Cambridgeshire County Council

Cambridgeshire County Council - 40/44 Russell Street Cambridge

Inspection report

40-44 Russell Street
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Date of inspection visit:
22 September 2016

Date of publication:
04 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Cambridgeshire County Council – 40/44 Russell Street, Cambridge provides short stay and long term accommodation and personal care for up to nine people, who have learning disabilities. There are external and internal communal areas for people and their visitors to use. The service is divided into three areas: a four bed house for people who live at the service, a four bed house for people who have short stays at the service, and a flat for one person who can live semi-independently.

This unannounced inspection took place on 22 September 2016. There were six people receiving care at that time.

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. The registered manager was also registered to run another of the provider's services, Cambridge Supported Living Scheme, from the same address.

People were supported to safely manage their other prescribed medicines. There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns. People's risks were assessed and measures were in place to minimise the risk of harm occurring. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

Staff were only employed after comprehensive and satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely. Staff were well trained and had the skills and knowledge they needed to support people. Staff were well supported by the registered 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. We found that there were formal systems in place to assess people's capacity for decision making and applications had been made to the authorising agencies for people who needed these safeguards. People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process. Staff were aware of the key legal requirements of the MCA and DoLS.

People's health, care and nutritional needs were effectively met. People were provided with a balanced diet and staff were aware of people's dietary needs. People had access to the health care services they needed.

People received care and support from staff who were kind, patient, compassionate and caring. Staff treated people with dignity and respect. People and their relatives were encouraged to be involved in decisions about the service provided. People were involved in every day decisions about their care.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person. People were supported to engage in varied social and recreational activities. People were supported to maintain relationships that were important to them.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care. The registered manager was approachable and supportive. People had access to information on how to make a complaint. The service had an effective quality assurance system that was used to drive and sustain improvement.

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.

People were supported to safely manage their other prescribed medicines safely.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns.

Staff were only employed after comprehensive and satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

Is the service effective?

Good

The service was effective.

People received care from staff who were well trained and well supported.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

People were provided with an appropriate diet and staff were aware of people's dietary needs. People's health and nutritional needs were effectively met and monitored.

Is the service caring?

Good

The service was caring.

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

People and their relatives were encouraged to be involved in decisions about the service provided. People were involved in every day decisions about their care.

Staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person.

Staff supported people to engage in varied social and recreational activities

People were supported to maintain relationships that were important to them.

People had access to information on how to make a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

The registered manager was approachable and supportive.

The service had an effective quality assurance system that was used to drive and sustain improvement.

Cambridgeshire County Council - 40/44 Russell Street Cambridge

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 22 September 2016. It was undertaken by one inspector.

Before the inspection, the provider completed a 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 improvements they plan to make. We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke with two people who use the service and one visiting professional. We also spoke with the registered manager, two senior support workers, three support workers and the administrator. Throughout the inspection we observed how the staff interacted with people who used the service.

We looked at four people's care records, staff training records and other records relating to the management of the service. These included audits, rotas and meeting minutes.

Following our inspection we spoke with five relatives and one external care professional.

Good

Is the service safe?

Our findings

Appropriate arrangements were in place for the recording of all medicines received and administered. A relative told us they felt staff had a "fair enough" understanding of the medicines their family member took and the importance of these being given at specific times. We found that all medicines were stored securely and at the correct temperatures. Regular checks of medicines and the associated records were made to help identify and resolve any discrepancies promptly.

Staff told us that they received training to administer medicines and that their competency was regularly checked. These medicines were administered in line with the prescriber's instructions.

Medicines were well managed and the systems in place ensured people received their medicines safely. The registered manager confirmed there were no protocols or guidance in place for staff where medicines had been prescribed to be given "when required". However, staff were clear about the reasons these medicines had been prescribed and the circumstances for administering them.

People receiving the service said they felt safe. A relative said, "[My family member] wouldn't go otherwise. [They] can be nervous about change". Another relative said, "[My family member is] comfortable with the staff." A visiting professional told us, "There's mutual trust" between people and staff.

