

# Kidderminster Care Limited

## Cambrian House

### Inspection report

294 Chester Road North  
Kidderminster  
Worcestershire  
DY10 2RR

Tel: 01562825537

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

Cambrian House registered to provide accommodation and personal care for people for 25 people. At the time of our inspection 24 people were living there. The inspection took place on 6 and 8 March 2017 and was unannounced.

There was a manager in post at the time of our inspection. This person was not however registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered provider, 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.

We previously inspected Cambrian House in February 2016. At the time of that inspection we rated the location as good overall. We found the well lead section to be requires improvement due to having no registered manager in post.

Staff had received training to obtain the skills and knowledge to support people's needs. Staff felt supported by the management and liked working at the home. Staff valued the team work within the home. People living at the home were protected from abuse and staff and management were aware of their responsibilities to report any concerns they had about people's safety. The registered provider undertook to increase staffing levels following a change in the dependency needs of people who were living at the home.

People's permission was usually sought by staff before they helped them with anything and people had the right to make choices. When people did not have the capacity to make their own specific decisions these were made in their best interests. The manager had knowledge about lawfully restricting people to keep them safe.

People had a choice of food to eat and had drinks available to them. People had access to healthcare when they needed it. People received their medicines as prescribed by their doctor.

Staff provided care and support to people which was personalised and responded to changes in their needs. People's preferences and wishes were known to staff and were respected. Staff were aware of how to uphold people's privacy and dignity. People who lived at the home were consulted about their care to ensure it responded to their needs in ways they wished. There was a system for handling and resolving complaints.

The manager and the registered provider had systems in place to monitor the quality of the care provided and to monitor events which took place in the home to assist keeping people safe.

## 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 kept safe from the risk of abuse. Staffing levels were to be reviewed to reflect people's needs. Risks were assessed and staff understood these. People's medicines were administered as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were cared for staff who had received training to support their role, ensuring they were skilled enough to provide the support people required. Consent to provide care and support was gained by staff. People had access to healthcare professionals to ensure their well-being and their dietary needs were maintained.

### Is the service caring?

Good ●

The service was caring.

People were regularly cared for by staff who were caring and kind. People's independence was encouraged and their privacy and dignity was respected

### Is the service responsive?

Good ●

The service was responsive.

People received care and support which was responsive to their changing needs. People were supported to choose interesting things to do. There was a system in place for resolving complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People liked the manager however this person was not registered with the Care Quality Commission (CQC). The manager

had not always notified the CQC of events affecting people who lived at the home. Due to a shortfall in records the manager was not aware of potential gaps in staff training. People benefited from the provider having systems in place to monitor the quality of the service.

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# Cambrian 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.

The inspection took place on 6 and 8 March 2017 and was unannounced. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information we held about the service provided. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We spent time with people who lived at the home and saw the care provided by staff. We spoke with 11 people who lived at the home. In addition we also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We spoke with the manager, the registered provider and five members of staff. We also spoke with a visiting healthcare professional and with seven visitor or relatives and had contact with one other relative following the inspection.

We looked at the records relating to four people's care including their medicine records. We also looked at staff records including recruitment and training, accident and incident reports as well as quality audits completed by management.

## Is the service safe?

### Our findings

People told us they felt safe living at Cambrian House and had not at any point felt they were unsafe in the presence of staff members. One person told us they, "Certainly feel safe here" and added they felt safe due to having staff around to care for them. Another person told us they felt safe and, "It's nice here. I like it." A further person told us they had lots of friends at the home and this made them feel safe. A relative told us, "It's a safe environment for sure."

The manager was seen to support staff while they provided care and support for people who lived at the home. People looked relaxed when with staff members. We saw that people's body language and banter showed they felt safe when receiving care and support from staff.

The manager was aware of their responsibility to report any incidents or events where people were placed at risk of harm. Shortly before this inspection they had informed us of an incident which they had reported to the local authority. The registered provider was aware of previous safeguarding situations and was aware of the outcomes and input from the local authority so they could monitor these.

