

Cambridgeshire County Council

Cambridgeshire County Council - 6 St Lukes Close Huntingdon

Inspection report

6 St Lukes Close
Huntingdon
Cambridgeshire
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Tel: 01480456941

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected the service on 24 November 2017. The inspection was unannounced.

Cambridgeshire County Council - 6 St Luke's Close Huntingdon is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Cambridgeshire County Council - 6 St Luke's Close Huntingdon provides respite care and support for up to six people with physical and learning disabilities. Nursing care is not provided. People use the service for varying lengths of time such as overnight and weekend respite visits throughout the year. There are external and internal communal areas for people and their visitors to use. There were six people using the service when we visited.

At the last inspection on 19 August 2015, the service was rated Good. At this inspection we found the service remained Good.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated Regulations about how the service is run.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

People receiving respite care in the service were assisted by staff in a way that supported their safety and that they were treated respectfully. People had health care and support plans in place to ensure their needs were being met. Risks to people were identified and plans were put into place to enable people to live as safely and independently as possible.

There were sufficient numbers of safely recruited staff available to meet people's care and support needs. Medication was safely stored and administered to people.

There was a friendly, relaxed atmosphere and staff were kind and attentive in their approach. People were provided with food and drink that met their individual needs and preferences.

Staff were trained to provide effective care which met people's individual needs. The standard of staff members' work performance was reviewed by the registered manager through supervisions, spot checks

and appraisals.

The registered manager sought feedback about the quality of the service provided from people and/or their relatives, staff and visiting health professionals. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified, actions were taken. Learning from incidents were discussed at staff meetings to reduce the risk of recurrence.

Records showed that the CQC was informed of incidents that the provider was legally obliged to notify us of.

Further information is in the detailed findings below

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 remained Good

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good

Is the service responsive?

Good ●

The service remained Good

Is the service well-led?

Good ●

The service remained Good

Cambridgeshire County Council - 6 St Lukes Close Huntingdon

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 checked 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 November 2017 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. The registered manager returned the PIR and we took this into account when we made judgements in this report.

During our inspection we spent time observing how staff provided care for people to help us better understand their experiences of the care they received. We spoke with six people who were receiving respite support in the service, three relatives, two senior carers, two support workers and a visiting professional.

We looked at four people's care records and records in relation to the management of the service and the management of staff such as recruitment and training records. We looked at records relating to the management of risk, care and support, medicine administration, two staff recruitment files, training files and systems for monitoring the quality of the service.

Is the service safe?

Our findings

Not all people we met were able to tell us about their experiences whilst using the service. However, we observed that people were safely assisted with their mobility. One relative we spoke with said, "The staff provide really good care and I feel that [family member] is safely supported when they stay at St Luke's."

There were effective safeguarding guidelines and policies in place. Staff were aware of their roles and responsibilities in relation to protecting people from harm. Staff continued to receive safeguarding training and were aware of the procedures to follow. They told us they would not hesitate in raising any incidents or concerns regarding any allegations of harm with the registered manager or the local authority safeguarding team. One member of staff said, "I would be confident in reporting it to my [registered] manager without any hesitation and feel that they would deal with any concerns properly." This showed us that there were processes and procedures that helped keep reduce the risk of harm to people.

Records demonstrated that risks to people were identified and measures were put in place to reduce these risks such as those for mobility, challenging behaviours, medicines and nutrition. Referrals to manage any identified risk had been made to relevant care professionals where this was necessary such as a change to a person's mobility needs. We observed that staff were proactive in reducing the risks to people. For example, we observed staff moving obstacles so that people could mobilise safely and navigate their way around the service.

There were sufficient numbers of staff to meet the needs of the people staying at the service. During our inspection there were six people staying at the service and there were three staff on duty. Staff told us, and records showed that the number of staff on duty varied depending on the number and needs of the people staying at the service. Staff told us that staff absence was usually covered by the organisation's bank staff. Occasionally staff from the provider's nearby service also provided staff cover. These staff also knew the people staying at the service.

Staff only commenced working when all the required recruitment checks had been satisfactorily completed. Staff recruitment was managed in conjunction with the registered manager and the organisation's personnel department. Staff confirmed that they had supplied the required recruitment documentation prior to commencing working at the service. New staff had completed an induction and shadowed more experienced staff so that they had an understanding and felt confident about how to provide the required care and support.

