

Cambian Learning Disabilities Midlands Limited

Cambian Beeches

Inspection report

Retford Road
South Leverton
Retford
Nottinghamshire
DN22 0BY

Tel: 01427807630
Website: www.cambiangroup.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 2 June 2015. After that inspection we received concerns in relation to the safety of people living at the home. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those/this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Cambian Beeches on our website at www.cqc.org.uk.

The service had a registered manager. 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.

Staff worked to protect people from the risk of abuse and appropriate action was taken following any incidents to try and reduce the risks of incidents happening again. Risks to people's health and safety were assessed and plans put into place to reduce risks.

People were supported by a sufficient number of staff and staffing levels were flexible to meet people's needs. Effective recruitment procedures were operated to ensure staff were safe to work with vulnerable adults. People received their medicines as prescribed and they were safely stored.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People received the support required to keep them safe and reduce risks to their safety. Incidents were responded to appropriately.

There were sufficient numbers of staff to meet people's needs.

People received their medication when required and it was stored and recorded appropriately.

Cambian Beeches

Detailed findings

Background to this inspection

We carried out an unannounced inspection of Cambian Beeches on 20 December 2016 because we had received information of concern about people's safety. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received about the service and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted the commissioners (who fund the care for some people) of the service.

During our inspection we spoke with one person who was using the service, two relatives, three members of support staff, the deputy manager and the registered manager. We also observed the way staff cared for and interacted with service users in the communal areas of the building. We looked at the care plans of three people and any associated records such as incident records. We looked at two staff files and a range of records relating to the running of the service, such as two medicines administration records and staff rotas.

Is the service safe?

Our findings

People were protected from the risk of harm and staff worked proactively to maintain people's safety. The person we spoke with confirmed that they felt safe living at the home. The relatives we spoke with felt their loved ones were safe living at the home and that staff took appropriate action if any incidents occurred. One relative said, "I think [my relative] is very safe." Another relative told us they thought their loved one was safe because, "Staff know [my relative] very well and I am sure they keep them safe."

During our visit the atmosphere was generally calm and relaxed and staff supported people in an inclusive way. Staff pre-empted any situations where people may have been becoming distressed by diverting them away from the area of the building they were in and offering an alternative activity to them. We saw that staff were confident in managing such situations and had an understanding of the best way to support different people.

The staff we spoke with were aware of different techniques they could use to support people to stay safe and reduce the risk of harm. For example, staff were aware that some people may become frustrated and communicate this through verbal or physical aggression. Staff were very clear that they tried many different techniques to distract and calm people and that restraint was only used as a last resort. This was backed up by information in people's care plans about how to support them to stay safe. When incidents had occurred, the registered manager worked with staff to understand why it had happened and what could be done differently next time.

People and staff had access to information about safeguarding which was available in the home in various places. Staff told us that they would report any suspected abuse to the deputy manager or registered manager and had confidence that it would be dealt with appropriately. The provider had ensured staff received appropriate training and development to understand how to protect people. Staff were able to describe the different types of abuse which can occur and how they would report it. Information had been shared with the local authority about any incidents which had occurred in the home.

The relatives we spoke with were confident that any risks to people's safety were appropriately assessed and well managed. Prior to anybody moving in to Cambian Beeches a detailed assessment and 'compatibility check' was carried out with each person. This involved assessing whether or not their needs could be met and if the person would get on well with the people already living at the home. During our visit we saw that risks to people's health and safety were assessed and measures put into place to reduce those risks. For example, some people were assessed as being at risk of harm when leaving the building to visit the local community. Staff had access to information within people's care plans about how to manage these risks in the least restrictive way. This ensured that people were still able to visit the local shops or attend healthcare appointments with the support of staff. When we spoke to staff they displayed a good understanding of the different risks to people's health and safety and how these were managed.

Risks related to people's physical health conditions were also assessed and steps put into place to mitigate each risk. For example, one of the care plans we looked at indicated that the person had epilepsy and could

have seizures. There was guidance in place, which was understood by staff, about how to reduce the risk of injury while the person was experiencing a seizure. In addition, staff knew when to call for emergency services should the seizure continue for a defined period of time.

Staff and the registered manager worked to reduce the number of incidents that happened by analysing incident records to identify any patterns or trends. This information was used to identify if the care and support provided to people could be changed. The registered manager reviewed all incident records and kept a log of information about the incidents that occurred. This information was used to establish if the care people received could be further improved in order to reduce the number of incidents. We saw that, for some people, this had had a positive effect in reducing the amount of incidents that happened.

People were cared for in an environment which was generally well maintained and appropriate safety checks were carried out. Routine maintenance tasks were reported to a maintenance provider in a timely manner. Some of the incidents involving people living at the home had resulted in damage to the building, fixtures and fittings, such as broken glass and damaged light switches. Staff told us that it could take longer for these repairs to be carried out, however we saw that the affected areas had been made safe whilst the repairs were awaited.

The relatives we spoke with told us that, as far as they were aware, there were enough staff to meet people's needs. During our visit we observed that there were enough staff to meet people's needs in a timely manner. People received the support they needed at all times and staff were quick to respond to any requests people made. Some people were out with a staff member during our visit. In addition to support staff, there was a chef, cleaning and administration staff as well as the clinical support team.

We discussed how staffing levels were planned with the registered manager. They told us that staffing levels were flexible dependant on people's needs and if any activities and appointments were planned. For example, some people required two members of staff to accompany them when leaving the home and this was planned for on the rota. We saw that the staffing levels on the rota were flexible, as described by the registered manager. There were also sufficient staff employed to ensure that staff could take annual leave and regular rest days. Support staff were split into two groups which we were told had resulted in greater consistency in the care being provided and more effective team working. The staff we spoke with told us they felt there were generally enough staff working in the service to meet people's needs. The registered manager acknowledged that staff turnover had been higher than they would have liked in the previous 12 months, however work was on-going to recruit more staff to fill any vacancies that remained.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

During our visit we observed that people received their medicines as prescribed and at the right time. Each person's medicines were stored securely in a centrally located treatment room. We observed staff following safe procedures when administering people's medicines and saw that they were patient and explained to people what their medicines were for. The medicines people had taken were then recorded on a medicines administration record, or if people had refused their medicines a reason was recorded. Staff told us that people generally took their medication without any difficulty, but they would contact the person's GP if they had any concerns.

We found that there was detailed information available about each person in respect of their medicines

including any allergies and how the person preferred to take their medicines. Some medicines were administered covertly, which means that they are hidden in food or drink. Staff had obtained the necessary permission to administer medicines in this way. They also checked with the dispensing pharmacy about the safest way to administer medicines covertly. Some medicines were prescribed on a PRN (as required) basis, which means they were not administered routinely, only when the person required them. There was a clear protocol in place for each PRN medicine which explained to staff when it would be appropriate to give to the person, for example if they required pain relief.

Staff received training in the safe handling and administration of medicines and had their competency assessed. People's medicines were ordered for them in a timely manner and staff ensured that any short courses of medicines, such as antibiotics, were given to people when needed. When people stayed with their relatives, the required amount of medicines for the duration of their leave was signed out. Staff then checked whether or not the medicines had been taken upon their return to Cambian Beeches.