

# Cambridgeshire County Council Cambridgeshire County Council - 40/44 Russell Street Cambridge

## Inspection report

40-44 Russell Street  
Cambridge  
Cambridgeshire  
CB2 1HT

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Date of inspection visit:  
01 May 2019  
27 May 2019

Date of publication:  
05 July 2019

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

Cambridgeshire County Council – 40/44 Russell Street Cambridge provides short-stay and long-term accommodation and personal care for up to nine people who have learning disabilities.

The service is divided into three areas: a four bedroomed house for people who live at the service, a four bedroomed house for people who have short stays at the service, and a flat for one person who can live semi-independently.

At the time of our inspection there were three people living at the service.

The service was a large home, incorporating three domestic style properties. It was registered for the support of up to nine people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People received exceptionally and highly personalised care that was responsive to them and respected their individuality. We received very positive feedback about the service. Without exception, healthcare professionals told us that staff were extremely responsive to people needs and preferences and that staff provided very person-centred care.

Staff recognised people's diverse needs and their rights and choices. People made their own decisions and staff listened to them. People were involved as they wanted to be in the local community. People celebrated events and staff actively encouraged them with their hobbies, interests and personal goals. People and their relatives were involved in their, or their family member's, care reviews. People's needs were constantly reviewed, and support adapted as required.

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised any potential risks to people. There were effective processes in

place to reduce the spread of infection. Staff managed people's medicines safely.

The provider continued to have a system in place to ensure that they only employed staff whose suitability to work at the service had been verified. There were enough staff to meet people's needs safely. Staff worked well together to ensure people were safe and well cared for.

The management team ensured that staff delivered up to date care in line with good practice and current guidance. People received care from staff who were competent, trained and well supported to meet people's assessed needs. Staff supported people to have enough to eat and drink and to access external healthcare services when needed. Staff worked well with external professionals to help improve and maintain people's physical and emotional wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People were involved in making decisions about their care and support. Where people needed additional support to make decisions, staff referred people to external advocates.

Staff knew people extremely well and displayed genuine fondness for them. They supported people in a caring, respectful and person-centred way. Staff supported people to develop their independence. Privacy and dignity were embedded into the team's practice and people were treated with the utmost respect. People were supported and encouraged to express their views and to be involved in decisions about their care. They were involved in care planning and reviews.

Staff worked in partnership with a wide range of professionals to ensure that people received joined up care. The service played an active role in the community and had links with other resources and organisations to support people's preferences and meet their needs.

Staff member's commitment and enthusiasm for providing a high-quality service was evident throughout our inspection and by the feedback we received. The registered manager was committed to ensuring staff provided a high-quality service and sought information from people using the service, their relatives, and staff, on a regular basis. Staff worked well together and demonstrated the values and vision of the service. People and their relatives felt able to raise concerns. The provider had systems in place, including a procedure, to deal with any concerns or complaints. The registered manager and staff were committed to learning and to improve outcomes for people using the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Good (report published 04 November 2016).

Why we inspected: This was a planned inspection based on the previous rating.

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 exceptionally 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 exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# Cambridgeshire County Council - 40/44 Russell Street Cambridge

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector and an inspection manager carried out this inspection.

#### Service and service type:

Cambridgeshire County Council – 40/44 Russell Street, Cambridge 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 does not provide nursing care.

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

#### Notice of inspection:

We told the provider the day before our visit that we would be inspecting. We did this because we wanted to make sure that a manager was available to speak with us.

#### What we did:

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

The provider submitted a Provider Information Return (PIR) on 4 April 2019. This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. Information from the PIR assisted us to plan the inspection.

We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Cambridge to help with our planning.

We visited the service on 1 May 2019. Three people were using the service and we spoke with two of them. We also used observation to gather evidence of people's experience of the service.

We spoke with the registered manager, the operations manager, two senior support workers and a support worker.

We looked at records relating to two people's care as well as other records relating to the management of the service. These included audits and quality assurance reports, staff training records, complaints and compliments received, and minutes of staff meetings.

Following our visit we contacted relatives of people using the service to ask for their views and we also contacted a range of external professionals who met people regularly. We have included some of their comments in this report.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People receiving the service told us that they felt safe. One person said, "The staff make me feel safe." Relatives also told us that people were safe. One relative said this was because there were enough staff and staff were well trained.
- Staff had received training to safeguard people from harm or poor care and their understanding of safeguarding was regularly assessed.
- Staff knew how to recognise, report and escalate any concerns to protect people from harm.

Assessing risk, safety monitoring and management

- People's risks were assessed, and staff had put measures in place to reduce the risk of harm occurring. People had comprehensive individual risk assessments and support plans which staff had reviewed and updated.
- Where people could become upset or anxious, staff knew how to respond to help reduce any distress or risk of injury to themselves or others. They followed guidelines which detailed an appropriate person-centred response, including the person's preferences for support in these circumstances and the strategies to use.
- Staff carried out checks and ensured that equipment was safe to use, effective and well maintained.
- The environment was also safe and well maintained. Emergency plans were in place to ensure people were appropriately supported in the event of a fire.