We saw that people continued to be safely supported with the administration of their medicines. There were appropriate systems in place to ensure people received their medicines safely. Staff told us they were trained and that their competency for administering medicines was checked regularly. We found that medicines were stored securely and at the correct temperatures and administered in line with the prescriber's instructions. Appropriate arrangements were in place for the recording of medicines received and administered. Where people administered their own medicines this was recorded in their care plan.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and regular training for staff. Food stored in the refrigerators had the opening dates clearly recorded. Staff had access to personal protective equipment such as gloves, aprons and hand gel. The service was clean and there were no concerns in relation to infection control.

Incident forms were looked at by the registered manager. This was for any incident or near miss which staff had reported. There were arrangements in place to liaise with the appropriate authorities if things went wrong. Staff demonstrated that they understood their responsibilities to raise concerns whenever this was required. Any actions taken were documented as part of the services on-going quality monitoring process to reduce the risk of the incident reoccurring. There were no current trends identified. This showed us that the provider had systems in place to monitor the quality of people's safety whilst receiving care at the service. Systems were in place to respond to any safety alerts such as those for medicines and equipment people used if this was ever required.

Is the service effective?

Our findings

Observations showed and records told us that external health and social care professionals visited the service. They worked with staff to monitor and promote people's well-being and on-going care, without discrimination and in line with legislation and guidance. A social worker from the local authority was visiting a person regarding their mobility needs. They told us that the staff had been helpful and professional and provided them with good information.

Staff told us they continued to receive a range of training to ensure they could meet the needs of people and provide them with effective care. Staff confirmed they received updates/refresher training sessions to ensure their training was kept up to date and this was confirmed in the training records that we saw. Staff had completed the Care Certificate (a nationally recognised qualification for care staff) as part of their induction. Part of staff's training included equality and diversity. We saw that all people were treated equally and that discrimination was not tolerated. Staff told us that there was an ongoing programme of supervision and appraisal to ensure that their performance and development was monitored. Staff confirmed that they felt supported and could raise any concerns with the registered manager and senior staff.

People's independence was promoted by skilled and knowledgeable staff who supported and encouraged people to use appropriately assessed equipment to support their mobility needs. Observations showed that this was done in a respectful, unhurried and kind manner. We saw that staff explained what they were about to do and waited for the person's consent before carrying out the task. One person said, "The staff are really nice to me and they are kind and cheerful."

People's care records contained detailed guidance for staff about how to meet the person's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including: their likes and dislikes, communication needs, activities, personal care and daily routines. The care plans were written in a person-centred way to meet people's individual preferences.

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. Staff offered people support with preparation of meals and drinks to maximise each person's independence. For example, we saw staff assisting a person through the process of making a drink. A meal plan was displayed in the kitchen, it was very varied, included healthy options such as vegetables and fruit and a choice of main course. Staff told us, "We have meetings with people to decide on meals they would like and we use pictures and photographs of food and meals so that people have a chance to choose." One person said, "I sometimes help with cooking the evening meal and enjoy the cake baking sessions." A relative told us, "My [family member] likes to be involved in cooking and they like the meals at St Luke's."

Staff told us that they supported people to have access to dietitians and speech and language therapists to discuss any issues regarding nutrition and any concerns regarding people's eating and drinking. Staff proactively responded to people's healthcare needs and accompanied people to appointments and also telephoned the local GP surgery for advice when required. We met a social worker from the local authority

who was visiting a person in the service. They told us that the staff had been helpful and provided them with useful information regarding the person's mobility issues.

The staff were in regular contact with care managers from the local authority to monitor any changes to people's circumstances or support needs so that they could be supported at their next respite stay at the service.

There were separate health care records in place which included visits from or to health care professionals. People had access to health care professionals such as a GP, physiotherapist and speech and language therapist. This was planned to help people to be involved in monitoring their health. However, when a person was unwell they did not usually come to the service for a respite stay. A relative told us, "The staff will contact a doctor if my relative is unwell." This showed us that there was an effective system in place to monitor and respond to people's changing health care needs and that people were being supported to access health care professionals to ensure that their general health was maintained. Our observations and discussions with staff showed that they were knowledgeable about people's individual support and care needs. One member of staff told us how they needed to carefully prepare food for a person to minimise the possibility of them choking.

The service had equipment to assist people where required such as overhead tracking to hoist people when required. Bedrooms were furnished to meet people's needs whilst staying for respite. People could bring their own possessions if they wished to make their stay more comfortable and pleasurable. Observations showed that people had access to the gardens and the garden activities room when they wished. Two bedrooms were ensuite with a shower. There were communal bathrooms and toilets that people could use. Systems were in place for situations if equipment broke down or became unsafe such as alternative showering arrangements. This enabled people access to a shower to use during their respite stay.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Systems and processes were in place to monitor and review people's mental capacity should any change in a person's capacity to make decisions change such as a change in health status. Staff demonstrated to us their understanding of the MCA 2005 and DoLS and as a result of this they were able to support people to make their own decisions. A staff member told us, "You must never assume a person lacks mental capacity unless proven otherwise...You can make decisions in [people's] best interest, what is right for that person." This showed that people would not have their freedom restricted in an unlawful manner.

