

Cambridgeshire County Council







Cambridgeshire County Council - 8b Wagstaff Close Cambridge

Inspection report

8b Wagstaff Close
Cambridge
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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	

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 three people

who had learning, and in some cases, 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.

Summary of findings

This announced inspection took place on 11 February 2015. 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. We needed to be sure they would be present for the inspection. At our previous inspection on 17 December 2013 we found the provider was meeting all the regulations we looked at.

People received care and support that met their assessed needs and took into account each person's individual preferences. There were systems in place to ensure people's safety was effectively managed. Care records were detailed and provided staff with sufficient guidance to provide consistent care and support to each person. This helped staff to ensure people's needs were met and their independence maintained. People were encouraged to access the community and develop and or maintain interests and hobbies. Staff supported people to build new, and maintain existing, relationships that were important to them.

People were supported to express their views and be as independent as possible. People's rights to make decisions about their care and support were respected.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards

(DoLS) which applies to care services. We found that people's rights were being protected because DoLS applications were in progress and were being submitted to the authorising body.

People received care and support from staff who were kind, compassionate, caring and respectful. Staff members were well trained and well supported by their managers. Staff knew the people they supported well, and understood, and met, their individual preferences and support needs. The provider's recruitment process was robust and included obtaining satisfactory pre-employment checks. This ensured that only suitable staff were employed by the provider. There were sufficient staff available to meet people's needs.

The service had 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.

We found the service was well managed. People receiving a service and those involved with their care were encouraged to share their views about the quality of the service provided and these were acted on. We found there were effective systems in place to monitor the quality of the service people received.

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.

People were kept safe because staff had a good understanding of what abuse was, how to report it and who they could report their concerns to.

There were systems in place to ensure people's safety was managed effectively. People were supported to manage their prescribed medicines safely.

Staff were only employed by the service after pre-employment checks had been satisfactorily completed. There were sufficient staff with appropriate skills to meet people's assessed needs.

Good



Is the service effective?

The service was effective.

People received care and support from staff who were well trained and supported. Staff knew the people they supported well and understood, and met, their individual preferences and support needs.

People's rights to make decisions about their care and support were respected.

People were supported to ensure their healthcare and nutritional needs were effectively met.

Good



Is the service caring?

The service was caring.

People received care and support from staff who were kind, compassionate, caring and respectful.

People were supported to build new, and maintain, relationships that were important to them.

Good



Is the service responsive?

The service was responsive.

People's views were listened to and acted on. People's rights were respected and promoted. People, and their relatives, were involved in their care assessments and reviews.

People were encouraged to access the community and develop and or maintain interests and hobbies.

Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

Good



Is the service well-led?

The service was well led.

We received positive comments about the service from all of the relatives and health and social care professionals we had contact with. They, and staff, were also complimentary about the registered manager's style of management.

Good



Summary of findings

There were systems in place to regularly assess and monitor the quality and safety of the service provided.

The registered manager looked to continually develop the service and had plans in place for development over the next 12 months.

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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 announced inspection took place on 11 February 2015 and 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. We needed to be sure they would be present for the inspection.

Before our inspection we looked at all the information we held about the service. This included the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at other information that we held about the service. This included responses to questionnaires we received from three staff who work at the service and a health or social care professional who had contact with the service. We also spoke to the service's commissioners and a therapist. We had not received any notifications about this service since our last inspection. A notification is information about events that the registered persons are required, by law, to tell us about.

People using this service had complex needs which meant they were not all able to tell us their experiences. During our inspection we spoke with one person, and the relatives of two people, who received a service. We observed the way care and support was provided and spent some time with all three people while they were being supported. We also spoke with the registered manager, a senior support worker and two support workers. This helped us understand the quality of care people received.

During our inspection we looked at all three people's care records, staff training and two recruitment records. We also looked at records relating to the management of the service, including audits, staff supervision and appraisal plans and safeguarding procedures.

Is the service safe?

Our findings

The person, and two relatives we spoke with, said that they, or their relatives, felt safe when being supported by staff. They told us they did not have any concerns about the way staff treated them or their relatives. We asked who the person would talk with if they were worried or sad. They told us they were not worried about anything. They went on to tell us, “I’m happy” with the service they received and that the staff would “help me with it.” We saw that all three people were relaxed with the staff supporting them. Both relatives we spoke with told us they trusted the staff at the service.