Staff knew how they could protect people from abuse and potential abuse. One member of staff told us, "If I spotted poor practice I would report it." Another member of staff told us, "I always ensure people are looked after. I would report it if they were not." Staff we spoke with told us they had not had the need to report poor practice. A further member of staff told us they would, "Report any misgivings and encourage people to remain safe at all times." They told us they would speak with other agencies such as the Care Quality Commission in the event of their concerns not being taken seriously. Staff told us they not seen any abuse within the home.

People's needs were assessed and where required risk assessments were completed. These assessments provided staff with information and guidance to assist them to keep people safe. These were reviewed following any changes in people's needs. One person was assessed as needing to have a cushion under their feet to keep their heels off the floor. Staff were aware of this need and we saw this was carried out. A relative told us their family member had previously fallen a lot however procedures were put into place and the number of falls had reduced.

People told us they felt safe when staff used equipment to assist them with their mobility needs. We saw staff using equipment such as a hoist and saw this was used safely and in consultation with people who were given guidance throughout. Some people needed to use a wheelchair to move around the home. We saw staff used footrests and ensured people were safe. A visiting professional told us they had never seen staff using a wheelchair inappropriately. Equipment to prevent people sustaining sore skin was seen to be used. Equipment to assist people with their mobility or bathing was seen to be tested to ensure it was safe to be used.

One relative told us they believed there to be sufficient staff on duty but often busy. We spoke with staff about the number of staff on duty. Some staff believed the number to be sufficient while others felt they

needed an additional member of staff in the afternoon. We saw a dependency tool used by the manager to demonstrate the number of staff required to meet the care and support needs of people. The most recent assessment of people's needs indicated an additional member of staff was required. We were assured by the registered provider they would be addressing this to improve the staffing levels at this time of day. Staff told us shifts were always covered in the event of staff on leave or off sick and confirmed the manager would assist in the care and support provided for people.

Staff confirmed checks were undertaken such as one from the Disclosure and Barring Service (DBS) before they were able to work at the home. The DBS is a national service that keeps records of criminal convictions.

People confirmed staff administered their medicines. Staff who administered people's medicines told us they had received training before they were able to carry out this task. Regular audits of medicine records were undertaken to ensure these were accurate and maintained. The records contained a pictorial image of people's medicines to assist staff to recognise each tablet. One person needed their medicine dose to be regularly monitored. We saw this had taken place and staff had administered this medicine as prescribed. We brought to the attention of the manager a record which showed more tablets to be available than could be found. This was found to be a recording error as the items had been returned. The manager undertook to bring to the attention of staff concerned the importance of accurate record keeping.

## Is the service effective?

### Our findings

People who lived at the home told us their needs were met by staff who were knowledgeable and had the skills and experience needed. One person told us, "They [staff] know what's going on with my care." Other comments included, "I think they [staff] are well trained" and, "They [staff] do know me well."

The registered provider told us they accessed training for staff from the local authority. Staff we spoke with confirmed they had received training, although records were not up to date to support this. One member of staff told us their training had given them, "More experience" and they confirmed they had received updates in their training. Staff told us they had training which enabled them to provide safe care for people as well as improve their practice. One member of staff told us they found the training they had received to be useful.

Staff told us new members of staff underwent an induction period. This included time shadowing experienced members of staff. Staff told us they had undertaken the care certificate. The care certificate is a nationally recognised induction which provides staff with the skills and knowledge they need to care for people and follows good practice guidelines.

Staff told us they felt supported by the manager and spoke of good team work within the home amongst the staff to ensure people were well cared for. One member of staff told us, "We all work together."

The manager told us they had undertaken training on the MCA Mental Capacity Act (2005) (MCA) and told us the majority of staff had also received training. Some staff told us they had received training in this area while other staff could not recall whether they had or not. Staff were however aware of the need for people to be able to make decisions for themselves even if they needed support for larger or more complex decisions. People confirmed staff asked them for their consent before providing care and support. One person told us, "They [staff] always ask for consent and offer choices generally." We heard staff offering people choice throughout the day for example at lunch time. One member of staff told us they would offer choice to ensure people were, "Included in decision making."

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 was aware of situations whereby a best interest decision would be needed and of the need to involve suitable people in the decision making process.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager had an understanding of the legal requirements if they were restricting people's freedom and



the need to ensure people had as few restrictions as possible. The manager had made applications to the local authority to ensure people were not restricted unlawfully.