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. Information was available for staff to prompt them to make appropriate safeguarding referrals should the need arise.

Where people were unable to manage their own money, systems were in place to ensure their finances were protected. This included recording all transactions made on behalf of or with the person. During our inspection a person wanted to buy a new hairdryer. We heard the staff member assist the person to check the amount of their money that was held in safekeeping. The staff member recorded the amount of money that was being taken for shopping and returned the rest of the money for safekeeping.

The provider had submitted notifications to us when there were occasions of people being placed at risk of harm. The information in the notifications told us that appropriate actions had been taken to protect people from the risk of recurring harm.

People's risks were assessed and measures were in place to minimise the risk of harm occurring. People had comprehensive individual risk assessments and care plans which had been reviewed and updated. Risks identified included, falls, assisting people to move and poor skin integrity. Appropriate measures were in place to support people with these risks. For example guidance on safe moving and handling techniques and regular repositioning. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Environmental risk assessments, fire safety records and routine safety checks of services, such as water temperatures were in place to support people's safety.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. These were monitored by the registered manager and the provider's health and safety experts. This ensured appropriate action was taken to reduce the risk of similar events occurring.

Staff considered ways of planning for emergencies. Each person had a recently reviewed individual evacuation plan within their care plans. This helped to ensure that appropriate support would be given in the event of an emergency, such as a fire at the service.

One staff member told us that the required checks were carried out before they started working with people. These included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were safe and suitable to work with people who used the service.

There were sufficient staff to meet the needs of the people staying at the service. Three of the four relatives said they felt there were always sufficient staff to meet the needs of their family members. However, one relative told us of an occasion when they had to wait for staff to come on shift before they could leave their family member at the home. Staff told us they felt there were sufficient people to safely meet the needs of the people. They said, and staff rotas showed, that the number of staff fluctuated depending on the number and needs of the people staying at the service. One staff member said, "[The number of staff on duty is] always adjusted to meet people's needs. It's always safe." Another staff member said, "Staffing levels fluctuate. If people are funded for one to one [care] then we get it. [The service is] responsive to people's needs to make sure their needs are all met."

The registered manager and staff told us that most staff absence was covered from within the permanent staff team. However, there were occasions when agency staff worked in the home. These were kept to a minimum and the registered manager requested the agency supplied staff who knew the people using the service whenever possible. One staff member told us the reduction in the use of agency staff was, "A big relief to the team."

Good

Is the service effective?

Our findings

People told us they liked the staff who worked at the service and that their care needs were met. Relatives also praised the staff. One person said that staff were, "nice" and told us they particularly liked two staff members. One relative said the staff were, "Always very good." Another told us that, "[Staff] know what to do." The provider's survey showed that all who responded felt the staff were competent to support their family member.

In the PIR the registered manager told us, "We ensure that all of our staff receive mandatory training in all aspects of their role that helps to ensure that the people they are supporting are kept safe. This includes safeguarding training, first aid, medication (including competency assessments) and epilepsy (where necessary)." Staff confirmed this and told us they received a comprehensive induction which included completion of the Care Certificate. This is a national induction programme tailored to develop staffs' knowledge and skills in social care. A new staff member who was still on induction, told us this included shadowing more experienced staff providing care. They said, "Managers and staff are very clear about what I can and can't do. I'm supernumerary until I've completed my induction."

Staff told us they were sufficiently trained to care for the people they worked with. Staff received regular refresher training in the key areas mentioned above. In addition, staff had the opportunity to receive training in a wide variety of other areas relevant to the needs of the people they were supporting. For example, staff told us their training included courses on positive range of options to avoid crisis and use therapy and strategies for crisis intervention and prevention (PROACT-SCIPr UK). Staff also received training to help them meet people's healthcare needs. For example training on the management of percutaneous endoscopic gastrostomy (this is a tube that enables food to be directly passed into a person's stomach through the abdominal wall). This showed us that staff received sufficient training to enable them to meet people's needs.