Health and social care professionals involved in the care of the people agreed with this view. They told us staff showed a willingness to report issues as soon as any concerns were identified. This meant that any concerns would be addressed promptly.

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 with showed a good understanding of how to recognise and report any suspicion of abuse. They were all knowledgeable about safeguarding and how to escalate any concerns to protect people from harm. All the staff we spoke with told us they had received safeguarding training and refresher training where appropriate.

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.

Care and management records showed that risk assessments were carried out to help reduce the risk of harm occurring to people, whilst promoting their independence and taking into account their preferences. These included, environmental risks and risks associated with people’s care and support needs. Examples of these included but were not limited to, risks such as the use of equipment, finances, accessing the community and accessing kitchen equipment. Staff sought specialist advice when appropriate and had recently requested an occupational therapy assessment in regard to one person accessing the kitchen equipment.

The registered manager and staff told us this ensured that risks were identified and managed, and that people’s

choices, and opportunities were supported. This view was verified by others involved in people’s care. One person’s relative told us that “Staff are sensitive that they can’t override what [my family member] wants, but take into account [my family member’s] safety.” A social care professional told us, “The team think very carefully about risk, and the balance of rights and responsibilities.”

The staff considered ways of planning for emergencies. For example, one person regularly accessed the community without staff support and had a mobile phone which they could not use. Staff had arranged for the person to have an alternative phone which the person could operate and use to contact them if needed. An ‘easy phone’ is a mobile phone that stores limited numbers and has large buttons with a picture of the person being called, making it much easier to use.

Staff were aware of the provider’s reporting procedures in relation to accidents and incidents. We saw that the registered manager audited various aspects of the service to identify any trends or concerns. Incident and accident reports were further monitored by the provider’s health and safety team. This helped the provider identify where action was required and prompted them to take preventative action and prevent recurrences.

Only staff suitable to work with people were employed. The staff we spoke with told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included evidence of prospective staff member’s experience and good character, and a face to face interview.

There were sufficient staff available to keep people safe. Staffing levels were determined by the needs of the people receiving a service. One person’s relative told us they were aware their family member was being reassessed to determine the level of care the person needed. The registered manager told us they kept the staffing levels under constant review. Staff told us that staffing levels were adjusted depending on the needs of the people being supported and were sufficient to meet people’s needs. They said that bank and agency workers were occasionally used to cover shifts. However, staff said that these staff were usually known to the people receiving a service and always worked with a permanent member of staff.

Is the service safe?

Medicines were stored and administered safely. The person told us that staff helped them with their medicines and described to us how staff supervised them applying prescribed creams.

Staff told us, and records verified that staff had been trained to administer medicines. Records showed that staff had assessed the risks associated with the storage and administration of medicines. This included whether people

could administer their own medicines or the level of support each person required. Satisfactory records were in place showing the medicines each person had received. However, we noted that guidance on when to administer one person's medicine that was prescribed to be given 'when required' had not been recorded for staff to refer to. Frequent checks of medicines and the associated records were made to help identify and resolve any discrepancies.

Is the service effective?

Our findings

The person we spoke with said, “The carers help me, they’re really helping me.” Both of the people’s relative’s that we spoke with told us that they felt that the staff understood their family member’s needs. One relative told us that staff understood their family member, “More than I do. [The staff] really know [them]”. Another relative told us, “I’m surprised at the variety of carer. They are mature and seem experienced and settled in their roles. It’s good there’s a range of ages and sexes. They are all very different personalities but work well with [my family member]”. They went on to say “I can’t believe the levels and quality of care [my family member] has received. I can’t believe the change in [my family member]. [My family member] looks clean and smart and is always smiling.”

The staff and health and social care professionals told us they would be happy for a family member to be supported by this service. One member of staff said, “I’m proud to work here.” The health and social care professionals all told us that the staff appeared well trained and were competent in their roles.

Staff told us about the care and support they provided to people. These discussions and our observations showed that staff were knowledgeable about people’s individual preferences and support needs. There was a clear focus on people being supported to be as independent as possible.

Staff told us, and records showed, that staff received appropriate training to enable them to meet the needs, choices and preferences of the people they were supporting. The registered manager told us in the PIR that all support staff had an induction into the service and that they were required to complete an appropriate induction before the end of their probation period. Staff verified this and told us their induction prepared them for their role before they worked unsupervised.

