

Cambian Healthcare Limited

# Cambian - Eversley House

## Inspection report

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Date of inspection visit:  
01 February 2017

Date of publication:  
01 March 2017

## 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

This inspection took place on 1 February 2017 and was unannounced. At our previous inspection in June 2016 we rated this service at Good.

Eversley House provides accommodation and personal care to up to five young people who may have a mental health diagnosis. At the time of this inspection two people were using the service.

There was a manager in post who was in the process of registering with us. 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.

People were being safeguarded from abuse as staff and the management followed the local safeguarding procedures if they suspected someone had suffered potential abuse.

Risks of harm to people were assessed and action was taken to minimise the risks through the effective use of risk assessment. Staff knew people's risks and followed their risk assessments.

There were sufficient suitably trained staff to keep people safe and meet their needs in a timely manner. Staff had been recruited using safe recruitment procedures to ensure that were of good character and fit to work with people who used the service.

People's medicines were stored and administered safely by trained staff.

The principles of The Mental Capacity Act (MCA) 2005 were being followed as the provider was ensuring that people were consenting to or when they lacked mental capacity, were being supported to consent to their care.

Staff told us and we saw they had received training and were supported to be effective in their roles.

People were supported to maintain a healthy diet dependent on their individual preferences. People received regular health care support and were referred to other health care agencies for support and advice if they became unwell or their needs changed.

People were treated with dignity and respect and their right to privacy was upheld.

Care was personalised and met people's individual needs and preferences. Staff were responsive to people's changing needs and supported people towards achieving their own level of independence.

People were encouraged to access hobbies and activities of their choice within the home or community.

The provider had a complaints procedure and people's complaints were taken seriously and acted upon.

There were systems in place to monitor and improve the quality of service.

## 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 protected from the risk of abuse as staff knew what to do if they suspected someone had suffered abuse.

Risks to people were assessed and staff understood how to keep people safe.

There were sufficient numbers of suitably trained staff available to keep people safe.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

The provider was working within the principles of the MCA.

People were offered food and drinks of their liking and were encouraged to eat sufficient amounts to maintain a healthy diet.

People received regular health care support.

Staff were supported and received training to be effective in their role.

### Is the service caring?

Good ●

The service was caring.

People who used the service were treated with dignity and respect.

People were supported to be as independent as they were able to be and their right to privacy was risk assessed and respected.

### Is the service responsive?

Good ●

The service was responsive.

People received care that met their needs and reflected their individual preferences.

There was a complaints procedure and people knew how to complain.

### Is the service well-led?

Good ●

The service was well led.

There was a manager in post who was registering with us (CQC). Staff we spoke with found the manager supportive and approachable.

The provider had systems in place to monitor and improve the quality of the service.

People's feedback on the service was regularly sought.

# Cambian - Eversley 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 1 February 2017 and was unannounced and was undertaken by one inspector.

We looked at notifications the manager had sent us of significant incidents. Statutory notifications include information about important events which the provider is required to send us by law.

We spoke to one person who used the service and one relative. We spoke with the manager and three members of the care staff team.

We looked at the care records relating to two people who used the service, rotas, two staff recruitment files and the systems the provider had in place to monitor the quality of the service.

# Is the service safe?

## Our findings

People who used the service were protected from the risk of abuse as staff knew what constituted abuse and what to do if they suspected someone had suffered abuse. A member of staff told us: "I know who to contact if I suspect something has happened. The contact numbers for the local authority safeguarding board is in the office. We are also currently being shown how to complete a CQC notification too". We saw records that confirmed that the manager had reported incidents of potential abuse to the local authority and conducted internal investigations to ensure people who used the service were safe whilst the safeguarding investigation was carried out.

