

Community Homes of Intensive Care and Education Limited

Cambria House

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

Cambria House is a residential care home for eight people with learning disabilities or autistic spectrum disorders. At the time of the inspection, seven people were living at the home. Accommodation is provided within a large detached house with communal areas, lounge, dining room and kitchen with a secure garden to the rear of the property and is located close to the town centre of Winchester. The service is not registered to provide nursing care.

There was not a registered manager in post. The previous registered manager had left the service the week before this inspection. The service had engaged a new manager and their application to become registered manager for this service was being processed by the Care Quality Commission. 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.

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

Why the service is rated Good.

There was a strong emphasis on enabling people to live their lives to the full and to be fully involved in all aspects of the care and support they received.

People had excellent community links and regularly enjoyed trips to the theatre, cinema, pubs and other local services. They were able to follow their own interests and hobbies and enjoy an active social life.

The service had taken appropriate steps to protect people from the risk of abuse, neglect or harassment.

People received their medicines safely. People's medicines were reviewed regularly by their GP and specialist health care providers.

People had access to health care and staff ensured that they saw specialists. For example, consultants, occupational therapists, dieticians, dentists and opticians.

There were enough suitable staff deployed to meet people's needs.

People's needs were assessed and care plans in place. People received appropriate care and support because care plans were detailed and responsive to their needs.

Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others.

Accidents and incidents were monitored and analysed and action taken to reduce risks.

Staff received induction, training and supervision that helped them to deliver good levels of care and support. Staff were trained in principles of care in relation to people living with a learning disability and specialised care of people who also lived with a physical disability.

People were supported to eat and drink according to their likes and dislikes.

Consent was sought, where possible. The service followed the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff displayed a caring attitude and were affectionate, empathic and kind. People in the service responded warmly to them. Staff understood how to support people to maintain their dignity and privacy.

People received care and support which ensured they were able to make choices about their day to day lives.

People were supported to engage in activity programmes both in the home and in the community.

People knew how to complain and there were a range of opportunities for them to raise concerns with the registered manager and designated staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains safe

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Outstanding ☆

The service is very responsive. The service provided exceptionally person centred care. People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs.

There was a strong emphasis on enabling people to live their lives to the full and to be fully involved in all aspects of the care and support they received.

People had excellent community links and regularly enjoyed trips to the theatre, cinema, pubs and other local services. They were able to follow their own interests and hobbies and enjoy an active social life.

Activities were innovative and met people's individual and complex needs and preferences. They were provided with varied and meaningful activities which enhanced their lifestyles.

There were arrangements in place for people to raise any complaints or concerns. These were taken seriously and investigated fully.

Staff were enthusiastic and passionate about supporting and understanding people's needs to help them to improve their quality of life.

Is the service well-led?

Good ●

The service remains well led.

Cambria House

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 24 January 2018 and was unannounced.

Cambria House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cambria House accommodates eight people in one adapted building. At the time of the inspection, seven people were living there. The inspection was carried out by two adult social care inspectors.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Before the inspection, we looked at information we held about the provider and home. This included their Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service. Providers are required to send us a PIR at least once annually to give us some key information about the service, what the service does well and improvements that plan to make. We also contacted two health and social care professional in relation to the care and support being provided at Cambria House.

During the inspection we spoke with the manager, the deputy manager, an area regional director, four care staff and an assistant psychologist for the service. We looked at the provider's records. These included four people's care records, four staff files, staff attendance rotas, audits, staff training and supervision records, accident and incident records, complaints and compliments, minutes from resident and staff meetings and a selection of the provider's policies.

Following our inspection we spoke with the family members of two people living at the home to seek their feedback / observations in relation to the care being provided to their relatives.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We last inspected the home in September 2015 where no concerns were identified.

Is the service safe?

