People also took part in activities in the home such as knitting, craft sessions and cooking.

People told us they were aware of how to make a complaint. One person told us, "I would speak to [name of the service manager] she would sort it out." A complaints procedure was displayed in the home. Staff were aware of the procedures to follow if anyone raised any concerns with them. No complaints had been

received in the previous 12 months.

Is the service well-led?

Our findings

Although there was a registered manager in place they were also the registered manager for five other locations and had officially reduced their hours to ten hours per week. 2 Cambridge Road had a service manager in place and the registered manager stated that they were responsible for the day to day running of the home.

People living at 2 Cambridge Road and the care staff spoke positively about both the registered manager and service manager. The care staff stated that both of the managers were approachable and there was always someone on call if they needed assistance.

Staff took pride in their work at 2 Cambridge Road. One member of care staff told us, "It's a privilege to be able to enable someone to do something that they might otherwise not be able to do." Another member of care staff told us, "Dignity and respect for people is a massive thing for this company."

People living at 2 Cambridge Road had formed the "People's Action Group" with other people living in the providers other homes. The group was used to share any concerns and highlight any ideas for improvements. The action group had recently sent out a quality assurance questionnaire to people living in all of the provider's homes and were going to discuss the findings at their next meeting. People living at 2 Cambridge Road also held regular meetings to discuss what they wanted on the menu, any activities they would like to do and any other issues they would like to raise.

Staff told us that they attended the regular staff meetings and that they could add items to the agenda if they wished to raise anything.

Staff understood their right to share any concerns about the care and support provided to the people at 2 Cambridge Road. All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

Due to past errors in the administration of medication each shift carried out their own medication audit. This had resulted in the errors being reduced. This meant that people received their medication as prescribed. The team leader was responsible for carrying out weekly audits including people's financial records, people's care and medication records. The service manager looked at the weekly audits and also carried out their own monthly audits. Where needed the audits included the action to be taken to make improvements and confirmation that any identified action from the previous audit had been completed.

People used the facilities in the local community regularly such as the church, shops, pubs and banks.

The registered manager had an understanding of 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 we looked at showed that notifications had been submitted to the CQC when needed.