Staff members told us they felt well supported by the registered manager and the rest of the staff team. One member of staff told us, "[Managers and colleagues] have been lovely. They're nice people to work with. They've been really supportive to me personally." Staff received annual appraisal and formal supervision monthly when their goals were reviewed. They said that this was useful and provided them with an opportunity to discuss their support, development and training needs.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made

appropriate applications to the authorising body where people were being deprived of their liberty.

We found the service was working within the principles of the MCA. People were supported by staff who had a good knowledge and understanding of the MCA. The registered manager and staff had a good level of knowledge about their duties under the MCA and how to support people with decision making. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well or the person's legal representative. This showed that consideration had been taken to ensure the service was provided in people's best interest and in the least restrictive manner.

Staff continually checked for consent when providing care. For example, we repeatedly heard staff explain to people what was going to happen before providing care and checking that the person was happy with this.

Staff told us that menus were devised weekly based around the preferences of the people staying at the service. Staff were clearly familiar with people's dietary needs and preferences and these were recorded in people's care plans.

People were supported to have enough to eat and drink. In addition to meals, we saw that a range of drinks and snacks were available. The level of support people required to eat and or drink was clearly documented in people's care plans. Staff offered people support with preparation of meals and drinks where they required it and in line with their care plan. Staff also provided people with appropriate assistance to eat and drink where this was needed.

Appropriate diets were provided to people who required them. For example, one person required a gluten free diet. Staff were fully aware of this and provided food that met the person's need. Trading Standards had recently conducted a sample check of the food served to this person and deemed the term "gluten free" was justified.

Records showed that people's health conditions were monitored throughout their stay at the service. They also confirmed that staff made appropriate referrals to, and supported people to access the services of a range of healthcare professionals, such as the dietician, the GP, and various therapists. One relative told us, "If [my family member has a] medical problem [staff] call the doctor immediately and let us know. I'm truly amazed [my family member is still alive." They told us they "put this down to the good care [my family member had received [at this service]."

Staff were proud to work at the service and gave examples of how they supported people with their healthcare. One staff member told us, "[Person] came back from hospital with a grade three pressure ulcer. We healed in it in three months. That's a testament to the quality of care we give here."

Each person had a completed "hospital passport". This provided information for healthcare workers, for example, following an admission to hospital, to help them understand the health, communication and support needs of the person. This showed that people were supported to maintain good health and well-being.

Good

Is the service caring?

Our findings

A core group of staff had worked at the service for a long time and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with them. This was observed throughout the inspection where staff were observed treating people with kindness and compassion. A relative told us of the bond their family member had developed with one support worker. They said, "[Named support worker] is wonderful. [My family member] adores [the support worker]. They've been a rock to [my family member]."

Staff placed emphasis on developing meaningful relationships with the people who stay or live at the service. One staff member told us, "It's all about relationships. [With] people and their families. Trust is an enormous thing. We're about improving people's quality of life. You've got to be open and honest with people. People need security. If we say we'll do something, we've got to make sure we do it. It's back to relationships and trust. They're real principals that we do in practice."

People and relatives felt that the staff genuinely cared about the people who stay at the service. One person told us, "There are good staff. They speak softly and ask if I'm OK." A relative said that when their family was in hospital for treatment, "Everyday staff went to see [my family member]."

Staff told us that they would be happy with a family member being cared for at this service. One staff member said this was because the staff were, "Very caring."

Information about people's history, health, personal care needs, religious and cultural values and preferences had been incorporated into care plans. Our observations of staff interacting with people found that staff knew this information and people well. Staff interacted socially with people, discussing people's interests, or what they had been doing, with them. For example, one staff member assisted a person to change the cd they had been listening to when it ended. They asked the person what they would like to listen to next and slowly listed the person's favourite artists until the person responded to the one they wanted to hear.

Staff treated people with respect. They called people by their preferred name and spoke in a calm, clear and reassuring way. We saw that staff moved to the same level as the person they were speaking too. For example we saw that when a person was sitting, the staff member sat, or squatted, beside them when they spoke with them.

Relatives told us that they could visit whenever they wanted. Other visitors said they were made welcome at the service whenever they visited.