Our findings

People told us the home was a safe environment in which to live. One person who was able to communicate with us told us, "I have lived here a long time and feel very safe and happy. The staff look after me very well. This is my home". Another person told us, "All the staff here are very nice. I feel very safe thank you". Relatives were confident their family members received safe care. One relative told us, "When (person) went to live there it was a very unsettling time for them but the staff have worked really well to keep them safe". A health and social care professional told us, "The care workers at the house are all personable and attentive characters and it seems that they have developed trusting relationships with the residents at the house".

The provider had taken appropriate steps to protect people from the risk of abuse, neglect or harassment. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. Staff told us they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions. People living in the service continued to be involved in the recruitment process. One person told us, "We ask questions at their interview show them around the house and chat with them".

There were enough skilled staff deployed to support people and meet their needs. We observed staff providing care and one-to-one support at different times during our visit. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staff told us there were enough of them to meet people's needs. The previous registered manager had carried out unannounced night visits to ensure both staff and people living at the service were safe. We viewed the records for the four previous visits in April, June, July and November 2017 where no concerns were identified. In addition night staff were required to send 'hourly' e mail service updates to the provider and on-call managers. The deputy manager told us, "We use the information to ensure staff are both safe and being vigilant whilst on duty. We also use the information to log patterns of behaviour. For example, where people living in the service are having disturbed sleep patterns or displaying behaviours that could escalate into the following day".

There were safe medicine administration systems in place and people received their medicines when

required. People's care plans outlined the support they required to take their medicines. Medicines were stored appropriately and temperatures maintained of the cupboard and the room in which medicines were kept to ensure a safe temperature was maintained. Records were maintained of medicines received into the home and disposed of. We looked at a sample of medicine administration records. We found no gaps in administration of the records viewed. Systems were in place to audit medicines which ensured any discrepancies were picked up and dealt with in a timely manner. Staff were trained and assessed as competent prior to administering medicines. They were reassessed annually to promote safe medicine practice.

Accidents and incidents were appropriately recorded and analysed to identify any trends. Accident and incident reports recorded in detail what had happened and the action taken. Post incident analysis was carried out to identify what had happened and why and whether the situation could have been dealt with in another way.

All follow up actions were noted and where necessary care plan or health and safety reviews took place.

There was a system in place to ensure people's finances were protected. The provider took responsibility for the security of people's money which was kept in a locked safe. We checked the financial transactions and money for three people and found these to be correct. People's financial records were accurate and up-to-date.

Staff supported people to keep the home clean and staff received training on the Control of Substances Hazardous to Health Regulations (COSHH). This training sets out standards for the safe storage of hazardous substances like cleaning products in working environments. We saw that cleaning products were stored securely. A daily cleaning schedule and night cleaning schedule were undertaken by staff along with a weekly and monthly schedule to ensure good hygiene standards were maintained. We saw that all actions were completed in a timely way such as replacing or repairing equipment and utilities as needed.

Risk assessments were in place for people who used the service and staff. Each risk assessment described the activity, details of the hazards and nature of the risk, who might be at risk, steps taken to reduce the risk, and whether any further action was required.

Environmental risk assessments were in place. They outlined risks to people, staff and visitors such as risks associated with moving and handling, medicine administration, driving the company vehicle, cooking and cleaning. Health and safety checks took place which promoted a safe environment for people. Food, fridges and water temperature checks took place and records were maintained. Utilities and fixed lighting were regularly serviced.

There were arrangements in place to deal with foreseeable emergencies. There was an up to date fire risk assessment and business continuity plan. Records were kept of regular checks and tests of the fire alarm, emergency lighting and fire safety equipment. Fire safety instruction and drills for all staff were recorded. People living at the service had Personal Emergency Evacuation Plans (PEEPs) in place. This meant appropriate information was available to staff or emergency personnel, should there be a need to evacuate people from the building in an emergency situation.

Is the service effective?

Our findings

People's care plans outlined their individual health needs and the support they require. People had a health file in place which showed people had access to other health professionals. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals together with the reason for the visit, the outcome and any follow up action required. Relatives told us they were informed of any changes in an individual's health, well-being, accidents and incidents. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used by people to take to hospital or healthcare appointments to explain to healthcare professionals how they liked to be looked after. A health and social care professional told us, "The staff at Cambria have mostly been effective in their approach to partnership-working and ensure that they share relevant information regarding the service user and their current needs. They have also responded to suggestions made about strategies to be used for managing the needs of the service user for example behavioural contracts, sitting down with the service user every day in a structured way to be clear about expectations, elicit his wishes and plans for the day ahead".