Staff said that the training they received was, “Excellent”. They told us, and records showed, that training included, but was not limited to, training in moving and handling, safeguarding and administering medicines. Staff told us they were supported to gain further qualifications to increase their knowledge, including National Vocational

Qualifications (NVQ) in health and social care. Staff had also attended specialist training in order to understand the developing or future needs of the people they supported. For example, dementia awareness training.

Staff told us they felt supported by their registered manager and received regular supervision and appraisal where their developmental and training needs were discussed. In addition, there were monthly team meetings where issues could be raised and items communicated.

People’s rights to make decisions about their care and support were respected. Where people were assessed not to have the mental capacity, they had been supported in the decision making process. One relative told us, “[The staff] respect [my family member’s] human rights and look for ways to support [my family member] that are the least restrictive.” A social care professional told us, “Great care and attention was given to balancing [a person’s] support needs with [their] right to make unwise decisions and be independent.”

Staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and spoke knowledgeably about this. Following a recent Supreme Court ruling the registered manager had sought guidance from the local authority’s expert in in this area. They were in the process of reviewing each person’s care needs to confirm that appropriate safeguards were in place to ensure people were not unlawfully deprived of their liberty.

People were supported to maintain a healthy diet. We asked one person who decided what food they had for meals. They told us, “I decide.” They went on to tell us that staff help them with menus and shopping. One person’s relative told us how the staff had supported their family member to eat more healthily by working out a healthy menu with them that involved regular treats. They told us this had helped the person to maintain a healthy weight.

People were supported to maintain good health and access healthcare services when required. This included the use of ‘Hospital passports’ which provided clear information about how to meet the person’s needs and any health care issues they had.

The person we spoke with told us that staff had, “helped me,” to access health care including a doctor and optician. A person’s relative told us that staff had supported their family member to register with a local GP and make visits at

Is the service effective?

appropriate times. They went on to tell us that the staff supported their family member to follow the instructions the doctor had given them. Health and social care professionals also told us that staff supported people

appropriately to access health care. One such professional described the staff as, “proactive” about this. They said that staff supported people to follow their advice and share relevant information appropriately with them.

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Is the service caring?

Our findings

The person we spoke with told us their support worker was, “Alright,” and that they, “support me.” When we asked about the staff, the person we spoke with told us, “They are very nice to me. They are kind, they’re not horrible.” Both relatives we spoke with praised the staff who support their family members. One relative described the service as, “Marvellous.” The other said, “It’s a brilliant service. The love and care they provide...The staff are all caring, very gentle, kind and efficient.” They went on to tell us, “The staff really involve [my family member] in his care. They are allowing [my family member] to be a partner within his care. It’s a difficult thing to achieve.”

The health and social care professionals all told us they felt the staff were compassionate, kind and caring. One professional commented, “[The staff] seem to have a great ability at leaving their own lives at the door, focusing their supporting skills around [the people they are supporting].”

We observed support being provided and found staff were caring and respectful and friendly in their approach. They fully involved people in the support they offered, encouraging people to be as independent as possible during each activity. One person explained to us that staff supported them to do housework including vacuuming, dusting and their laundry. We observed another person make themselves a cup of tea with staff support and a third person assist with preparing the evening meal. Staff were supportive and provided clear instructions and explanations as they were required. We saw staff offering choice to people for their evening meal and involving them in cooking it. For example, for one person, the member of

staff showed the person two options for them to choose from. The member of staff then prepared the meal, with the person assisting where they were able, for example, putting pre-cut vegetables into the saucepan.

Staff told us that no one using the service had a formal advocate in place. However, they said they were aware of advocacy services and could advise people on how to access them if required.

Throughout our inspection we saw that staff treated people with respect and dignity. This view was echoed by the feedback we received from health and social care professionals and relatives. One such professional commented, “The staff team are very mindful of rights and dignity issues.” Another professional who has regular contact with people using this service said that people were, “treated with respect and dignity and are the focal point of all shift plans.”

Staff told us that people’s information was only shared on a “need to know” basis. We saw that confidential care records were stored securely in the service’s office with controlled access.

The registered manager showed us that they and staff had started to support people to express their wishes for their end of life care. People’s wishes and preferences, as far as they were known, were recorded in care plans. The care plans included whether this had been discussed with the person and or other people significant to them. The registered manager told us there was still work to be done in this area to help people express their wishes. Actions to help staff support people with this were included in people’s end of life care plans.

Is the service responsive?

