

Cambrian Supported Living Limited

Cambrian

Inspection report

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Date of inspection visit:
20 September 2019
25 September 2019

Date of publication:
29 October 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

Cambrian provide personal care to people living in supported living. At the time of the inspection 14 people were receiving personal care. Supported living describes the arrangement whereby people are supported to live independently with their own tenancies.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service met the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

Staffing levels had not been calculated to meet people's dependencies and packages of care. Following the inspection, the registered manager submitted evidence of people's level of care to demonstrate they had suitable numbers of staff on duty.

We found that some processes needed improvement to evidence more effective quality assurance systems. Governance checks had not identified issues raised during the inspection with regards to managing staffing levels, reviewing the model of support within a communal environment and management of notifications. Following the inspection the registered manager submitted appropriate updates to CQC.

We received positive feedback from people being supported. They told us staff were supportive and always consulted them about their support plans.

Support plans provided person-centred information, which included people's preferences and choices. We found that people were supported to maintain as much independence as possible.

People were protected from the risk of abuse or neglect. Staff were well trained in safeguarding vulnerable adults. Staff were skilled and knowledgeable. Systems and processes were in place to reduce the risk of harm. Thorough recruitment practices were in place to provide safe systems to ensure new staff were suited to working with vulnerable people. Staff recorded incidents and accidents in sufficient detail to aid analysis and reduce risk.

Medicines were well-managed and regularly audited to provide safe checks and support. Some people were supported to self-administer their medication.

We found that staff had received training in the Mental Capacity Act 2005 (MCA). People were supported to make their own decisions whenever possible.

The service was well-led. People knew who the registered manager was and felt able to raise any concerns with her. Staff told us that they felt well supported

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 January 2017)

Why we inspected

This was a planned inspection following the service's last rating of their inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our well-Led findings below.

Cambrian

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by one inspector.

Service and service type

This service is a supported living service. It provides personal care to people with a tenancy living in their own home within a communal building. This service provides care and support to 14 people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice for the inspection because we needed to give people the opportunity to speak with the inspector.

What we did before inspection

We reviewed information we had received about the service since the service first registered with CQC. This included any statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted local commissioners of the service to gain their views. We used the information the provider sent us in the 'provider information return.' This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We used all of this information to formulate a 'planning tool'; this helped us to identify key areas we needed to focus on during the inspection.

During the inspection

We spoke with seven people who used the service about their experience of the care provided. We spoke with six members of staff, one of the directors and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at one staff file in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and information to show how staffing levels were calculated to meet people's needs.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were well protected from the risk of abuse or neglect and told us staff helped them to feel safe.
- The registered manager kept the Care Quality Commission (CQC) up-to-date with safeguarding investigations and showed they had taken appropriate actions to keep people safe. One incident discussed during the inspection needed further updates. The registered manager has submitted a detailed notification following the inspection.
- Staff had completed training in adult safeguarding and were aware of their responsibilities to report any concerns.

Staffing and recruitment

- People received support from staff who were familiar with their support needs. They told us they liked the whole staff team. The registered manager organised staff rotas to cover 24 hour shifts over a seven-day period. However, there was no information to show how the staffing levels aligned to the packages of care assessed by commissioners. The registered manager was confident that the staffing levels for each day met people's needs and dependencies.
- Following the inspection, the registered manager submitted evidence of people's level of care to demonstrate they had suitable numbers of staff on duty.
- Safe recruitment procedures were being followed to ensure staff were safe. All staff were subject to pre-employment and Disclosure and Barring System (DBS) checks.

Using medicines safely

- People told us they received good support from staff to take their medication.
- Medicines were well managed and people were supported to administer their own medicines as needed. Some people had safe storage in their own room and the supported living building had a lockable room for all other medication.
- We discussed with the registered manager a CQC guidance document called, 'Registering the right support.' Whilst it doesn't wholly apply to the service, the principles of good practice should be reviewed.
- The registered manager advised they would familiarise themselves with the principles. This will ensure all elements of support within the building reflect relevant guidance for people with learning disabilities to support their independence including with their medication.

Preventing and controlling infection

- Staff fully understood the importance of complying with infection control procedures as a way of keeping people safe. Staff were provided with personal protective equipment (PPE.)

Assessing risk, safety monitoring and management, learning lessons when things go wrong

- Systems and processes were in place to reduce the risk of harm.
- Positive behavioural support strategies were clearly documented and provided detailed information and guidance for staff to follow.
- Guidance provided by external healthcare professionals was incorporated within people's risk assessments and staff knew how to keep people safe.
- Health and safety was well managed with regular audits and records to show safe oversight of the service.
- The registered manager had audited records to show any potential trends, this enabled them to help them take action to reduce any potential risk to people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'good.' At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; and staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were very positive about the support provided and told us the service was one of the best they had received.
- Staff ensured they worked collaboratively with other healthcare professionals as a way of providing a holistic level of care.
- Records showed that when people were unwell, staff acted promptly to ensure they received appropriate care and treatment.
- People were encouraged to live independent lives; support plans and risk assessments were tailored around their individual needs, wishes and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to plan and cook their own meals and snacks as a way of promoting and maintaining levels of independence. People told us they enjoyed making snacks and one person told us they liked to do their own shopping.
- Staff supported people to use the large communal kitchen and communal dining room. The service also employed a chef to offer a main meal at lunch times.
- We discussed with the registered manager how the current facilities could be confused with care home models of support especially with communal facilities such as the kitchen. However, they were clear that people were supported to live independently within the building.