One person had a fear of hypodermic needles and their medical condition required regular blood tests to be undertaken to ensure their safety and wellbeing. Care plans evidenced that intensive support had been introduced in conjunction with the providers Positive Behaviour Support Team to help the person overcome their fear of 'needles'. Documentation we viewed highlighted the importance and aims of achieving a good outcome to ensure the persons wellbeing in their years ahead to manage and monitor a potential lifelong condition.

Staff were aware of their roles and responsibilities. They felt they had the required training to do their job. Staff training records demonstrated staff had received appropriate training for the needs of people who used the service, which included mental health awareness, autism awareness, positive behaviour support, equality, diversity and human rights and Strategies for Crisis Intervention and Prevention (SCIP). SCIP aims to minimise the use of physical interventions and emphasise sound behavioural support strategies based upon the supported person's needs, characteristics and preferences. Appropriate arrangements were in place for refresher training so that staff skills and knowledge was kept up-to-date.

Staff were positive about the induction they received and on-going training and support which embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Records confirmed staff had completed an appropriate induction when they commenced their employment and received on-going training to refresh their knowledge and skills. One staff member said, "The training and support is good and you can go to the manager or deputy as often as you need to". Another member of staff told us, "We have regular staff meetings, anything that needs addressing gets done straight away. I want to progress in my job and feel I'll be supported to do so".

There was a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual

supervision sessions and an annual appraisal. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare.

Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection three people living at the home were subject to a DoLS which had been authorised by supervisory body (local authority). The home had submitted further applications which had yet to be authorised by the local authority. The manager knew when an application should be made and how to submit one. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. A health and social care professional told us in relation to one person living at the home, "Mental Capacity issues seem to be clearly documented and due to the nature of the service this is an area of importance. We have worked together on determining restrictions on the service user that are proportionate and mitigate risks. These have been implemented".

People were involved in decisions about their food and supported to have enough to eat and drink. The dining room had enough tables and chairs for everyone to eat together if they wanted to. We observed lunchtime at the service and noted the food was cooked and prepared well and people enjoyed both the food and the social experience. They were chatting with staff, happy and smiling and the atmosphere was relaxed. Staff told us food choices were discussed during regular service user meetings and we were shown the pictures and cookery books used to help people make choices. People's likes and dislikes were recorded in their care records along with any special dietary needs. For example, one person had an intolerance to fruit.

People's views were sought about the design and decoration of the premises, people's rooms were individualised with different colours and decoration. People had arranged their rooms as they wanted them with their photos, pictures and possessions. The layout of the communal areas downstairs meant people were able to socialise, watch television or listen to music if they wanted to or could choose to relax in a quieter space if they wished. One person allowed us access to their room and wanted to show us how they had picked the colour scheme and added, "I picked the colours. I like them. I even helped paint the walls which was good fun". The rooms within the service were personalised to a high degree to people's choice and lifestyle. This was a positive aspect of the service for people during the inspection. For example, people had been consulted about things that were important to them such as floor coverings and décor.

Is the service caring?

Our findings

People we spoke with told us staff were caring and supportive. One person told us, "I like the staff, they are always kind to me and help me do the things I want to do like going into town or visiting my mum". Another person told us, "The staff here are really nice caring people. I have lived here a long time and staff have always cared for me well". One relative described it as a very caring home and told us, "The staff work well with (person). They know them well and the care and attention is brilliant". A health and social care professional told us, "Feedback to professionals and relatives is prompt and detailed. Relationships with residents are positive".

