

Cima Care Consortium Ltd

CIMA Huthwaite

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

Summary of findings

Overall summary

About the service

CIMA Huthwaite is registered to provide accommodation and personal care for up to 4 people. The service is split across two adapted buildings comprising of one main house and a bungalow. There were 3 people living at the service at the time of our inspection. CIMA Huthwaite is designed to meet the needs of people diagnosed with a learning disability and/or autism.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

The service has been developed and designed in line with 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

People were kept safe and there were enough staff to provide support to meet their needs. People were protected from the risk of harm and staff understood how to recognise potential abuse and how to act to keep people safe. People received their prescribed medicines and staff received training about managing medicines safely. Suitable staff had been recruited safely.

People made choices about how they wanted to be supported and how they liked to spend their time. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests the policies and systems in the service supported this practice. Where people lacked capacity, they were helped to make decisions. Where their liberty was restricted, this had been identified and action taken to ensure this was lawful. They received support and had access to health care services. Staff received training to ensure they could work effectively in their roles.

People had developed positive relationships with the staff. Staff helped people to make choices about their care and their views were respected. People and their family members were involved in the planning and review of their care. Where people had concerns, they were able to make a complaint, and this was

responded to by the management team.

Systems were in place to assess and monitor the quality of the service. People told us they felt their views were listened to in order to improve the service. The registered manager worked in partnership with other professionals to ensure people received the care they needed.

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

Rating at last inspection

This service was registered with us on 29/08/2019 and this is the first inspection.

Why we inspected

This was a responsive inspection based on when the service was registered, due to the current COVID-19 pandemic we were unable to inspect sooner. A decision was made for us to inspect.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

CIMA Huthwaite

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

CIMA Huthwaite 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.

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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During our onsite inspection visit 25 February 2021 we spoke with three people who used the service. Some people were not able to fully share with us their experiences using the service. Therefore, we spent time observing interactions between people and the staff supporting them in communal areas. We spoke with the registered manager, deputy manager, a team leader and a support worker. We reviewed a range of records. This included two people's care records and three people's medication records. We looked at three staff files in relation to recruitment and staff supervision.

We sought further information from the provider, that we did not review on site, to inform our inspection judgements. This included training data, policies, procedures and quality assurance records. We spoke with two professionals who regularly visit the service, we contacted two relatives to ask about their experience of the service. We contacted three staff to ask them about how they cared for people and their experience of working at CIMA Huthwaite.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood their role in keeping people safe from avoidable harm and abuse. They knew what actions to take if they thought someone was at risk and who they would report concerns to.
- Staff told us they felt confident they would be listened to when raising issues. One person told us, "I raised concerns and immediately they were dealt with."
- There were policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.

Assessing risk, safety monitoring and management

- The risk of avoidable harm associated with people's care had been assessed. Where people needed support to help reduce behaviours that may challenge, care plan's detailed how best to support each individual to reduce risks.
- When risks had been identified, support had been obtained from health and social care professionals to ensure risks could be mitigated. One professional we spoke with told us, "The team had made a conscious effort to reduce risks to achieve the best outcome for the person I support."
- The provider had a system in place to ensure essential safety checks, such as legionella checks, were carried out and maintained.

Staffing and recruitment

- There were enough staff to meet the individual needs of people.
- People told us there were always enough staff on duty to deliver care safely and records we reviewed supported this.
- Staff were recruited safely. Checks were completed to ensure staff were suitable to work at the service. Checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed.
- Staff received training about managing medicines safely and had their competency assessed.
- Medicines records had information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager had a robust system in place to ensure actions were taken following incidents and learning was shared with staff.
- Risk assessments and care plans were updated after incidents to help reduce risks further.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health and social needs were assessed prior to them moving into the service. People's diverse cultures were fully considered, and care was delivered according to their choice.
- Specialist healthcare advice was sought to ensure people received the right care. For example, one person required specialist dietary input and the service continually worked with experts to achieve the best possible outcome.
- Care plans reflected best practice guidance and were reviewed as people's needs changed.
- Information regarding equality and diversity was displayed for people and staff received training in this area.

Staff support: induction, training, skills and experience

- Staff had a robust induction programme. One person told us, "Our training is excellent; management are really good at giving us extra training."
- Staff well-being was considered, and staff were given opportunities to feedback during meetings and regular supervisions.
- Staff were supported to learn new skills and update their knowledge to ensure they knew how to care and support people safely.

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

- People were supported to eat and drink in order to maintain a balanced diet.
- Some people living at the service had complex dietary needs and staff worked with specialist teams in order to improve people's nutrition.
- People were supported to choose their own meals and records we reviewed reflected people's individual choices had been respected.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were referred to and visited by healthcare professionals when extra advice or support was required.
- We spoke with a professional who said, "The way they support [person] demonstrates they always want the best for them."