Adapting service, design, decoration to meet people's needs

- The design, decoration and facilities of the building met the needs of the people who lived there. Each person had their own tenancy for their room and the building offered various communal areas such as sitting areas.
- Each person had their own bedroom which suited their own personal taste and offered them a private sitting area and en-suite shower room.
- The registered manager advised they would review all aspects of the building including any notices and posters that maybe more relevant to staff.
- They advised that on reflection, any staff/formal notices would be removed to emphasise that the building is managed and respected as each person's own home and not as a 'care home.'

Staff support: induction, training, skills and experience

- Staff were provided with necessary training and development opportunities to help fulfil their needs and expertise in fully supporting people.
- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge such as specialised training in de-escalation techniques. This type of training helps staff to calmly respond by their use of personal space, body language and listening skills to help avoid potential crisis with people being supported.
- Staff received regular one to one supervision and appraisals from senior staff to offer their continued support. Staff told us they were fully supported and felt listened to when discussing their views.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Staff had completed training in relation to the MCA and understood their responsibilities.
- The service was working in accordance with the principles of the MCA. People were asked for consent and given choices in relation to their care and other important decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke very positively about the caring nature of staff. They told us the staff went out of their way to help them with anything they needed.
- Staff knew people very well. Staff were able to discuss the individual needs and requests of each person they supported. They knew the different medical conditions and emotional needs of people and felt they had received the right level of training to help them fully support people with mental health needs and learning disabilities.

Supporting people to express their views and be involved in making decisions about their care. People's individual requests and care needs were well recorded in their care records and regularly reviewed.

- People told us they were regularly asked for their views and were very positive about the service. One person told us they were always consulted about how they could be supported especially in trying to get their own home in the community.
- People were supported to comment on their provision of support and were actively involved in the decision-making process through discussions with staff and care review meetings.

Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the way in which staff respected their rights to privacy and dignity.
- Care files contained detailed person-centred information, which was contributed to by people and their relatives and gave them opportunities to express how they wanted to be supported.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to express their views.
- People's confidential records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support plans were person centred and had been written with people and gave details of how they were supported to develop their living skills and independence. Most people lived independently and accessed staff support when needed.
- The service used a tool called an "outcomes star", which was an evidence –based tool designed to support and measure change. Plans were regularly reviewed and people were supported to achieve their outcomes. For instance, one person was supported to plan and access holidays they had always aspired to go on.
- Care records reflected people's health and social care needs and demonstrated that other health and social care professionals were actively involved. Daily review of records were brief and gave limited information. The registered manager advised they would review this with the staff team, so they recorded more detailed updates.
- A regular and consistent staff team developed a good level of knowledge and understanding of the people they supported. It was evident that people liked being in the company of staff and enjoyed interacting and engaging with them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed within their care plans setting out how to meet each person's needs.
- Staff understood the need for effective communication and met the requirements of the AIS.
- Important information was made available in a range of accessible formats were assessed as needed. The registered manager advised they would explore other ways to share information based on people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff understood the importance of supporting people to develop and maintain relationships. They were knowledgeable of the needs and wishes of the people they supported and set about signposting people to local community groups and organising group sessions for fitness and activity.
- People were supported and encouraged to participate in a range of different activities they enjoyed and were interested in. People told us they enjoyed getting involved in local groups and liked to remain as independent as possible.

Improving care quality in response to complaints or concerns

- The service dealt with complaints in accordance with their own policy and best-practice guidance. The policy needed minor adjustments to update the local authority and ombudsman's contact details.
- People and relatives knew who to speak to if they had a complaint. People felt listened to and had no concerns, they were very positive about the service.

End of life care and support

- The service did not routinely support people receiving end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated 'good'. At this inspection this key question changed to requires improvement. This meant the service was not consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The quality and safety of care was regularly monitored by the registered manager as a way of ensuring people received their expected level of care. Aspects of general auditing and monitoring by the provider was done via the director who visited people at the supported living facility each day. Following the inspection copies of the summary audits have been shared with CQC. They would benefit from further detail and action plans to show the detail of how they are being monitored.
- We noted several documents that had not been accurately updated with signatures and dates. The registered manager acknowledged improvements were needed with some aspects of staff record keeping including people's daily records to help improve the accuracy and detail of the records kept.
- The registered manager and provider were aware of their regulatory responsibilities. Notifications about specific events had previously been sent to CQC. However, we noted one incident that hadn't been notified at the time of the event. The registered manager discussed the different types of notifications as they had been unsure if it warranted a notification. It was agreed this would be submitted following the inspection.
- We saw that there were strong links with the local community. People were actively encouraged to access different support groups and social events that were taking place.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People told us the registered manager and senior staff was known to them and approachable. We saw them to be kind, caring and they were knowledgeable of people's needs.
- People told us the communication was very good. People were supported to achieve their goals and encouraged to reach their full potential
- Some aspects of the environment could be confused with a care home model and needed more emphasis in the use of communication and notices displayed within the building. The registered manager advised they would review the communal facilities within the supported living environment and the use of posters, so that it was clear regarding the model of support to facilitate people's independence within their own tenancy.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings regularly took place and staff fed back their views about the service. Previous feedback raised some issues regarding the morale of staff. The registered manager discussed what actions they had taken in response to staff concerns. They advised they would revise the actions into a plan to review with the

staff team.

- Equality and diversity support needs were well managed and staff supported people to meet their needs.
- People had the opportunity to offer feedback about the provision of care they received.

Continuous learning and improving care

- The registered manager and staff demonstrated how they continued to review their practice and looked at seeking ways to improve the experiences of the people being supported by the service.
- Accidents and incidents were closely monitored by the registered manager to establish if lessons needed to be learnt and actions taken to reduce further risks.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibilities, the importance of investigating incidents/events as well as being as open and transparent as possible.
- Staff told us they would not hesitate to inform senior staff of a concern or error. We saw evidence of medication errors that had been openly recorded and addressed appropriately.