We heard positive comments about the meals provided. We saw staff provided support to people as needed to eat their meal while also encouraging people to be independent. Staff were aware of people who needed encouragement to eat. People confirmed there was a choice of meals for them to select from. The choice of meals was on display for people to see. People had drinks available to them throughout the day.

People were supported to stay healthy and well. We spoke with a healthcare professional who visited the home regularly. They told us staff always, "Let them know in a timely way" of any concerns regarding people's health and well-being. The healthcare professional confirmed to us staff would respond to their advice appropriately and added, "Advice is taken on board."

People told us and records confirmed people were regularly seen by their doctor. People also told us they had seen an optician as needed. The manager told us they had experienced difficulty in securing a regular chiropodist. We were told one had been found although not as yet visited. The manager was aware of specialists who could be needed to support people's wellbeing such as speech and language therapists and tissue viability nurses.

## Is the service caring?

### Our findings

We saw staff to be kind and caring. People described the care they received as good. People confirmed where needed they were assisted in meeting their personal care needs by staff members. People told us they liked the staff although some better than others. Comments from people who lived at the home included, "They [staff] will sit with you when you are unhappy", "Staff take time to treat me as an individual", "Staff are interested in me as a person", "They [staff] know me well" and "They [staff] are interested." A relative told us they found the home to be relaxed. Another relative told us, "I think they [staff] are good with people, treat them very well." We were also told, "This is a happy place." Following our inspection a relative contacted us and told us, "The staff are caring and kind and do all they can to make the residents comfortable." The same person told us they were delighted with the care their family member received.

The registered provider told us they believed people to be, "Well looked after and happy" living at the home. One member of staff told us they believed the care people received to be excellent.

People felt involved in their care although some were unsure whether they were involved in their own care plan. People told us their family members may have been involved and told us they were happy with this.

During the inspection we saw numerous times when staff demonstrated kind and caring practices. People were seen to be supported as needed and in line with their care plan. Staff were seen to spend time with people when they needed reassurance or a chat. There was banter and laughter between people living at the home as well as with staff members. One person told us, "This is a caring place. Full of smiles and is welcoming." Staff were seen to acknowledge people when they walked through the lounge ensuring people were not ignored. People were seen to be able to mobilise freely around the home. Although staff checked people were safe they respected people's choice to walk around the home.

Staff were seen to have respect for people's privacy and dignity throughout our inspection. One person told us, "Staff treat us with respect". Relatives told us they had seen staff respect their family member and uphold their privacy and dignity. One relative told us staff respected their family member's preferences.

Staff we spoke with described the action they had taken to maintain people's privacy. One member of staff told us they had worked on the principal of ensuring people had the respect they would want for their own family member. Another member of staff told us they would, "Draw the curtains while looking after people." Personal care was seen to be provided for people within the privacy of their own bedroom and with the door shut. We brought to the attention of the manager a situation where one person's dignity was compromised as the person had left their bathroom door open. The manager responded immediately to ensure the person's privacy was upheld.

## Is the service responsive?

### Our findings

People were able spend the day in a way they wished. People who spent time in their own bedroom had a call bell close at hand for them to call for assistance from staff if needed. We heard the call system sound during the inspection and noted these were responded to promptly. Some people felt staff at times could be rushed and busy but usually had their needs met. One relative confirmed staff were often busy but always responded when called.

We saw people engaged in activities and interests. People were seen chatting with each other and members of staff. One person told us, "We have some activities. In the summer we get into the garden." Another person told us, "I am encouraged to pursue my interests I like to look at books" A further person told us, "I can choose what activities I want." A relative told us they had enjoyed attending a barbeque at the home last summer.

Staff described activities people were able to participate in such as painting and other arts and crafts. One member of staff told us, "We have activities such as playing games. In nice weather we go to the pub for a coffee or to the park." Another member of staff told us people were able to play games, take part in singing and as well as crafts and baking. During our inspection we saw people enjoying a game of bingo as well as taking part in some exercises to music. We saw staff spending time on an individual basis with people taking about subjects important to them.