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

- The premises and environment had been adapted to meet people's needs, risks associated with the environment had been assessed and action had been taken to reduce these risks.
- People had been supported to personalise their bedrooms and own living areas, these reflected people's tastes and preferences. One person showed us around their bedroom and all of their favourite photos.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff received training in the MCA and DoLS and demonstrated they were aware of their responsibilities in regards to this.
- Where people lacked the capacity to make decisions, we found there were assessments in place which recorded why decisions were being made in people's best interests.
- Where restrictions were identified DoLS applications had been made to ensure these restrictions were lawful.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff were caring in their approach and demonstrated understanding of peoples complex needs. People had good relationships with staff, we observed staff comforting a person when they became distressed and shortly after playing a game of their choice happily.
- One person told us, "They can't do enough for my [relative], its been hard not seeing them as much but I know how much the staff care for them."

Supporting people to express their views and be involved in making decisions about their care

- Care plans we reviewed demonstrated people had been involved in care planning. Relatives told us they had been involved in planning and developing the care their loved ones received.
- We observed staff asking what people would like to do during the day. For example, we observed staff asking a person what they would like to eat and whereabouts they would like to eat it.

Respecting and promoting people's privacy, dignity and independence

- People's individual needs were recognised, and staff encouraged people to partake in activities and educational programmes they enjoyed.
- People's privacy was respected. For example, prior to entering anyone's bedroom, people were asked if this was ok with them.
- People were encouraged to maintain their home and be involved with activities of daily living. Staff ensured their independence was encouraged and maintained in a consistent manner.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People received personalised care and support centred on their needs and preferences.
- Care plans provided detailed information about how staff could best support people. One person had complex dietary needs and their care plan gave thorough information on how best to support them.
- Care plans had been updated to reflect any changes in people's needs. Staff told us, "Care plans are constantly updated so we know the best way to support someone."

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.

- Information had been made available for people in an easy read style where this was needed.
- The service identified people's information and communication needs by assessing them. One person used sign language and staff had completed further training to improve communication with the person. Another person used different languages and the service had worked with the person and their family to create a communication book to identify key words and phrases.

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

- People were supported to choose and engage in a range of activities that were socially and culturally relevant to them. We reviewed activity plans for each person living at the home and these had been developed according to their needs.
- People had the opportunity to undertake educational activities. For example, we saw one person partaking in number counting with staff. The registered manager told us they were working with social care professionals to further develop the opportunities for people.
- People were encouraged to maintain social interactions throughout the current COVID-19 pandemic. Relatives we spoke with told us they had been given the opportunity to use technology to contact their loved ones and the registered manager had organised visits as soon as guidance allowed.

Improving care quality in response to complaints or concerns

- Complaints were documented and investigated appropriately.
- Information was available in accessible formats which explained how to make a complaint.
- People we spoke with knew how to make complaints and felt confident these would be dealt with. For

example, a relative told us," If there was a problem I would speak to the manager and I know it would be sorted quickly."

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, the registered manager had discussed action they plan to take to support people if a bereavement occurred.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was aware of their legal responsibility to notify CQC of certain events and information. However, we found two recent incidents which should have been reported to us but hadn't, this was fed back during our inspection and rectified immediately.
- The registered manager had a robust system in place to improve the quality of the service. Quality checks were in place and consistently completed. When issues were found appropriate actions were taken to reduce the risk of reoccurrence.
- The registered manager split their time between two of the provider's homes; in their absence a deputy manager was in post and responsible for managing the service.

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

- People were supported by staff who were committed to providing good care for people. The registered manager recognised the impact staff had on people. They told us, "The staff have been fantastic throughout the COVID-19, really pulling together in such difficult times."
- The registered manager had a good oversight of the service; they worked alongside staff and knew the people using the service, their relatives and staff well.
- People felt confident in the management at the service. For example, one person told us, "Management are very supportive, and nothing is too much trouble for them."

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

- The service was designed and adapted around the people that lived at the service. When people demonstrated they did not like something staff made changes.
- People and their families were involved in the service. Quality assurance questionnaires were sent out to relatives to gain their feedback and for any suggestions in ways to improve the service for their loved ones.
- Staff were encouraged to share their view and suggest improvements at staff meetings and supervisions. These were listened to and acted on.

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 understood their responsibility to be open and honest with people and acted

appropriately when things went wrong.

Working in partnership with others

- The service worked in partnership with other professionals, learned from them and took their advice on board.
- Health and social care professionals we spoke with gave positive feedback about the service. One social care professional we spoke with said, " They follow through with recommendations made in review meetings and I feel that the person whom I work with is well supported."