

Kidderminster Care Limited

Cambrian House

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Cambrian House is a residential care home providing accommodation and personal care to 20 people aged 65 and over and one person aged under aged 65 at the time of the inspection. The service can support up to 25 people in one adapted and extended building. People's accommodation is on the ground and first floor.

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

People and their relatives were happy with the care they received and felt safe because of the support provided by staff who knew their needs.

The provider had processes in place to protect people from avoidable harm and abuse. Staff were aware of their responsibilities in relation to this and were clear about the way to escalate any concerns they identified. Risks to people were identified using best practice tools and guidance, and care was planned so people's safety was maintained.

The home environment was clean and tidy, and staff worked to reduce the risk of infection. When accidents or incidents occurred, learning was identified to reduce the risk of them happening again.

Staff were available to provide a timely response to people and provide safe care. People received their medicines as prescribed and medicines were managed so people's health needs were met.

People received personalised care which promoted their preferences. Their care plans reflected their needs and staff understood people's needs. The registered manager had ongoing action plans in place to further improve people's opportunities to recreational activities.

People's wishes at the end of their lives were recorded in their care plans and respected.

The provider had processes in place to deal with people's complaints should they arise. People and relatives were aware of how to raise any concerns should they need to.

The registered manager worked in an open way with people, their relatives, staff and health and social care professionals to provide a good quality of life for people. Staff felt supported by management and thought they worked well as a team. Systems were now in place to monitor the quality of the service and the care provided and actions were taken to continuously improve the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 February 2020).

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.

Why we inspected

We undertook this inspection as the provider had requested an addition to their service user bands to include Younger Adults.

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. This included checking the provider was meeting COVID-19 vaccination requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cambrian House on our website at www.cqc.org.uk

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Cambrian 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 (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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

The inspection was carried out by one inspector.

Service and service type

Cambrian House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 sought feedback from the local authority and professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion and represents the views of the public about health and social care services in England. 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 plan our inspection.

During the inspection-

We spoke with three people who used the service and three relatives about their experience of the care provided. We spoke with the provider, registered manager and deputy manager. We also spoke with two care staff and a senior care worker.

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 in detail and others in certain areas as well as multiple medication records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

After the inspection –

We reviewed additional information, policies and procedures the registered manager sent to us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to make enough improvements in assessing risks (including risks of falls) and medicine management so was in continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made so the provider was no longer in breach of regulation 12.

- The management team had made and sustained the improvements required following our previous inspection to support people's safety.
- Risks were now assessed and action taken as required. For example, the flooring had been replaced downstairs with carpet to help prevent falls as previously the flooring could become slippery. The registered manager told us this had reduced the number of falls.
- We saw equipment such as hoists and baths had been regularly serviced to ensure they were safe for people to use.
- Improvements to medicine management had been made. A designated medicines room was now in place for safe storage. Regular auditing had taken place to identify any errors. Records including controlled drugs were completed accurately.
- Staff told us they had their medication administration competency checked at least annually and were subject to spot checks by management to ensure people received their medicines safely.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the home. One person said, "I get wonderful care here I cannot fault it." A relative told us, "I could not get better care for (person's name)".
- The provider had systems and policies in place and staff had received training in how to protect people from harm and abuse. One staff member told us, "If ever I had any concerns, I'd go straight to my senior or the registered manager. I am confident it would be dealt with."

Staffing and recruitment

- The provider followed safe recruitment practices. Before a new staff member started work employment histories, references and a DBS check were obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us, they thought there were enough staff on duty to meet their needs. One person said, "Staff care is first class."

- Staff felt there was enough staff on duty to ensure people's needs were met.
- The registered manager told us they monitored and adjusted staffing levels in response to people's current care needs using a dependency scale.

Preventing and controlling infection

- 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.

Visiting in care homes

- The provider was adhering to the government guidance on visiting. People confirmed they had been receiving visits from their relatives.
- A relative told us when they visited the home they undertook a lateral flow test, had their temperature taken and vaccination checked before entering the home. They were asked to wear PPE (Personal Protective Equipment) during their visit to help spreading any infections.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The provider and registered manager monitored and took action to implement any required learning from accidents and incidents and shared these with the staff team.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection people and relatives had raised concern over the lack of stimulation and entertainment available at the home. At this inspection we found improvements had been made.

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

- People's individual needs had been considered as part of the assessment and care planning processes. For example, people who required aids to meet their sensory needs were supported to wear these. For example, staff assisted a person with their glasses.
- Since our last inspection the provider had introduced a new electronic care planning system, which enabled staff to up-date people's information more quickly if anything changed.
- Staff supported people to take part in hobbies and encouraged people to continue individual interests such as gardening. One person told us how they liked helping in the garden.
- Around the home displayed were photographs of people enjoying the new entertainment programme the registered manager had introduced. One person told us, "We can do what we want here – it's the resident's home."
- People told us they valued spending time with staff on a one to one basis and chatting about their interests and /or daily life. The provider told us they encouraged staff to do this. We saw this happened during our inspection and visibly enhanced people's feelings.
- People were encouraged to keep in contact with friends and relatives. People regularly received visits from friends and relatives and were encouraged to keep in contact as much as they preferred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was given in a way people could understand. For example, the registered manager had adapted the provider's customer satisfaction survey to a pictorial format to aid people's understanding.
- The registered manager had sought specialist training for staff so they could better support a person with a sensory loss. The registered manager told us, "I think it is important staff understand how (person's name) is able to view things, it helps them (staff) understand why they become anxious."

Improving care quality in response to complaints or concerns

- People and their relatives knew of the provider's complaints procedures and how to use it.
- Any complaints recorded were handled appropriately in line with the provider's policy.

End of life care and support

- At the time of our inspection no one was receiving end of life care.
- People's end of life wishes were recorded in their care plan.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider was found to be still in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although some improvements had been made further progress was required or substantiated before a good rating could be achieved. Systems and processes were found to require further improvement.

At this inspection we found the necessary improvements to systems and processes had been made and the provider was no longer in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Since our last inspection there had been a new registered manager appointed. They described to us how they had embarked on an improvement plan to address the shortfalls found at the last inspection. They had introduced a new quality auditing programme, new entertainment schedules and was in the process of introducing an electronic care planning system. The registered manager told us all these changes gave them greater oversight of the management of the home.
- The registered manager was aware of events and incidents which were reportable to the Care Quality Commission (CQC) and sent in notifications as required.
- The rating from the previous inspection was on display in the reception area of the home for people and visitors to see upon arrival at the home.

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

- Everyone we spoke with told us they had good relationships with the staff. For example one person said, "Staff treat me so well."
- People and staff were all very complimentary about the registered manager. Comments included, "(Registered Manager's name) is so kind." Another staff member said, "When I started my induction (registered manager's name) took time to personally introduce me to everyone and was so supportive and approachable."
- Staff described the staff morale as "Good" and working well as a team, we (staff) are all team players."

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

characteristics

- The provider and management team gathered the views of people living at the home and their relatives. This was done through daily conversations and customer feedback questionnaires.
- Staff were also given the opportunity to comment on the care they provided to people. This was through team meetings and one to one [supervision] meetings. Staff told us they felt the registered manager and deputy manager valued their feedback and listened to what they had to say.

Continuous learning and improving care

- The provider had sent customer satisfaction questionnaires out to people using the service, and their relatives, in order to gain feedback. All the responses we saw were positive.
- The provider had effective systems of quality checks in place to monitor the service people received. This included regular checks on people's health and safety arrangements, people's care plans and medication.

Working in partnership with others

- The staff team worked closely with other agencies to ensure positive outcomes for people. This included health and social care professionals.