

# Cambian Signpost Limited

## Clearbury

### Inspection report

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Date of inspection visit: 26 May and 5 June 2015  
Date of publication: 29/06/2015

#### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

#### Overall summary

This unannounced inspection took place on 26 May 2015. We returned on 5 June 2015 with a British Sign Language (BSL) interpreter so we could speak to people using the service and staff.

Clearbury provides a long-term period of residential care with therapeutic support for up to four people between the ages of 16 and 25 who are either profoundly deaf or who have significant hearing loss and complex needs. At the time of our inspection there were three people living at Clearbury.

When we visited 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.

Medicines management had not always been effective, but had improved by time we returned on 5 June 2015.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted

# Summary of findings

abuse and how to report if concerns were raised. Risk management was important to ensure people's safety. Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the home followed the appropriate processes.

People received personalised care and support specific to their needs and preferences and their views and suggestions were taken into account to improve the service. They were supported to maintain a balanced diet and encouraged to be involved in preparing meals with staff support. Health and social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

Staff relationships with people were strong, caring and supportive. Through our observations and discussions, we found that staff were motivated and inspired to offer care that was kind and compassionate.

Staffing arrangements, which included recruitment, were flexible in order to meet people's individual needs. Staff received a range of training and regular support to keep their skills up to date in order to support people appropriately. Staff spoke positively about communication and how the manager worked well with them, encouraged team working and an open culture.

A number of effective methods were used to assess the quality and safety of the service people received.

# 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?

One aspect of the service was not safe.

Medicines management had not always been effective, but had improved by time we returned on 5 June 2015.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. People's risks were managed well to ensure their safety.

Staffing arrangements, which included recruitment, were flexible in order to meet people's individual needs.

Requires improvement



### Is the service effective?

The service was effective.

Staff received a range of training and regular supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

People's rights were protected because the home followed the appropriate processes.

People were supported to maintain a balanced diet and encouraged to be involved in preparing meals with staff support.

Good



### Is the service caring?

The service was caring.

Staff relationships with people were strong, caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support specific to their needs and preferences.

Activities formed an important part of people's lives.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

Staff spoke positively about communication and how the manager worked well with them.

People's views and suggestions were taken into account to improve the service.

The organisation's vision and values centred around the people they supported.

A number of effective methods were used to assess the quality and safety of the service people received.

# Clearbury

## 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 on 26 May 2015. We returned on 5 June 2015 with a British Sign Language (BSL) interpreter so we could speak to people using the service and staff.

The inspection team consisted of an inspector and interpreter.

Before the inspection, we reviewed the information we held about the home and notifications we had received. Notifications are forms completed by the organisation about certain events which affect people in their care.

We spoke with two people receiving a service and six members of staff. We reviewed two people's care files, two staff files, staff training records and a selection of policies and procedures and records relating to the management of the service. Following our visit we sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from a social worker and a head of college.

# Is the service safe?

## Our findings

Clearbury administered very little medicine. Appropriate arrangements were in place when obtaining medicines. The home received people's medicines from a local pharmacy on a monthly basis. These were supplied, where appropriate, in blister packs so that staff could administer people's medicines with ease. On 26 May 2015 we found that people's medicines were not managed so they received them safely. For example, one blister pack had been used outside of the correct sequence. We did find there was the right amount of tablets remaining, but there remained the risk that this could lead to confusion. When we returned on 5 June 2015, this problem had been remedied by the management team.

Medicines were kept safely in a locked medicine cupboard within the staff office, which was also kept locked. The cupboard was kept in an orderly way to prevent mistakes from happening.

Medicines were safely administered. Medicines recording records were appropriately signed by staff when administering a person's medicines. However, on 26 May 2015 we saw that one member of staff had written additional entries of medicines prescribed. These were historical medicines and were not in use. Additionally, these entries had not been countersigned and we could not find any documentation to show who agreed for these medicines to be added to the medicines records. Despite an audit being in place to ensure medicine management was accurate it had not picked up on the issues identified during our inspection. When we returned on 5 June 2015, the home had returned the medicines not in use to the local pharmacy and had the medicines records updated. We were also able to see who had agreed to these medicines in the past, such as a specialist from hospital.

