Cambian Learning Disabilities Limited

Eleni House

Inspection report

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Ratings

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

Overall summary

Eleni House provides support and care for up to eight people with a learning disability who also have a range of complex needs, such as epilepsy, sensory impairment, diabetes and self-injurious behaviour. There were eight people living in the service when we inspected on 23 July 2015.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, 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.

People received care that was tailored to meet their needs and wishes. People were safe and treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner. The atmosphere in the service was friendly and welcoming.

Summary of findings

Robust recruitment and selection processes were in place to check that staff were suitable to work and care for people. People were supported by sufficient numbers of staff who had the knowledge and skills to meet their complex needs. Staffing levels were flexible and supported people to follow their interests, take part in social activities and regularly access the local community.

Procedures were in place which safeguarded the people who used the service from the risk of abuse. Staff knew how to recognise, respond and report abuse correctly. There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

Effective systems were in place to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised. Staff understood how to manage risks and provide people with safe care. Care and support was individual and based on the assessed needs of each person.

People were supported by the manager and staff to be independent and make decisions about how they led their lives and wanted to be supported. People were encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

Staff had developed positive relationships with people and respected their diverse needs. They were caring and respectful and knew each person's individual care and support needs well. People's privacy and dignity was respected and maintained and they were supported to express their views and choices by whatever means they were able to. Staff clearly understood each person's way of communicating their needs and anxieties and responded appropriately.

Where people lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. A complaints procedure was in place. People's concerns and complaints were listened to, addressed in a timely manner and used to improve the service.

People's nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support. People were provided with a variety of meals and supported to eat and drink sufficiently. People enjoyed the food and were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

There was an open and transparent culture in the service. Staff were aware of the values of the service and understood their roles and responsibilities. The manager planned, assessed and monitored the quality of care consistently. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

Summary of findings

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.

Appropriate recruitment checks on staff were carried out with sufficient numbers employed to meet people's identified needs. Staff knew how to recognise, respond and report abuse correctly.

People were protected from avoidable risk as there were effective systems to identify, manage and monitor risk as part of the support and care planning processes.

People were provided with their medicines when they needed them and in a safe manner.

Good

Is the service effective?
The service was effective.

Staff were trained and supported to meet people's individual needs. The Mental Capacity Act (MCA) was understood by staff and appropriately implemented.

People were supported to maintain good health and had access to ongoing healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good

Is the service caring?
The service was caring.

Staff were compassionate, attentive and caring in their interactions with people.

People's independence, privacy and dignity was promoted and respected. Staff took account of people's individual needs and preferences.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved.

Good

Is the service responsive?
The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's wellbeing and social inclusion was assessed, planned and delivered to ensure their social needs were being met.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Good

Is the service well-led?
The service was well-led.

There was an open and transparent culture at the service.

Good

Summary of findings

Staff were encouraged and supported by the manager to professionally develop their skills and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

Eleni 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.

This unannounced inspection took place 23 July 2015 and was carried out by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

People had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways. We observed the way people interacted with staff and how they responded to their environment and people who were supporting them. We reviewed three people's care records and other information, for example their risk assessments and medication records, to help us assess how their care needs were being met. We spoke with five members of staff and the registered manager. We reviewed feedback from three health and social care professionals and an independent advocate who worked closely with the service.

We looked at records relating to the management of the service including records relating to the safety of equipment, staff training and systems in place for assessing and monitoring the quality of the service. We also looked at three staff recruitment files.

Good

Is the service safe?

Our findings

People had complex needs, which meant they could not always readily tell us about their experiences and communicated with us in different ways. We observed the way people interacted with staff and how they responded to their environment and people who were supporting them. People who used the service presented as relaxed and at ease in their environment and with the staff. One person when asked if they felt safe in the service smiled and nodded their head at us.

An independent advocate who worked closely with people who used the service told us, "I feel that the residents are safe, if there was an issue which affected the safety of the residents then it is dealt with quickly and effectively. The open culture within the unit (service) results in all appropriate parties being informed and involved in the process".