Relatives told us that staff respected people's privacy and dignity when supporting them. Our observations throughout our inspection showed us that staff knocked on people's doors and waited for a response before entering. People told us this was usually the case. This meant that staff respected and promoted people's privacy.

Records showed that people and their relatives were supported to be involved in the care planning process. We saw that people were routinely involved in every day decisions about their lives. Staff were patient and gave people plenty of time to respond to choices or information. For example, we heard one support worker assisting a person to take money out of safekeeping to make a purchase. The support worker asked the person how much they needed and reminded them what they were planning to buy and roughly how much this would cost. They suggested taking a little extra money with them in case the person wanted to buy anything else. They then talked the person through the process of recording the date, supporting them to check the calendar on the wall. At each stage the support worker gave the person time to comment or indicate that they were, or were not, happy with what they were proposing. Before leaving, the support worker told the person they were going to, "Lock the rest of this money away before we go out. Is that alright?" They waited for the person to nod in agreement before leaving.

People who required advocacy were supported in a way which best met their needs. For example, relatives and people who knew the person well were consulted about people's care and involved in best interest decisions. The registered manager told us that when required, referrals were made for more formal advocacy. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One relative told us, "Staff know [my family member] very, very well." Another relative told us, "[The service is] great. [My family member] doesn't want to come home." A visiting professional said that staff, "Treat [people] so well." Another professional told us they had found the staff to be responsive and supportive in meeting the needs of people. They said that staff responded quickly and communicated effectively when discussing people's needs and that staff always tried to be flexible, particularly in emergency situations.

In the PIR the registered manager told us, "Before we start support, we ensure that we have all the information that we require from a referral to ensure that we can meet the needs of [each person]." Relatives told us this was the case. One relative said, "When [my family member] first started staying at Russell Street [staff] were aware of all the different things they needed to know [about my family member's care needs]." This helped to ensure staff could meet people's needs.

The assessment included people's life history, preferences, health and care needs, and their hobbies and interests. This assessment formed the basis of people's care plans and was to help ensure that the care that was provided would effectively and consistently meet people's needs. For example, there were clear instructions as to what action staff should take if a person had a medical emergency.

Staff talked enthusiastically about the people they supported and had a good understanding of people's individual personalities. Staff understood what could cause behaviours that challenged themselves and others. For example, staff recognised that the feeling of their lack of control of situations could trigger this and told us of the strategies for responding to different people. One staff member told us, "We try to continually reinforce positive experiences and successes and focus on those." We saw care plans contained clear guidance about this and how to minimise triggers. For example, one person's care plan said, "Sometimes I get cross if I'm anxious." It provided clear guidance for staff including, "Please take the time to explain my circumstances and what I can expect to me in a clear slow manner." Care records reported people's positive behaviours, for example that a person had washed up unprompted.

Daily notes recorded clearly how people were and how they spent their time. Some charts were in use to record individual aspects of people's care where additional monitoring was needed. These included charts to show that one aspect of a person's care was carried out on key days throughout the week. Although there was no evidence of negative impact on the person, we saw these charts had not been consistently completed.

People's care plans and the associated documents, such as guidance notes and risk assessments, were reviewed regularly. This meant staff were provided with up to date information about how to meet people's needs.

Relatives told us that their family member's enjoyed the time they spent at the service. One relative said they were concerned that their family would be spending time with, "A lot of older people." However, they said

their family member had benefitted from the social interactions. They told us their family member, "Loves it there. There's a real mix of people." Another relative commented that their family member enjoyed the opportunities for social interaction while at the service.

Staff supported people to engage in varied social and recreational activities. People's care records contained information detailing their interests and hobbies. This helped staff to plan activities to suit people's needs and preferences. One relative explained that their family member particularly benefitted from time spent in a group with a visiting music therapist.

The registered manager told us that the service had purchased touch screen tablets for people to use to access music and games. During our inspection, staff supported people to take part in planned and impromptu activities in the service and the local community.