There was a calm and homely atmosphere at the service. Staff were patient and spoke with people in a calm, respectful manner. Staff were proactive in engaging with people and involving people in conversation before decisions were made. This ensured people's views were taken into account. Staff told us that some people preferred a set routine whereas others liked to choose on a daily basis. Staff recognised some people responded better when offered a limited number of choices and said there was no problem in anyone changing their minds about what they wanted to do at any time.

Some people living in the service had limited verbal communication. Staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. We observed good communication between staff and people living at the home and found staff to be friendly and caring.

Care plans described how people communicated and what different gestures or facial expressions meant. This information had been developed over time with key staff and in conjunction with people's families. Staff also asked families for information about people's backgrounds and interests to try and build as good understanding as possible of people's choices and preferences to enable them to provide care and support for people in line with their wishes and choices.

Staff promoted people's independence. Staff told us that they see their roles as enablers for people. When they spoke to us they displayed a caring attitude, they told us they gave people time to do things, they tried not to rush people. When appropriate staff calmly carried out the task for people to make sure they were calm and comfortable. For example, if people started to make a drink for themselves, but could not complete the task, staff made sure the person still got their drink.

Staff were able to describe ways in which people's dignity was preserved, such as making sure people's doors were closed when they provided care. Staff enabled people to have the personal space they required. Positive relationships had developed between people and staff. Staff knew people well and there was laughter and conversation which engaged people during the inspection. Staff were calm, reassuring and individually responsive to people at all times. Staff communicated with people using eye contact and appropriate language.

Staff were aware of what was important to people and were knowledgeable about their preferences, hobbies and interests. They had been able to gain information on these from the 'person centred care

plans', which had been developed through talking with people and their relatives. This information enabled staff to provide care in a way that was appropriate to the person.

Staff explained that all information held about the people who lived at the service was confidential and would not be discussed to protect people's privacy. Information about people was kept securely in the office and the access was restricted to staff. Staff understood their responsibility to maintain people's confidentiality.

Is the service responsive?

Our findings

Relatives and healthcare professionals told us Cambria House provided an exceptional level of person centred care. People had highly personalised care plans which ensured care was tailored to meet their individual and diverse needs. One healthcare professional said, "It's an outstanding service. They have so much going on all the time. People learn how live as if they were on their own but with staff support". We looked at three visiting Healthcare Professional feedback forms that had been completed after visits to the service between November and December 2017. Comments included, "Very relaxed environment. Professional staff and very helpful", "Staff were aware of my visit to (Person) and made sure they were ready and had put time aside to accommodate my visit" and "Great staff engagement with residents and staff have developed a good care plan for (Person)". A relative said, "When (Person) first went there to live they didn't settle and caused the home a few problems. The staff have worked really well to work with and support them. It took time but now they are so much more settled. His life really has been transformed because staff have gone that extra mile to support him".

There was a strong emphasis on enabling people to live their lives to the full and to be fully involved in all aspects of the care and support they received. Care plans were person centred and reflected what was important to each person. They contained detailed information about people's health and social care needs and these were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people. One care plan we viewed showed strategies relating to specific patterns of behaviour that had been assessed during a period of increased anxiety for one person. The person's anxiety was heightened through noisy environments. During these periods the person was offered 'ear defenders' to reduce noise levels and decrease anxiety. Staff told us and care records demonstrated how this had significantly reduced the impact on the person and there had been a reduction in the use of medicine to control their anxiety.

People were supported to access various activities within the local community. For example, one person was supported by the provider's assistant psychologist and had become involved with a local theatre company whose aims were to support people with learning disabilities through dance and theatre productions. Some productions were part of the Winchester Hat Fair where street artists performed in an interactive way. The person had created a Shakespearean actor in a performance called 'MisTrips' and initiated acting scenes with members of the public. This led to the production being performed at the Winchester college's garden party with further performances as part of the Mayor of Winchester's 'Old time music hall'. Further productions of 'Around the world in 80 days' and 'It's a wonderful life' promoted their well-being and friendship circles with other cast members. This had helped to increase the person's confidence and enabled them to undertake a 'sky-dive' supported by staff raising over £1600.00 for a national charity. The person was proud to show us a video of the sky-dive and told us it had been a positive impact on their life as well as their stage performances. They told us that following this sky-dive they had celebrated their achievement by talking about it at the Choice Care Group East Regional Event in Bracknell in September 2017. This event was open to family, friends and care managers of all of the service users within the East Region and was another achievement for them. They added, "Staff here understand me and have helped me to have the life I want to have. Without their support, patience and faith in me it wouldn't

have been possible. I also visit other homes as a 'quality auditor' for the company to make sure they are all good and I am part of their quality team. I help to produce reports to help other services improve and I have attended company board meetings to do presentations about my work".