People were safe because systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training and were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. This included reporting to the appropriate professionals who were responsible for investigating concerns of abuse. Records seen showed that concerns were reported appropriately.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was fire. There was guidance in the service to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected from risks and their freedom was supported and respected. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community with clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions, such as epilepsy, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and regularly updated.

There was an established staffing team in place and sufficient numbers to provide the support required to meet people's needs. The manager advised they rarely used agency to provide cover as existing staff including themselves covered shifts to ensure consistency and good practice. People's needs had been assessed and staffing hours were allocated to meet their requirements. The manager advised us that the staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. Our conversations with staff and records seen confirmed this.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the manager or provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

Suitable arrangements were in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service and when they were disposed of. Medicines were provided to people as prescribed, for example with food or at certain times. Staff recorded that people had taken their medicines on Medicine Administration Records (MAR's). Where medication was prescribed to be taken as and when required, for example when people became anxious, there were plans, guiding staff through the process for deciding whether to administer the medication, and what alternative strategies should be attempted before resorting to the use of medicines in such circumstances. Staff talked about different techniques they used to manage people's anxieties before they resorted to administering medicines to support people to manage their anxiety. This included the use of distraction, reassurance or directing them to their bedroom or outside in the garden to calm down. One staff member said, "Each person is different and has a

Good

Is the service safe?

different way of coping and calming down. All the staff here recognise the signs and changes in mood and will follow the behavioural plans in place for that person. Meds (medicines) are used as a last option."

Records showed medicines administration records (MAR) charts were checked and medicines audits regularly carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on.

Good

Is the service effective?

Our findings

Staff said that they were provided with the training that they needed to meet people's requirements and preferences effectively. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff also told us they received specific training to meet people's care needs. This included supporting people with diabetes, epilepsy and managing behaviours. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

People received effective care that was based on best practice from staff who had the knowledge and skills to meet their needs. Staff told us that they felt supported in their role and had regular supervision meetings where they could talk through any issues, seek advice and receive feedback about their work practice. They told us the manager encouraged them to professionally develop and supported their career progression. Several members of the staff team in senior positions had been promoted from within the service. Regular team meetings took place which provided staff with the opportunity to discuss their roles and responsibilities, best practice, receive feedback and identify ways to improve the service provided to people.

Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS referrals had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Care plans identified people's capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks, refreshments and fruit throughout the day. Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. Staff maintained regular recorded weight checks where there was a known concern about the weight of a person using the service. We also saw records which confirmed the service involved dietetic services to support people who had needs around healthy eating.

People had access to healthcare services and received ongoing healthcare support where required. We saw records of visits to healthcare professionals in people's files. Care records reflected that people, or relatives on their behalf, had been involved in determining people's care needs. This included attending reviews with other health care professionals such as social workers, specialist consultants and their doctor. Health action plans were tailored to each person and included dates for medical appointments, medication reviews and annual health checks. Any specific plans, for example to manage seizures, were signed by relevant healthcare professionals, demonstrating appropriate oversight by a person with qualifications in the relevant field.

Good

Is the service caring?

Our findings

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner and were caring and respectful in their interactions, for example staff made eye contact, gave people time and explored comments and sounds made to them to get to the meaning of what they were trying to communicate. Staff showed genuine interest in people's lives and knew them well, their preferred routines, likes and dislikes.

People responded in a positive manner to staff interaction, including smiling and laughing. One person held the arm of a member of staff and repeatedly patted it as they stood next to them. People were clearly comfortable with the staff.

Staff were knowledgeable about people's life experiences and spoke with us about people's different personalities. They demonstrated an enhanced understanding of the people they cared for in line with their individual care and support arrangements. This included how they communicated and made themselves understood. Detailed communication plans helped develop effective understanding between people and staff. This included information about the aids people used such as pictorial cards, and their facial expressions, vocalised sounds, body language and gestures and other indicators such as their demeanour and what changes could represent, for example how a person appeared if they experienced pain or anxiety.