Is the service caring?

Our findings

One person said, "I really look forward to coming to St Luke's and the staff are very nice." Not all of the people we met during our inspection were able to tell us about the care and support they received due to their complex needs. However, we saw that there was a friendly and attentive rapport between staff and people using the service. People were being assisted by staff with personal care and making arrangements for the evening meal.

A relative told us, "My [family member] is very happy at St Luke's and they look forward to their stay. I have no concerns." A second relative said, "They know my [family member] really well and how to support them - communication is very good with the staff and they keep informed of any changes to their family members care by the staff." We saw that the people staying at the service and their relatives interacted in a friendly and positive with the staff. A third relative said, "I am always made to feel very welcome by the staff and they support my [family member] very well." We saw staff enthusiastically assisting and welcoming people who arrived for their respite stay. They helped them to unpack and feel comfortable with their room and encouraged them to join others in the kitchen for a cup of tea.

We saw that staff asked people about their individual choices and were responsive to that choice. People were able to bring personal items so that they could enjoy their respite stay in the service. Staff told us how they engaged with people who were unable to communicate verbally to make choices. They said that this was done by listening to a person's answer, and understanding what a person's body language and facial expressions were telling them. We saw staff assisting one person who was blind so that they could safely and happily navigate their way around the service. We saw that staff were aware of individual people's body language and any sounds that they made which showed whether the person was happy or not. Staff reassured people to help alleviate any worries the person may have had. We observed a member of staff reassuring a person who had arrived for their respite stay in the service and it was evident that they understood and responded to the person's anxieties.

We observed that staff spoke with people in a kind and attentive way and they respected their privacy and dignity when providing personal care making sure that bedroom and bathroom doors were kept shut. People were also encouraged to be involved in making decisions and staff used visual prompts to encourage participation including pictures of meal choices. We saw that members of staff included people in conversations, such as talking about forthcoming events. We also found that staff were given the time they needed to undertake their training to help ensure they were provided with the skills to deliver care in a compassionate and personal way.

A relative we spoke with told us that the staff were kind, caring and compassionate. Another relative told us, "The staff know my [family member] really well and understand how to care and support them – we are very thankful for the respite care that is provided." No one receiving respite support at the service currently had a formal advocate in place but that local services were available when required.

Staff members were enthusiastic about the care and support that they provided and talked with warmth

and affection about the people using the service. One staff member told us, "I really enjoy working here and it is a supportive team." We saw staff speaking with people in a kind and caring manner and explaining what they were doing whilst providing assistance. Staff knocked on people's bedroom doors before entering. This demonstrated that staff respected the rights and privacy needs of people.

We saw that people were able choose where they spent their time and could use the communal areas within the service and in their own bedrooms. People were able to bring their personal possessions to enjoy during their stay at the service to meet their preferences and interests.

Is the service responsive?

Our findings

An initial assessment of people's care and support needs had been completed prior to them using the service. This ensured as much as possible, that each person's needs were able to be met. One person said, "They know me and the things that I like and dislike." Staff told us that they found the care plans to be clear, up to date and provided them with sufficient information so that they could deliver the required care and support.

There was a variety of care and support documentation in place covering aspects of each person's assessed care needs. The care plans we looked at were written in a 'person centred' style to show the person's care and support preferences. Information was also included to cover any person with a disability such as sight impairment. Examples included any medical needs, eating and drinking preferences, activities, significant relationships, daily tasks, communication needs, personal care support needs and mobility needs. There were guidelines for staff to follow so that they were able meet the person's assessed needs, preferences and personal support requirements.

People could choose what they wanted to do whilst receiving respite care. Choices available to people included choices of meals and places they wanted to visit such as local shops and cafes. This was in addition to maintaining contact with their friends. People also had access to 'in house' activities which included computer based games, cooking sessions and board games. A relative told us, "My [family member] enjoys and looks forward to their stays at St Luke's throughout the year."

Care plans were up to date and continued to be regularly reviewed to ensure that people's needs were being met and were up to date and any changes were responded to and documented. This included changes to a person's eating and drinking guidelines in conjunction with a speech and language therapist's advice. We saw that there were systems in place to assist any person with a disability to communicate effectively and share information which the person had consented to. A relative told us that they felt involved with their family member's care and support and were contacted regarding any changes to their family member's care and support needs.

