

Susash Sheffield Ltd

Cambron House

Inspection report

3 Flanderwell Lane
Bramley
Rotherham
South Yorkshire
S66 3QL

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28 July 2021
04 August 2021

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23 August 2021

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:

Cambron House is a care home providing personal care and nursing. It can accommodate up to 38 people. There were 20 people using the service at the time of the inspection.

People's experience of using this service:

Relatives we spoke with told us staff ensured people were safe. From our observations we saw staff responded to people's needs promoting safety. Staff understood safeguarding and whistleblowing procedures. We found adequate staff were employed to meet people's needs. There was a safe recruitment process, which ensured only staff suitable to work with vulnerable adults were employed. The registered manager promoted a focus on openness and transparency. Accidents and incidents were effectively monitored, which ensured staff learned when things went wrong. People were protected by the prevention and control of infection. Medication systems were in place and followed by staff to ensure people received their medicines as prescribed. We identified some minor documentation issues which were addressed immediately by the registered manager, systems were improved and implemented at the time of our inspection.

Staff we spoke with were very knowledgeable about people needs. We observed that care provided was person-centred and individualised. Staff had received effective training to ensure their knowledge was up to date. Staff were supervised and supported. 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. People had access to health care professionals, staff worked closely with professionals to ensure people's needs were met. Professionals we spoke with told us the care provided was very good and they had seen very positive improvements over the last few months.

We observed staff were kind and caring. People were treated with dignity and respect. Relatives we spoke with told us the staff were lovely. People received care that was responsive to their needs. Staff understood people's needs, including social, cultural, values and beliefs.

People were supported at the end of their life. The staff ensured people and their families wishes were explored and plans developed so these were met. The staff culture had changed, they were well led and supported. The registered manager led by example promoting openness and instilling a passion in staff to ensure the highest possible quality of care was provided to improve people's well-being and quality of life.

There was a robust quality monitoring system in place to ensure continued improvements.

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 inadequate (published 18 January 2021^{supplementary published 6 February 2021}) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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?

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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Cambron House

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was carried out by two inspectors

Service and service type.

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 since the last inspection. We received feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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 this information to plan our inspection.

During the inspection

We spoke with three people who used the service, four relatives via the telephone about their experience of the care provided and obtained feedback from three health care professionals. We spoke with ten members of staff including the provider, manager, clinical lead, nurse, care workers, ancillary staff and the maintenance person. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our previous inspection we found a breach of regulation 12 (Safe care and treatment). we identified risks were not managed. At this inspection we found the provider was no longer in breach.

- Risks were assessed and managed to keep people safe. Care plans contained good detailed risk assessments to ensure people's safety. A health care professional told us, "Risk assessments are very good, I have no negatives about the service being provided to the person I am working with."
- People were involved in their care planning as much as possible and the care records we saw detailed people's involvement and their relatives where applicable.

Using medicines safely

At our previous inspection we found a breach of regulation 12 (Safe care and treatment). we identified medicines were not managed safely. At this inspection we found the provider was no longer in breach.

- Medication procedures were in place to ensure people received medicines as prescribed. However, we identified some documentation was not always consistent. This was discussed with the registered manager at the site visit and the documentation was reviewed and amended immediately. The registered manager had also completed supervisions with all staff who administered medicines to ensure new systems were embedded into practice.
- Staff received training in medicines management and were competency assessed to ensure safe administration of medicines.

Staffing and recruitment

At our previous inspection we found a breach of regulation 18 (staffing). we identified there were insufficient staff employed to meet peoples needs. At this inspection we found the provider was no longer in breach.

- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people.
- There were enough staff employed to meet people's needs. Staff we spoke with told us there were enough staff to meet people's needs. Relatives told us when they visited staff were available and there were always staff seen in communal areas.

Preventing and controlling infection

At our previous inspection we found a breach of regulation 12 (Safe care and treatment). we identified people were not protected by infection prevention and control systems. At this inspection we found the provider was no longer in breach.

- The service had systems in place to manage the control and prevention of infection. Staff were kept up to date with latest guidance and requirements.
- Personal protective equipment (PPE) was provided. Staff we spoke with told us there was a good supply of personal protective equipment available in the home.
- We observed staff wore masks at all times and wore appropriate PPE when delivering personal care, washed their hands and followed infection, prevention and control practices.