People were supported to maintain friendships. Their support plans contained information about their family and friends and those who were important to them such as independent advocates. A support worker doubled as a driver on shift to provide people with regular access to the community and to take them to planned activities when required. This enabled people to continue to maintain friendships they had developed.

People's privacy, dignity and choices were respected. People's healthcare needs were discussed in private and not publicly. People chose whether to be in communal areas or have time in their bedroom or outside the service. We saw a member of staff discreetly adjust the back of a person's top that ridden up to maintain their modesty. We also saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

People had the opportunity to make their views known about their care and support through regular key worker meetings. Events, activities were also discussed and menus planned. Around the service there were various examples of the pictures and symbols used to help inform people and involve them in day to day decisions.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities which were important to them. We saw that staff were attentive to people's needs, checking on them in the communal areas and bedrooms. Requests for assistance were answered promptly and support given immediately.

People had an allocated staff member as their key worker who was responsible for coordinating all aspects of that person's care and support. We saw records, which confirmed that key workers met regularly with people and those involved in their care such as independent advocates to discuss the arrangements in place and to make changes where necessary if their needs had changed. This ensured that people received care and support that was planned and centred on their individual needs.

Staff explained how they tailored care and support to meet people's complex needs, for example when people with varying learning disabilities and sensory impairments were not always able to express themselves verbally and were becoming frustrated at not being understood. Staff had learnt and shared with each other the best ways to recognise people's different behaviours and mannerisms which indicated their mood, what they wanted to do and the choices they wanted to make. Staff described how they used different responses to communicate their understanding and engage with people this included short verbal commands, pictures, sign language and using reassuring touch.

The manager told us about the creative initiatives they were exploring to improve communication between staff and people. This included using large flash cards in communal areas to encourage people to choose a picture showing a place of interest for a trip in the mini bus or an activity they wanted to do. If successful, plans were to introduce the flash cards into meetings with people to engage them in making decisions about their care and what was important to them. This showed how people's feedback was valued and used to improve their quality of care and experience living in the service. Another innovative communication aid the manager was developing involved a yellow plastic gadget that people touched and a voice responded either yes or no depending on their choice. The aim was to make these available in the service for people to use when asked a question. For example, would you like a cup of tea? The person hits the appropriate button to make their choice.

Care plans contained detailed information about people's physical health, mental health and social care needs. These needs had been assessed and care plans were developed to meet them. There was clear guidance for staff on how people liked their care to be given and detailed descriptions of people's routines. Care plans were updated during regular reviews or as and when people's needs changed. As far as possible, people and their representatives were involved in care planning and review processes and consulted about changes to care plans.

Staff were kept aware of any changes in people's needs on a daily basis. Daily records contained information about what people had done during the day, what they had eaten and how their mood had been or if their condition had changed. There were also verbal handovers between shifts, when staff teams changed, and a communication book to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

People were supported to engage in meaningful pastimes they enjoyed. This included watching their favourite television programmes and DVD's, engaging with sensory objects, joining in with 1:1 and group planned activities and listening to music. The service had a mini bus facility and designated driver available so that people could be supported to leave the service and attend external activities, appointments and access the local community. People were encouraged and regularly supported to go shopping, eat out at their favourite place and go on external day trips. For example to the beach or leisure centre.

People's feedback was valued and used to improve the service, for example people had said they liked swimming so the manager was looking into swimming pools with suitable disability access. The success of the petting dogs that regularly visited the service was being developed to potentially include other animals and identify community farms that offered the opportunity for people to interact with the animals, for example grooming horses.

There was a complaints procedure that had been adapted to ensure people with a variety of communication methods

Good

Is the service responsive?

could express any concerns they had about the service. The provider's complaints policy and procedure was made freely available in the service and in an accessible format. It contained details of relevant external agencies and the contact details for advocacy services to support people if required.