Social interaction and community acceptance was important and opportunities to access and integrate into the local community was a priority. One staff member told us, "People are encouraged to socialise and take part in community events. We have people that we support who are involved in theatre, football, attending day centres and a local gym to ensure they are interacting with people outside of the house". One person told us how they were supported to attend activities away from the home. These included pottery classes, jam making and tending to their own 'plot of land' where they grew vegetables. They were also supported to arrange and host their own birthday celebrations at a local pub which gave them a sense of 'pride' and 'achievement'. They told us, "I also go to Southampton regularly to attend a nightclub. I enjoy dancing and meeting friends and really like going. The staff come with me which is great. They let me do my own thing but are there if I need them which is good. I also play five a side football every week at the sports centre. Staff come along and support me. We are doing well and top of the league".

People continued to be given opportunities and encouraged to participate in highly individualised, flexible activities and the service delivered care and support in a way that met people's needs and promoted equality. Arrangements for activities were innovative and people were provided with varied and meaningful activities which enhanced their lifestyles. People's preferences, needs and abilities were considered when providing all activities. The activities plans were developed with individuals. People told us they had plenty to do and were busy all the time. Two people were supported by staff to deliver newspapers each week for a local company. One person told us, "Staff supported me when I applied for the job. I have been doing this now for about a year and enjoy it. Staff come with me but I do all the work. My aim is to get into full time employment and I know the staff will support me when the time comes along".

People were protected from the risk of social isolation. People told us staff recognised the importance of friendship and maintaining relationships with their families. People told us they were able to and were encouraged to keep in contact with families and friends. One person told us, "I always wanted a girlfriend but until I came here I could never keep a relationship going. I now have a girlfriend and staff support me to keep in regular contact with her and attend events together like going to the pub, dates and going out". A member of staff told us, "This has given (Person) the opportunity to establish a stable female attachment beyond staff and has increased his confidence and self-esteem". A relative told us how they were able to maintain contact with their family member either by visiting them at Cambria House or by staff accompanying their family member to the family home. They said without the responsive support from staff it would be difficult to be as involved in their family member's care. Relatives were extremely appreciative of the support and effort provided by management and staff.

Staff felt the care plans were informative and provided clear guidance in how to support people. Records included information about people's life history, interests, individual support needs and details such as food preferences and what was important to the person. People's care plans and risk assessments included specific plans for their health conditions, such as behaviours that challenged and how to support them if they became unwell. Records showed people's changing needs were promptly identified and kept under review. Staff were aware of people's needs and worked hard to meet them in a comfortable, relaxed atmosphere that people enjoyed, as demonstrated by people continually laughing and smiling throughout our visit

Discrimination was understood by the manager and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity with regard to the nine protected characteristics such as disability and race. Staff training covered these principles.

The service ensured people had access to the information they needed in a way they could understand it and are complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had detailed communication plans tailored to their individual needs. There was excellent communication between staff and people who understood each other very well. The home used a variety of methods to provide information and communicate to people and this included photographs, symbols, easy read documents, social stories and simple written text.

Staff were sensitive towards people's emotional needs and they used creative methods to enhance people's social interaction. For example, one person who moved to Cambria House was anxious about making friends and was at risk of isolation. The person was frightened and on occasions displayed behaviours that may have challenged others. Over a short period of time staff worked with the person with great patience and built up a positive and trusting relationship with them. A member of staff said: "He has moved on now and is doing really well, he was really worried at first but he has achieved so much and he made new friends".