Systems and processes to safeguard people from the risk of abuse

- People were safe. Relatives we spoke with told us staff were very good and kept people safe.
- The provider had a safeguarding policy in place. The registered manager and staff knew the process to follow to report any concerns. Safeguarding concerns raised had been reported appropriately following procedures to safeguard people.
- Staff we spoke with understood the importance of the safeguarding adult's procedure. Staff knew how to recognise and report abuse.
- The registered manager promoted openness and transparency. Staff we spoke with told us they would not hesitate to report any concerns as they were confident, they would be acted on immediately. One staff member said, "The manager is brilliant, she listens."

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to prevent future occurrences.
- The registered manager promoted an open culture in which staff were empowered to raise concerns as they were valued as integral to driving improvements. Staff we spoke with told us they would not hesitate to report any incidents immediately.

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 inadequate. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our previous inspection we found a breach of regulation 18 (Staffing). we identified people did not always receive care and support from suitably trained and skilled staff. At this inspection we found the provider was no longer in breach.

- Staff received training to be able to provide effective care. Staff told us the training had improved and had completed mandatory training. We observed staff responded to people's needs appropriately following best practice, which evidenced effective training.
- Relatives we spoke with told us the staff supported people well and understood their needs. One relative said, "Staff pick up when something is wrong and ensure this is addressed, this is because they know [relative] well."
- Staff told us they felt very supported by the new manager and the home was a much better place to work.

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

At our previous inspection we found a breach of regulation 9 (Person-centred care). we identified people did not always receive person-centred care which met their needs. At this inspection we found the provider was no longer in breach.

- The environment was appropriate and meet the best practice guidance in supporting people living with dementia. The environment and the structure of the building had been greatly improved since our last inspection. New windows had been installed, a new entrance area, improvement to the garden to make it more accessible and many rooms decorated. There was also further improvement planned and the providers action plan was being followed to ensure improvements were continued.

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

At our previous inspection we found a breach of regulation 11 (Need for consent). we identified people did not always receive person-centred care which met their needs. At this inspection we found the provider was no longer in breach.

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.

- The principles of the MCA were followed. The registered manager and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests would be considered.

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

- People's needs were assessed before any service was provided, this was to ensure their needs could be met. The registered manager told us they would not take any new admissions if they could not meet the needs of the person or did not have the staff to deliver the care and support. They told us it was important to ensure any new person admitted did not have a detrimental effect on the people who used the service.
- People's diverse needs were met in all areas of their support. Care was delivered following best practice and guidance. People's care plans we looked at included their preferences, choices and decisions.

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

- People received a nutritional balanced diet. Care plans detailed people's likes, dislikes and any foods which should be avoided. We observed staff supported people with meals where required and ensured any concerns were highlighted and advice sought.
- People's weight was monitored and reviewed to ensure if any advice was required this was obtained. We saw people had been referred to appropriate health care professionals when required.

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

- Staff worked well with health care professionals to ensure people's needs were met. Staff explained to us how they contacted and liaised with specialist professionals, including district nurses, GP's and occupational therapists, this ensured people's needs were met. One relative told us, "Medical care is excellent, [relative] has had an increase in falls all referrals have been done and the staff have kept me fully informed."

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 inadequate. At this inspection this key question has now improved to 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; equality and diversity

At our previous inspection we found a breach of regulation 9 (Person-centred care). People did not always receive person-centred care which met their needs. At this inspection we found the provider was no longer in breach.

- Staff were kind and caring. We observed staff spoke with people showing compassion and respect. Staff valued people as individuals. The registered manager promoted a strong person-centred culture.
- Through talking to staff and relatives, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.
- People's needs were clearly recorded in their care plans. Staff we spoke with demonstrated a good knowledge of people's personalities, individual needs and what was important to them.
- All staff attended equality and diversity training and understood the importance of understanding people's needs, decisions and choices.