The manager confirmed that the service was not dealing with any complaints at the time of our inspection. They advised us that they were developing the complaints system to take into account comments, concerns and compliments about the service from people, staff and other professionals to show how they took into account feedback and made changes to improve the quality of the service. For example following a discussion with the advocate and manager about how things were working and looking at ways to improve engagement and interaction with people. It was agreed to change the advocacy sessions from dedicated 1:1 times for people to group sessions held in the lounge doing activities that people could drop in and out of. A flexible approach ensured that if the need arose for 1:1 sessions the advocate would facilitate this. The manger advised that take up had improved and people were engaging more with the advocate which they hoped would lead to direct feedback about people's overall experience of living in the service and identify where things could be improved.

Good

Is the service well-led?

Our findings

People were valued, respected and included because the manager and staff were approachable, and listened to and valued their opinions. People and staff were comfortable and at ease with the manager. Staff we spoke with felt the service was well led and that the manager was approachable and listened to them. They told us they were involved in the running of the service and their views were respected and taken into account. One member of staff said, "The manager is always available if you need to talk to them. They listen and will help you. Never a problem to speak to management." Another staff member said about the manager, "I feel they trust us (staff) and support us to do right by people here. If you are not sure about something they are on hand to talk it through. If we need further training they make it happen."

It was clear from our observations and discussions that there was an open and supportive culture in the service. Staff were encouraged and supported by the manager and were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. Care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Senior staff told us how the manager had empowered them to promote people's best interests and they had developed effective relationships with other professionals involved in people's care, for example during hospital stays staff told us how they felt confident to challenge care arrangements if they felt that it didn't meet people's needs and would have a detrimental effect on their wellbeing. One member of staff said, "We know the people here inside and out and at times have to be their voice. I have gone to hospital with [person] and had to make it clear to the nurses what they need to do to make [person] calm and responsive. The manager will support you if you need them to. Things have got better they [hospital staff] seem to recognise that we support these people every day and understand their needs and how to meet them We also recognise the triggers and changes in mood and correct interventions to manage the situation safely."

People benefitted because the manager encouraged staff to learn and develop new skills and ideas, for example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training the manager would support them.

Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed. One person said, "The staff meetings are useful at talking things through and ensuring consistency in how we meet people's needs. Sometimes you learn another way to approach things. I get a lot out of them." Another person said, "I can't always make them [meetings] but have put things on the agenda to be discussed and read the minutes after." Meeting minutes showed that staff feedback was encouraged, acted on and best practice promoted and used to improve the service. For example recent minutes showed that staff were reminded during the hot weather to ensure people were offered drinks regularly to aid their hydration and helped keep the number of epileptic seizures down.

People, relatives and visitors had expressed their views about the service through meetings and through individual reviews of their care. We saw that the service was looking into arranging trips to the Salvation Army Citadel for one person based on feedback received that this was something they enjoyed doing. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. Staff were formally asked their views, as were relatives and people who used the service. We saw records of the last completed survey, and action plans detailing the measures the management team had taken or intended to take in response to issues raised. For example, providing different meal options and changing the décor of one person's room. This showed us that people's views and experiences were taken into account and acted on to continually improve the service they received.

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there

Good

Is the service well-led?

were any potential patterns or other considerations (for example medicines) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people.

A range of audits to assess the quality of the service were regularly carried out. These included medication audits and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Full care plan audits were undertaken annually, in addition to the ongoing auditing through the provider's internal review system. This included feedback from family members, keyworkers and the person who used the service. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders.

The provider and management team undertook frequent reviews of their processes and systems to ensure consistency and effective practice were followed. The outcomes and actions arising from the audits and checks addressed any shortfalls identified and fed into a continual improvement plan for the service.

We checked records of incidents the service was required to notify external agencies. We found that the manager had ensured that all the legal requirements had been complied with. This showed us that the service was operating in accordance with relevant regulations.

A complaints procedure was displayed in the service and explained how people could raise a complaint. Records showed that complaints were well documented, acted on and used to improve the service. The manager told us they were developing the complaints system to take into account comments, concerns and compliments about the service from people, staff and other professionals to show how they took into account feedback and made changes to improve the quality of the service.