Staffing and recruitment

- The provider continued to have a system in place to ensure that they only employed staff whose suitability to work at the service had been verified.
- There were enough staff to meet people's needs.
- The number of staff on duty and their skill set varied depending on the number and needs of the people using the service and their planned activities. The service supported a diverse range of people. The PIR stated, 'Our staffing team matches that diversity and we are able to support people where English is not their first language or there are cultural preferences that are important to an individual.'
- Although recruitment was a challenge for the service, retention levels were good and there was a low turnover of staff.

Using medicines safely

- Staff maintained accurate records of medicines received into the service, administered, and disposed of. Staff were trained and their competency to administer medicines was regularly assessed.
- Where people were prescribed medicines 'as and when required' there were guidelines for staff to follow

about why the medicine was required and when it was to be administered.

- Medicine storage was secure and at the correct temperature.
- Senior staff audited medicine records regularly to ensure that medicines were administered to people as prescribed.

Preventing and controlling infection

- Staff completed training in infection control.
- There were effective processes in place to reduce the spread of infection.
- The service was clean and odour free and staff had access to disposable protective equipment and appropriate cleaning materials.

Learning lessons when things go wrong

- Staff were aware that they had to report all accidents and incidents. The registered manager reviewed these, and the providers health and safety team and monitored them for any themes or trends.
- Any learning from incidents and accidents was shared with the staff team.

# 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.

Good: 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

- Staff assessed each person to ensure that they understood their needs, consulting with specialist professionals when necessary.
- As part of the assessment process people and their families had the opportunity to visit the service. People also received an introduction pack about the service both in written and pictorial formats.
- Care plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and enthusiastic about working at the service. They felt well supported because of good team working, regular supervision, training and management support
- The registered manager understood the importance of continuously developing staff members' skills and sharing best practice.
- New staff received an induction which included completion of the Care Certificate. One member of staff told us how they had received, "A really supportive induction." They said their induction had consisted of shadowing experienced members of staff, receiving training in a wide range of topics, and having regular supervision.
- As well as received training in a variety of subjects the provider deemed mandatory, staff also received training to help them meet people's specific needs. These included subjects such as mental health, dementia, autism and diabetes.

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

- People were supported to have enough to eat and drink and the level of support they required was documented in their support plan.
- People told us that they enjoyed the food. One person told us how they enjoyed preparing their packed lunch.
- People were provided with a choice of food. Staff knew people's dietary needs as well as their likes and dislikes.

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

- One person told us that staff helped them to visit the doctor if they were not well. Relatives were confident that people's health care needs were met.
- Staff worked effectively with a wide range of care professionals such as the GP, pharmacists, dieticians, learning disability nurses and a variety of therapists. This helped to ensure that people received effective care that maintained their health and wellbeing.
- External care professionals made positive comments about how staff worked with them. A healthcare professional told us, "The staff are prompt at bringing people for their annual checks and quickly spot when people's needs change and request help with this appropriately. Another healthcare professional told us, "I think they are excellent in improving the health and wellbeing of people."

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

- The environment was warm, welcoming and comfortable with photographs that showed people taking part in activities.
- Shared areas were big enough to accommodate people's wheelchairs and people had access to outside space when they wanted to go out.
- The service had a range of equipment and technology to ensure that people's needs could be met. These included hoists, call bells, pressure mats and overhead tracking for hoists.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff knew how the MCA and DoLS applied to their work. Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were taken in people's best interests.
- The provider had requested authorisation from the relevant authorities when restricting people of their freedom. These applications were personalised, appropriate and reviewed when needed. Staff applied the MCA and DoLS in the least restrictive way possible.

# 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

Good: 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

- One person told us that they were very happy living at Russell Street. They said that the staff knew them well and that they liked the staff.
- Relatives were complimentary about the care, staff members' commitment, and the positive impact staff had on their family members. One relative told us, "The care is very good. The staff provide a fantastic service." They also told us that their family member enjoyed using the service.
- External care professionals made very positive comments about staff members' caring nature. One comment received was, "Their approach with our young people is always respectful and person-centred and they always strive to ensure that people are comfortable with their support." Another professional said, "The service gives a lot of consistency and support to people. Staff are very, very caring, and people are always well supported.
- Staff were fully committed to enabling and respecting people's wishes in how they received support to live an independent life as possible. They were passionate about providing person-centred, high quality care, and assisting people to develop.
- Staff knew people extremely well and displayed genuine fondness for them. They were respectful and supportive to people and had clearly developed positive relationships with them.

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

- People were supported and encouraged to express their views and to be involved in decisions about their care. They were involved care plans and reviews.
- Staff understood people's communication needs and people's support plans detailed how these needs should be met.
- People were offered choices about how to spend their time and staff respected the choices people made.
- If people required support to make decisions, staff arranged for them to use local advocacy services. Advocates are people who are independent of the service and who support people to decide what want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. Privacy and dignity were embedded into the team's practice and people were treated with the utmost respect.
- People were supported to maintain relationships with people who were important to them. One person was a member of a local church group and was supported to attend meetings independently.
- The registered manager told us in the PIR, 'We are an open service and encourage people to maintain existing and important relationships with friends and relatives.'