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

- Staff supported people to make decisions about their care. We observed staff asked for their consent before supporting them.
- Care records showed the service learned about the person's needs and their history, background, preferences, interests and key relationships in order to provide person-centred care. The service reviewed people's care at regular intervals and responded quickly when people's needs changed, including making referrals to other agencies where necessary.
- Staff had the time to support people effectively. One relative told us, "Staff are very helpful and always let me know what is happening."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. We observed staff and saw they respected people's privacy and dignity. For example, we saw staff take people to get washed and changed after a meal to ensure they were well presented.
- Staff were committed to providing care and support that promoted dignity and respect. They spoke about people in a very caring way.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to 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. 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

At our previous inspection we found a breach of regulation 9 (Person-centred care). The provider did not always provide person-centred care which met people's needs and preference. At this inspection we found the provider was no longer in breach.

- People received personalised care. People's care plans recorded their likes, dislikes and what was important to the person. The plans were person-centred and written with the involvement of the person and their relative where applicable.
- Staff had received training to ensure they understood personalised care that was person-centred.
- Staff we spoke with were knowledgeable about people's preferences and could explain how they supported people in line with their preferences and care needs. Professionals we spoke with told us the support was person-centred and focused on achieving positive outcomes for people.
- People were supported to follow their interests and take part in activities. The provider employed an activity co-ordinator who was passionate about providing social stimulation that met people's needs. Recent activities included, a barbeque and a pub lunch and a seaside party was being organised.

End of life care and support

- People were supported at the end of their life to have a comfortable and dignified death.
- People's needs were considered as part of the end of life care. A care plan was in place, which was regularly reviewed. This was developed involving the person and their family or close friends, the registered manager told us all people's needs would be identified including any religious or cultural needs to ensure these were respected and followed by staff.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. The service had received several concerns over the last few months, we saw these had been responded to appropriately. The provider had also improved their systems following completing a lesson learnt session.
- The registered manager had systems in place to communicate with people who used the service, staff and health care professionals. They were committed to listening to people to ensure continuous improvement of the quality of the service.

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.

- The provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files. Most relatives and people we spoke with told us staff were very good at understanding people, listening and communicating effectively.

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 as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

At our previous inspection we found a breach of regulation 17 (Good governance). There were insufficient and inadequate systems in place to monitor and improve the quality of the service. At this inspection we found the provider was no longer in breach.

- The registered manager told us the ethos of the service was to provide people with high quality care delivered by a competent skilled staff team. From speaking with relatives, it was clear improvements had been made in the service since the new registered manager commenced employment. Relatives spoke highly of the registered manager one said, "The manager is excellent, she is always available and calls back if not available. Always answers my questions and has time for you."
- The registered manager complied with their duty of candour responsibilities. Relatives we spoke with told us staff and management kept them informed of any issues and concerns and were open and honest. Regular communication channels had been set up with relatives to keep them informed and up to date.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a registered manager who was supported by a team of staff.
- The quality assurance systems which were in place to monitor the service were effective. Where issues were identified action plans were in place and followed to ensure continuous improvements. The providers also had an overarching action plan in place that was continually reviewed to further improve the service.
- Staff were extremely happy in their role and felt supported. All the staff spoke highly of the registered manager they told us there was a consistent approach to ensure all staff were supported and well led. One staff member said, "It's come on great since this manager came. She is brilliant and really cares. We have had a few managers but this one is a good leader; we really like her."

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

- The provider engaged with people and their relatives. The registered manager had set up different methods of communication, for example, phone calls or zoom calls. The registered manager showed us an email they had received from one relative who lived overseas, they had thanked the registered manager for

ensuring contact was made and maintained. All relatives we spoke with confirmed the communication was extremely good. The registered manager told us she also intended to send out quality monitoring questionnaires to obtain further feedback.

- Staff meetings were held to get their views and to share information. Staff told us meetings were held regularly and were effective.

Continuous learning and improving care

- The registered manager understood their legal requirements.
- The registered manager and management team demonstrated an open and positive approach to learning and development. They were committed to driving improvements to ensure positive outcomes for people they supported and staff.
- Information from the quality assurance systems were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager had developed links with others to work in partnership to improve the service. This included commissioners, health care professionals and relatives. Feedback we received from the three professionals we spoke with was all extremely positive they praised the positive improvements made over the last few months by the staff team.