Risks of harm to people were assessed and plans were put in place to minimise the risks. A relative told us: "The staff try their best to keep my relative safe, it's not always easy." We saw when an incident occurred that put a person at risk, the person's risk assessment was updated and the information was shared with staff. Staff we spoke with told us there was a handover at the beginning of every shift which updated them with any changes to people's plans of care. Sometimes people who used the service became anxious and aggressive towards themselves and others due to their mental health needs. We saw there were clear and comprehensive plans to support staff to care for people at these times. Staff recorded any incidents in detail to ensure that the appropriate action could be taken to minimise the risk of the incident occurring again. There were times when the incidents led to an external agency becoming involved such as the person's relevant health care professionals or the safeguarding team. We saw that the appropriate support was gained in a timely manner when a person put themselves and others at risk of harm.

People's medicines were managed safely. We saw that medicine was stored in a secure environment and administered by trained staff. New staff were observed by a senior member of staff on four occasions before being deemed as competent to administer medicines alone. Permanent staff also had regular medication observations completed to ensure they remained competent. We saw that an incident of poor medication practise had been investigated by the manager through the provider's disciplinary procedures. Medicines were counted and checked twice daily to ensure that they balanced and that people had their prescribed medicine. We discussed with the manager that protocol for the use of 'as required' (PRN) medicine would support staff to recognise when people may need their PRN when they were unable to ask for it. The manager put in place the PRN protocol immediately after the inspection.

Staff told us and we saw that there were sufficient staff to keep people safe and meet their individual needs. One staff member told us: "The staffing is quite good at the moment; we usually have three of us on to support two people and two staff at night." We looked at rotas which confirmed that safe staffing levels were maintained at all times. One person required regular observations to maintain their safety and we saw that the staff maintained these observations throughout the inspection. People who used the service had staff available to support them within the home and in the community when they required them.

We looked at the way that new staff were recruited into the service and found that staff employed by the service had been checked for their fitness to work with people who used the service. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national

computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant.



## Is the service effective?

### Our findings

People who used the service were generally being cared for at the service within the 'Looked after Children's' legislation. However, when people turned 18 the provider was required to consider whether the principles of The Mental Capacity Act 2005 (MCA) applied. The 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.

The manager and staff demonstrated an understanding of the MCA and the Deprivation of Liberty Safeguards (DoLS). They were currently in discussions with the local authority about one person whose needs had changed and may be subject to a restriction of their liberty. 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. This meant the provider understood and worked within the principles of the MCA 2005 and DoLS procedures.

People were supported to eat and drink food of their liking. One person told us: "I went out and tried squid the other day, it was ok." A member of staff confirmed that the person had been out to a Chinese restaurant and had tried lots of different Chinese foods. One person who used the service chose a specific diet and was also intolerant of some foods. We saw appropriate food was available in the service for this person. Staff discussed the menu for the week with people every weekend and they chose what they wanted. People were then encouraged to go and shop for the food and staff supported people to cook their meals as much as they were able to. We saw one person had been refusing to eat for a short time due to being low in mood. The staff had supported the person to see their GP for advice and the person was now eating again.

People received regular health care support. People's mental health needs were kept under regular review with the support of the individual's health care professionals. The provider also had their own psychologist and occupational therapist who supported staff to care and support people depending on their individual needs. On day of the inspection one person was supported by the staff to see their GP as they had been unwell.

Staff we spoke with told us they felt supported to fulfil their role. One staff member said: "I have had lots of training and I have supervision with a senior about every month". Staff received a wide range of training specific to the needs of people who used the service. This included the safe application of physical intervention, safeguarding and medicine administration. A newly recruited team leader told us they were going to be attending a 'team leader' development day. This was designed to support the team leaders to be fully effective in their role.

## Is the service caring?

### Our findings

People were given choices and encouraged to have a say in how their care was delivered. There were regular meetings for people where they discussed and agreed house rules, ideas for activities and menu planning. Where people were able to be they were involved in writing their own care plans. A member of staff told us: "I'm going to sit with [person's name] and discuss what helps them calm down when they are anxious. Then I'm going to put together a picture booklet for them to use to remind them of the strategies they said worked." The staff member us a showed booklet that had been completed for a previous person who used the service and they told us how they could adapt it. This showed that staff were caring about the people they supported and involving them in their own care.