## Is the service responsive?

### Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received exceptionally and highly personalised care that was responsive to them and respected their individuality.
- Without exception, healthcare professionals told us that staff were extremely responsive to people needs and preferences and that staff provided very person-centred care. They provided us with many examples of how the service had achieved exceptional outcomes for people. These included one person now living independently due to the support that they received at the service, another person self-injuring themselves less frequently than they used to, and a third person requiring less medication.
- One healthcare professional told us how a person told them how supported they felt during their stay at the service. The professional said that "Staff communicated with me at all times which had a positive benefit for the person. Staff came up with really helpful suggestions and they were flexible in their approach. Overall the service offered was excellent in improving the health and well-being of the person."
- A GP told us how staff raised timely concerns about the people using the service. They said, "I think they are excellent. They raise appropriate questions and quickly spot when clients' needs change."
- Other comments received from healthcare professionals included "They are extremely person centred", "People are always very well supported", and, "The service gives a lot of consistency and support to people."
- Assessment and care planning documentation showed that staff considered all aspects of a person's needs. Support plans were drawn up with input from the person being supported, so that they accurately reflected the person's wants and needs. Staff recognised people's diverse needs and their rights and choices. People made their own decisions and staff listened to them.
- Staff supported people to express their feelings and emotions. Staff knew when people wanted to spend time with them and when they wished to be left alone.
- People were involved as they wanted to be in the local community. They used local shops, churches, restaurants, parks and other facilities, and some people were involved in local groups.
- Staff were continually looking for new opportunities for people to make peoples' lives interesting. Some people had visited the local fire station to see the equipment and meet the firefighters. There were photographs of people taking part in a wide range of activities. These included attending outdoor local music events. People chose what activities they wanted to take part in. Someone had suggesting having fish and chips at the sea-side, so staff were planning this.
- People celebrated events including Lesbian, gay, bisexual, and transgender (LGBT) history month. Staff encouraged people to complete art work and baking that reflected this. Mental Health Day was also celebrated. Relatives were encouraged to take part in activities. Staff organised an annual barbeque for people using the service, relatives, friends and other staff to get together socially.
- People were actively encouraged with their hobbies, interests and personal goals. People were able to

spend time how they wanted.

#### 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 was available in easy read format and other languages to aid peoples understanding. This included care plans, the complaints procedure, menus and safeguarding information.

#### Improving care quality in response to complaints or concerns

- The provider had systems in place, including a complaints procedure, which was available in in other formats, including an easy read version, to deal with any concerns or complaints.
- People and their relatives knew how to make a complaint. Staff reminded people during residents' meetings of the complaints procedure and were asked if they had any complaints. Staff actively encouraged people to talk and share their feelings. Relatives were also asked if they had concerns of complaints during the relative's meetings. The registered manager told us in the PIR, 'We monitor complaints and respond to them appropriately to make sure that they are not escalated.'

#### End of life care and support

- Peoples end of life wishes were discussed with them and recorded in their care plans. Staff recently received training to enable them to help people to design their own end of life care plans.
- The registered manager told us about a person who had been at the service for many years whose health deteriorated. The persons wish was to die at the service. Staff closely liaised with the GP and other health professionals and the person had a dignified death at the service.
- People from the service attended the funeral and two of the staff gave eulogies. The person's relatives thanked staff. They said, "Everyone was so kind, caring and considerate of [or family member's] every need. They truly were/are her other family."

## 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.

Good: 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, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff knew people well and their commitment and enthusiasm for providing a high-quality service was evident throughout our inspection and by the feedback we received.
- Staff felt well supported by the registered manager. Comments from staff included, "The managers are always available", and "I have a lot of respect for the [registered] manager, he is always available and provides us with support when we need it".
- Communication with people, their families, and professionals was open and transparent. Staff held regular meetings with people and their relatives so that they could provide their views of the service.
- People's records were well organised and regularly checked to ensure that information was up to date and accurate.

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

- The registered manager understood their role and legal responsibilities, including appropriately notifying CQC about any important events that happened in the service.
- Staff were clear about their roles and knew when and how to raise any concerns.
- Effective communication was in place to ensure that staff were kept up to date with any changes.

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

- The registered manager was committed to ensuring staff provided a high-quality service and sought information from people using the service, their relatives, and staff, on a regular basis.
- Staff worked well together and demonstrated the values and vision of the service.
- Team meetings provided staff with an opportunity to feedback their views and suggestions for improvements.
- There was a positive management structure in place which was open and transparent. The registered manager and the staff team knew people and their families well which enabled positive relationships and good outcomes for people using the service.

Continuous learning and improving care

- The registered manager and staff were committed to learning and to improve outcomes for people using the service. For example, they had recently implemented a safeguarding improvement plan which was going

to be further developed over the next 12 months.

- The registered manager used information gathered from audits and from the review of incidents and accidents to develop the service and make improvements.

Working in partnership with others

- Staff worked in partnership with a wide range of professionals to ensure that people received joined up care.
- The service played an active role in the community and had links with other resources and organisations to support people's preferences and meet their needs.