Care plans and risk assessments were regularly updated. The manager informed us on the day of the inspection she had planned to review some care plans. Staff confirmed the manager and senior staff would update care plans when needed to ensure they reflected people's needs. We saw a schedule was in place to ensure care plans were regularly reviewed and monitored. One person told us their family member was involved in everything regarding their care. Some people's life histories were reflected within their care plans. The manager was keen to build on these to ensure they were in place for everyone in order to enable staff to talk with people about times the person had enjoyed in the past.

Staff we spoke with had a good knowledge of people's care needs as well as their preferences and routines. Staff were able to describe how they supported people and told us they were made aware of any changes in people's needs by attending handover at the start of their shift and reading care plans.

The provider had a complaints procedure. One person told us if they had, "Any problems I could speak to the care staff." Relatives we spoke with told us, "I have never complained. I can speak to the manager if there is a problem" and "I have no concerns. If I have any issues I just speak to the manager."

We spoke with the manager about complaints and they told us they had not received any. We had previously sent the manager a complaint and asked them to respond directly to us. The complaint was well managed and the response sent to both CQC and the local authority.

# Is the service well-led?

## Our findings

We last inspected Cambrian House in February 2016. We found the well led question to require improvement. This was due to the registered provider not having a registered manager in post. At the time of the last inspection we reported the person working as the manager had not applied to the Care Quality Commission for registration. Shortly after the inspection this person left their employment as a result no manager was in post. The registered provider appointed a new manager who had worked at the home for a number of years as a member of care staff and a senior. The new manager had made efforts to apply for registration however at the time of this inspection their application had not been able to be accepted due to additional documents needed to be obtained. The manager was however aware of the urgency to apply for registration once they were able to submit the necessary supporting evidence of identity. The need for the application to be made with a degree of urgency was highlighted to the registered provider due to the length of time they had not had a registered manager in post.

The manager was aware of their responsibility to report certain events to the Care Quality Commission (CQC). We saw two events regarding people's care needs which needed to be communicated to CQC. The manager confirmed they had not realised these events were notifiable and therefore had not completed and sent notifications to us. They undertook to ensure any similar incidents will be report to CQC as required.

The manager believed staff had undertaken the training required of them to be able to provide care and support to people. They were aware the records were not up to date and therefore were unable to be assured everyone had completed the necessary training in line with the provider's expectations and procedures.

The manager was knowledgeable about the care and support needs of people who lived at the home and was seen to assist staff to provide care throughout the day. People we spoke with were complimentary about the manager. One person told us, "Yes she is approachable." Another person told us they knew who the manager was. Staff primarily spoke favourably of the manager and the work she had put into the home since their appointment into the role. One member of staff told us the manager, "Does her best" and, "Is always available to listen to any concerns." Another member of staff told us, "We do get listened to." A relative described the manager as, "Lovely" and told us you, "Can talk to her" adding they, "Will listen, works hard and cares about the residents [people living at the home]."

The registered provider spoke highly of their manager and of their confidence in them. They told us audits were in place for them to monitor how people's care was managed. The registered provider told us they had a settled staff team and felt staff responded well to the care and support needs of people. The registered provider told us about improvements they had made alongside the local authority and of their plans to improve further in the future. For example ensuring the home was suitable for people living with dementia such as specific lighting for people being in place.

Staff we spoke with told us they enjoyed their job. Some staff had worked at the home for a number of years and told us they would leave if they were not happy. One long standing member of staff told us, "It's a lovely

home" and, "I love looking after them [people who lived at the home]."

People confirmed they had attended meetings and were consulted about the running of the home and what they wanted. The manager had held a meeting involving people who lived at the home before Christmas. This was to discuss what people wanted to do over the festive period. The minutes from the meeting stated people were happy with the activities in place at the time. They also recorded the manager had advised people they were available for a chat if people wanted. The registered provider had consulted with people and professionals using a survey in October 2016. We saw the results of the survey were evaluated and showed the action taken such as changes to the menu as people requested.

The manager had completed quality assurance audits to monitor the care provided. For example we saw an audit of falls sustained by people was in place to look for patterns and for ways to reduce the risk of falls. Audits of medication records were in place. These had not identified any shortfalls in the administration and recording of people medicines therefore showing staff had administered and recorded people's medicines correctly. The registered provider had undertaken their own checks and review of audits. Medicines requiring specific storage were accounted for daily although a recording issue was found as part of the inspection. Any actions were recorded and actioned by the manager.