People had access to technology in the service to assist them when needed. For example there was overhead tracking fitted in two rooms so that people could be safely assisted with being hoisted whilst receiving personal care.

People had a specified number of respite days which they could use throughout the year. The majority of people spent between one to five days at the service. However, it was noted that at times two people had been living in the service for some months which impacted on the amount of available spaces for other people wishing to use the service. One relative told us that this had meant that some of their family members respite stays had been cancelled.

We saw that people had opportunities to pursue their hobbies and interests. One person told us that they enjoyed going out shopping and cooking. We saw that people were able to use the communal areas of the

service and to spend time in their room if they so wished. We saw people and staff happily socialising in the kitchen and discussing the evening meal arrangements. Staff told us that they assisted people to go out in the local community such as visiting shops and local cafes. This demonstrated to us that people had opportunities to go out into the community and take part in their individual social interests.

Relatives we spoke with said that they were confident that any concerns or complaints they may have would always be promptly dealt with. The relatives we spoke with were complimentary about the service and did not raise any concerns. One relative said, "The manager and staff deal with any concerns or issues that I may have very promptly." Another relative told us that they knew how to raise concerns and said, "I can always raise any issues and make suggestions and I feel listened to."

There was a complaints policy and procedure displayed in the service which was also available in a format so people could access it and use it themselves if they wanted to. A complaint recording log was in place and there was evidence of correspondence to resolve concerns that had been raised by a complainant.

People had their end of life care wishes recorded as part of their initial assessment when this was appropriate. The registered manager confirmed that where end of life issues arose they had been involved with appropriate services including the person's GP. The staff also liaised with people's families regarding their family member's end of life wishes.

Is the service well-led?

Our findings

The rating from the last CQC inspection that was carried out on 19 August 2015 was displayed on a communal notice board for people, their visitors and staff to refer to.

Records showed that the CQC was informed of incidents that the provider was legally obliged to notify them of. This showed us that the registered manager was aware of their responsibilities in reporting events to the CQC when required.

Many of the staff had worked at the service for a number of years and one member of staff told us, "I love my job and working here and everyone works very well together as a team." Staff told us that there was an open culture and that they felt well supported by the registered manager and senior staff. They said they were confident in being able to raise any issues or concerns with the registered manager. A member of staff told us, "It's a very good team here, and I feel well supported." Another staff member told us, "Our manager is very supportive and helpful and I can speak with them any time I need to." Staff were aware of the whistleblowing policy and told us that they would not hesitate in reporting any poor practices, if they ever witnessed these, to the senior staff and registered manager.

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. A relative we spoke with during our visit had positive comments about the service and they said that they were happy with the service provided to their family member. People's relatives had completed a satisfaction survey in 2017 and we saw positive feedback regarding the care and support provided to their family member. One relative told us, "Staff are very helpful and keep in touch with me about any events regarding my family member."

Staff told us that and we saw that there was a communication book in place where they were made aware of any updates and events in the service. They also told us that they attended regular staff meetings where they could raise any issues and ideas for developments in the service such as changes to people's care and support, activities and training issues. This was as well as being made aware of their responsibilities to provide safe and high quality care under the provider's values. Staff told us that they attended staff meetings and could raise any issues. Staff told us that they felt supported by their registered manager and senior colleagues and were encouraged to help develop the service.

There was a registered manager in post. 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 and senior staff monitored a number of key areas which included; care plan updates, staffing, training, health and safety and any concerns or complaints. There were up to date fridge temperature records, fire records, and water testing and water temperature records. This meant that the safety and quality of people's care was consistently monitored. We saw that there were effective arrangements in place for the servicing and checking of equipment and the fire safety system.

We saw a sample of audits carried out by an operational manager to monitor the service and to highlight any identified risk. Where the need for improvement had been highlighted action had been taken to improve systems. An example included updates required in staff training and reviews of some care and support documentation. This demonstrated the service had a positive approach towards a culture of continuous improvement.

The registered manager was aware of the CQC guidance of 'Registering the Right Support' (CQC's policy on registration and variations to registration for providers supporting people with learning disabilities). They understood the principles of the guidance and provided individualised support to people in line with this guidance.

A care manager from a local authority told us that communication was good and the information provided by the registered manager and staff were of good quality and that they were knowledgeable and helpful about the people receiving respite support in the service. This helped staff work in partnership with other organisations such as the local authority.