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. There had been 12 complaints recorded since our last inspection in September 2015. Complaints had been appropriately investigated by the registered manager. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the manager directly. One relative said: "I don't need to complain about anything, I have trust they are doing this right".

Is the service well-led?

Our findings

There was not a registered manager in post at the time of our inspection. The previous registered manager had left the service the week before this inspection. The service had engaged a new manager who had taken up this role two days before our visit. Their application to become registered manager for this service was being processed by the Care Quality Commission.

People and their relatives described the management of the home as open and approachable. One person told us, "I get on with everyone here and they get on with me. It's good". Another person told us, "I enjoy living here. The staff are great and the new manager is ok too. I like the deputy manager he makes me laugh and is very supportive". One relative told us, "I would recommend the home to anyone, the management is excellent". Another told us, "Staff and management are very approachable and willing to listen. Nothing appears too much trouble".

Health and social care professionals commented staff provided person centred care that was focussed on the needs of each individual. The service worked closely with healthcare and social care professionals, including the local Community Mental Health Team (CMHT).

There were a variety of auditing and monitoring systems in place. Regular health and safety audits were completed at appropriate frequencies. The manager completed a monthly report on areas of care such as complaints and accidents and incidents. Additionally they completed more frequent random audits on all aspects of the service such as medicines and care plans. The provider had a quality team which completed random audits a minimum of once a year. Senior management visited the service regularly and checked various aspects of the care provided. Reports for all quality assurance visits were produced and any issues highlighted to the registered manager for action. These were checked at the next audit to ensure progress had been/was being made.

People's care records were kept securely and confidentially, in line with the legal requirements. People's records were of good quality, detailed and reflective of their current individual needs. They informed staff how to meet people's needs according to their preferences, choices and best interests. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were accurate and up-to-date. The latest inspection ratings were displayed appropriately and the manager could explain the principles of promoting an open and transparent culture in line with their required duty of candour. Staff described an open culture and felt confident they could raise concerns if necessary. The provider had a clear vision and set of values, such as promoting peoples independence, which staff aspired to and achieved.

People could comment on how they wanted to be supported by a variety of systems which met their communication needs. People's wishes were reflected in their care plans and in improvement plans for the service. People had the opportunity to influence and develop the service they received such as how the home was decorated and which staff supported them.

There was a culture of learning and improvement. The previous registered manager had reviewed incidents in order to identify if adverse events could be prevented from happening again. Staff were regularly encouraged to give their views of the service and how it could be improved.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records for August, September and November 2017 which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

People told us they regularly attended 'service user meetings' where they discussed menu planning, healthy eating, community activities, in house activities and special events such as Christmas and Halloween. We looked at the records for meetings held in between September 2017 and January 2018 and found that meetings were well attended with the views of the people listened to. One person told us, "The meetings are ok. We discuss how we want to live here, what we want to eat and do and also anything we are not happy with. We don't have to wait though. If we are not happy we can always talk to staff".

The provider sought the views of people living at the home, relatives, staff and care managers annually through their Quality Assurance Review. We looked at the review dated 20th July 2017. Feedback from people receiving care were mostly positive and people felt they were cared for by staff who were caring, who listened to them and who made them feel safe. Relative's comments indicated staff were respectful, caring and very supportive in maintaining the relationships between them and their loved ones. 92% of staff enjoyed working at Cambria House and 94% of staff felt they had opportunities to develop their careers with the provider. One staff member commented, "Our guys live in a homely setting where they feel safe as much as staff can implement. They also have the opportunity to express themselves and be comfortable in their own space". However one member of staff commented, "I sometimes feel they (senior management) focus too much on the negative. I think it is important for them to recognise the good work we do and praise us for it". One care manager commented, "My service user has become more independent and accesses many community venues with staff support. They appear to treat people in a way that shows respect and offer them dignity in all aspects of their care".

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The previous registered manager had ensured that notifications of such events had been submitted to CQC appropriately.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the CQC if they felt it necessary.