A relative told us: "The staff are very good". Staff we spoke with talked kindly about the people they cared for. They expressed empathy and understanding of people's needs. One member of staff told us: "When [person's name] used to be on a one to one I used to say to them, just because I'm here, you don't have to engage me with me if you don't want to." This showed that this staff member understood that the constant supervision, although necessary may have felt intrusive. This meant that the staff were considering the person's feelings.

We observed staff chatting with one person who used the service about going out. The person told us the staff had taken them out for a Chinese meal and they had enjoyed it. The person asked the staff member if they had had a nice birthday and it was obvious that the person had developed a friendly relationship with the staff.

People had their own rooms where they could choose to spend time if they wished. Staff we spoke with told us how they tried to be as unobtrusive as possible when making safety checks on people. When people required observations for their own safety, we saw private time in the bathroom was risk assessed to ensure they were afforded that time safely. A member of staff told us how they discreetly waited outside a person's room as the risk assessment stated. This meant that people's right to privacy was being respected.

## Is the service responsive?

### Our findings

People who used the service received care that met their individual needs and preferences. People's needs were assessed prior to admission into the service and care plans, life skill goals and risk assessments were implemented to inform staff what support people needed in their day to day life. Regular review meetings took place to ensure that people were progressing towards their goals and that they were receiving care and support that reflected their current care needs. When people's needs changed we saw that their care records were up dated and the information passed on to the staff. Staff told us that they had a daily handover of information which informed them of any changes in people's needs.

People received care that reflected their individual preferences. Staff we spoke with knew people well and knew their likes and dislikes and their preferences were respected. For example, we saw that people attended different social and educational outings dependent on their needs. We saw people had an occupational therapist who worked with them and the staff to agree activities that met people's individual needs. One person attended college, whereas the other person was involved in daily living skills such as shopping and developing their independence.

We saw that staff promoted and respected people's equality and diversity. Each month a diversity calendar was updated on a board in the lounge area. We saw that February was lesbian, gay, bisexual, and transgender history month and there was information about this on the board. It also had information about world cancer day and Valentine's Day. A member of staff told us: "We try and do something that promotes whatever is going on at the time, for example we went to China town in Manchester last week as it was the Chinese New Year. We went for a Chinese meal". A person who used the service confirmed they had been to Manchester and tried different Chinese foods.

There was a complaints procedure and people knew how to complain. One person who used the service had complained that the service had run out of their preferred food type. We saw that the manager had recorded the complaint using the formal process and had responded in writing. They had offered a solution to the issue and we were told that the person was happy with the outcome. A relative told us: "When there was an issue with my relative's one to one staffing not doing what they should, the manager dealt with it very swiftly". This meant that people's concerns and complaints were taken seriously and acted upon.

## Is the service well-led?

### Our findings

Since the previous inspection the registered manager had left the service. The service was being managed by an operations manager who was applying to register with us (CQC). A relative told us: "The new manager is very good they try and help me liaise with the other agencies involved in my relatives care".

Staff we spoke with told us they felt that things had improved recently and that they found the manager to be supportive and approachable. A member of staff told us: "The morale is much better, the manager is very supportive both at work or if you have personal issues". Staff received regular support, supervision and training to support them in delivering good quality care for people. On the day of the inspection there was a team meeting and we saw there were regular meetings that took place for all staff and people to discuss ideas to improve the quality of the service.

The manager had sent us notifications of significant incidents as they are required to do. We saw records that confirmed that they were open and transparent with other agencies when there had been incident/accidents that had resulted in potential harm to a person. When issues required action to safeguard people, we saw the manager followed the provider's disciplinary procedures in managing staff to keep people safe.

We saw that there were systems in place to monitor the quality of the service in the form of quality checks and audits. These included health and safety, medicines and infection control audits. On the day of the inspection a team leader was checking the first aid equipment was available throughout the service. The operations manager told us that the provider had recently arranged for an external quality audit to be completed of all their services.

Feedback on the service was sought from people who used the service, their relatives and visiting health professionals. Staff were offered anonymous feedback forms so they could share any concerns anonymously. The feedback forms we saw had positive feedback recorded so it had not been necessary to take any action following the receipt of the completed forms.