We saw the service had received several compliment cards from relatives following their family member's stay at the service. These included, "Thanks for a lovely weekend. The [family members] had a great time. They did lots of good things and loved the chicken dinner on Sunday and are still talking about it." Another card read, "To all the staff who worked so hard getting the BBQ ready it was good time meeting old friends so thanks for a good BBQ." A care manager had written, "Pass on my thanks to Russell Street Staff who have provided [person's name] with fantastic support over the time [person's name] spent at respite."

People were supported to maintain relationships that were important to them. For example, a person told us how staff had supported them to make cakes for a visiting friend and how much their friend "liked" that they had done this. A relative told us that another of their family member's relatives was in poor health and found it difficult visiting their family member at the service. In order to maintain the relationship, they said staff supported the person to pay short visits to their relative. The relative said staff supported their family member to send cards on special occasions such as birthdays and Christmas.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Everyone we spoke with was confident the registered manager or another member of staff would listen to them and address any issues they raised. One relative told us, "Anything that I've ever had issues with I've managed to speak to staff about and it's been dealt with straight away."

Information about how people could complain, make suggestions or raise concerns was available throughout the service. This was also in an alternative format if people preferred to express their wishes in a different way. Staff had a good working understanding of how to refer complaints to senior managers for them to address.

We found that complaints were investigated and dealt with appropriately and thoroughly within the timescales stated in the complaints procedure.

Good

Is the service well-led?

Our findings

We received positive comments about the service from the people, visitors and staff. One person told us "I like it here. It's a good place to be. I've got my own space. Come and go as I want whatever time." A relative said, "[Our family member is] extremely lucky with the service. I've never had a moment of regret [about my family member moving to the service]. We appreciate all the care that's given to [my family member there].

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also registered to run another of the provider's services, Cambridge Supported Living Scheme, from the same address.

The registered manager understood 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 showed that notifications had been submitted to the CQC in a timely manner.

The registered manager was supported by a staff team that included senior support workers and support workers. Staff were clear about the reporting structure in the service. From discussion and observations we found the staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service. Throughout our inspection it was clear staff encouraged people to be as independent as possible. One relative commented that staying at the service had enabled their family member to be, "A bit more independent."

The staff we spoke with were familiar with the procedures available to report any concerns within service and how to escalate these within the organisation. They told us that they felt confident about reporting any concerns or poor practice to more senior staff including the registered manager. We saw that concerns were addressed and actions taken to bring about improvement in the service. Relatives said they felt listened to and were confident their views would be taken seriously.

The registered manager was approachable and supportive. A relative said, "[The registered manager] introduced himself. He sent a letter introducing himself and then we met him. He gave me his email address." A staff member said, "[The registered manager's] very approachable. If he's not here he's contactable. He does call you back. If I need him, he's here. A couple of weeks ago he came in at weekend and did a shift. Stuff like that matters." Staff had regular formal supervision and attended team meetings to discuss people using the service and any changes to the service.

The quality of people's care and the service provided had been monitored in various ways. This included formal reviews of care and more informal discussions with relatives. We saw the registered manager carried out a quality audit in June 2016 when they sent surveys to the relatives of people who receive a service. The responses were very positive and included comments such as, "We are very pleased with the way [our family

member] is cared for." Another relative commented, "The management and staff are very good." A third relative commented, "On the whole we are completely satisfied with the service offered."

The provider and registered manager completed audits to monitor the safety of the service and identify areas of improvement. For example, the registered manager and staff carried out regular maintenance and safety checks. They checked and recorded water temperatures, food storage temperatures, hot water temperatures and the home's fire safety systems.

We saw the registered manager and staff worked to improve the service. Staff told us that some staff had recently taken on the roles of "champions" which would help develop staff knowledge and promote best practice. The "champions" were for areas such as happiness and well-being, advocacy, memoirs and events, medicines, the garden and the senses. Staff told us they were encouraged to make suggestions about how to improve the care and support they offered people. The sensory champion told us they were going to develop a sensory room to provide a room with a calming and relaxing environment. Another member of staff was arranging to translate information into common languages used locally. This would help improve staff communication with people for whom English is a foreign language.