Our findings

We asked a person if they felt that staff listened to them. They told us, “Yes I do.” They told us that staff had accompanied them on a shopping trip and helped them choose clothes. They also told us that staff had helped them to take up swimming again which they really enjoyed.

Both relatives we spoke with said the service met their family member’s needs and that they, and their family member, were listened to. One relative said, “They give [my family member] time to speak and get their point over.” They went on to tell us that staff “stretch” their family member to be as independent as they can be. They said that staff had encouraged their family member to take up new and old interests and hobbies. They said their family member had gained in confidence since using the service. They told us, “I feel my [family member] is gradually turning back into the personality [they] once were... I’m so pleased [my family member] is getting such good quality care. [My family member] is part of a community.”

Staff told us how they had supported people to take care of the garden of the house they lived in. They had developed raised beds for easy access and grown vegetables. Excess vegetables were passed to a community food share project. 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.

The registered manager told us in the PIR that support plans were detailed and person centred. We found this to be the case. Care plans provided staff with sufficient guidance to provide consistent care to each person. Care plans made reference to risk assessments and other relevant documents for staff. These had been reviewed and updated as required. For example, we noted that one person’s risk assessment for visiting a person living in the community had been updated three times in one month as changes to the circumstances occurred. This showed us that information staff available to staff was current.

Staff explained to us how they supported the three people in different ways to express their views and preferences. For example, staff had developed a visual choice board for one person to use. They told us this enabled the person to express their choices and helped them to remember the choices that had been made, thus reducing their anxiety.

The provider told us and we found that people’s family members were consulted with regards to care given and important relationships were nurtured, facilitated and encouraged. The relatives we spoke with agreed this. One relative told us that due to their change in circumstances they were no longer able to visit their family member. They said that staff supported the person to visit them regularly. They told us they felt that staff supporting their family member to maintain contact with them made, “a big difference” to them and their family member. Other people’s care records also showed that people were supported to reinstate and maintain family relationships and friendships. Staff told us that they had noticed one person they supported responded well to a cat that visited the person’s home. Staff had spent time supporting the person to obtain and care for a pet.

All the relatives and health and social care professionals that we had contact with told us that staff and the registered manager are approachable and accessible. None had raised any complaints about the service, but they felt confident that they would be listened to if they did. One relative told us that they felt the staff had listened and acted on their concerns about their family member’s diet. They said the staff had supported the person and encouraged changes in their diet to create more healthy meals with “treats” factored in to their days. One of the health and social care professionals told us, “I feel the staff that I have contact with are always open to my views and flexible in their approach with the primary aim of improving the lives of [the people who use the service].”

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by senior support workers and support workers. The registered manager managed two other services in addition to this one. Staff told us that the registered manager spent at least one day each week at this service, often more. 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 service from all of the relatives and health and social care professionals we had contact with. They told us that staff asked for their views about the service in general, as well as about individual people's care. One relative said, "I am encouraged to give feedback on the service and could approach support workers or senior staff." They continued, "It's all managed so well."

Social and health care professionals provided us with positive feedback on the management of the service. One social care professional described the registered manager as "dynamic and values-driven" and described the registered manager's leadership as "excellent." Another professional told us "I have very positive views on the manager... The manager has a very open minded approach, this has led to innovative ideas [in the service]." They went on to say that they, "could not think of someone more appropriate to support my family member."

All the staff we spoke with were familiar with whistle blowing procedures. They all told us that they felt confident

about reporting any concerns or poor practice to their manager. They all said they felt able to question practice, both formally through staff meetings and supervisions, or more informally. The staff we spoke all said they felt supported by the registered manager to carry out their role. They described the management style as, "kind, approachable, fair and realistic." One member of staff told us, "If staff feel cared for, and we do, we'll go the extra mile." Staff told us the registered manager led by example and provided direct support to people on occasion. The registered manager told us this promoted positive working relationships and ensured they understood the level of care being provided.

The registered manager demonstrated that there were systems in place to regularly assess and monitor the quality and safety of the service provided. These included, but were not limited to, audits of medicines and people's finances. These helped the provider to ensure that a good standard of service was provided.

The registered manager told us they attended relevant training sessions to keep their practice up to date. In addition they said they attended meetings with registered managers from other services owned by the provider. This enabled the sharing of information and good practice within the group.

The registered manager explained how they are continually seeking to improve the service through further staff training and further developing the quality assurance system. This showed the registered manager continually sought to improve the service.