Over the counter medicines and lotions were also present in the medicines cupboard, for example an antihistamine and calamine lotion. These are known as homely remedies and in a care home should be agreed by the GP. A homely remedy is a medicinal preparation used to treat minor ailments; it is purchased over the counter and does not require a prescription. These homely remedy products are kept in the home to allow access to products that would commonly be available in any household. We could not

find any agreements signed by the GP in line with guidance and the organisation's medicines policy. When we returned on 5 June 2015, the forms had been sent to the GP to complete and the service was awaiting their return.

All the above medicine issues had been addressed by the time we returned on 5 June 2015. This showed the service was responsive to dealing with the medicine issues we had identified.

People felt safe and supported by staff at Clearbury and had no concerns about the ability of staff to respond to safeguarding concerns. Comments included: "I feel safe here" and "I would speak to staff if I was worried about anything." We observed staff responding appropriately to people's needs and interacting respectfully to ensure their human rights were upheld and respected.

Staff demonstrated an understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and to the Care Quality Commission. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. Staff records confirmed this information.

The registered manager demonstrated an understanding of their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

People's individual risks were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments for sexual health, overeating, managing behaviours which challenged and access to the internet. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, the use of distraction techniques when a person was becoming distressed. Staff explained that speaking calmly and talking people through their emotions were the most effective ways to support people through difficult times. Staff had also received positive behaviour management training accredited by the British

## Is the service safe?

Institute for Learning Disabilities (BILD). This was to ensure the safety of people when a person was displaying behaviours which challenged. This showed that staff were using up to date evidence based interventions to protect people in their care.

Staffing was maintained at safe levels. Staff confirmed that people's needs were met promptly and felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. Staff were seen to spend time with people, for example chatting with people about subjects of interest.

The registered manager explained two staff were always on duty. Staff worked a 24 hour shift to ensure continuity for people, with them sleeping in at night. We asked how unforeseen shortfalls in staffing arrangements due to

sickness were managed. They explained that regular staff would fill in to cover the shortfall so people's needs could be met by people that understood them. In addition, the service had on-call arrangements for staff to contact if concerns were evident during their shift. This support was provided by the management team.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with vulnerable people.

# Is the service effective?

## Our findings

People did not voice concerns about the staff's ability to meet their needs and the training they received. One comment included: "The staff know what they are doing and they support me."

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff were able to speak confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported when feeling anxious through effective communication and the use of British Sign Language (BSL). Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and social worker. These records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction formed part of a six month probationary period, so the organisation could assess staff competency and suitability to work for the service and were suitable to work with people.

Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. One staff member commented: "We get lots of training which is very good." Staff received training on subjects including, safeguarding vulnerable adults and children, the Mental Capacity Act (2005), British Sign Language, deaf awareness, medicines

management, first aid, food hygiene and a range of topics specific to people's individual needs. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs.

Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager and the wider organisation. Staff files and staff we spoke with confirmed that supervision sessions and appraisals took place on a regular basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee. This showed that the organisation recognised the importance of staff receiving regular support to carry out their roles safely.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and through sign language. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. No-one was subject to DoLS at the time of our visit.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA (2005). Where staff were concerned a person was making unwise decisions due to a possible lack of capacity, they had worked closely with other health and social care



## Is the service effective?

professionals. For example, a person choosing to stay out overnight to attend a party. There was supporting evidence of how people's capacity to consent had been assessed and best interest discussions or meetings which had taken place.

People were supported to maintain a balanced diet. People were encouraged to be involved in preparing meals with staff support in line with their care plan. One person told us how they were encouraged to eat healthily and cook meals. They recognised this was to promote their independence

and physical health. Another person said, "I like all sorts of food." Care plans and staff guidance emphasised the importance of people being involved in the daily menu and ensuring choice. We saw staff had completed people's food and drink log in order to monitor the amount of food and drink people were having on a daily basis. Staff recognised that this helped them recognise changes in a person's eating habits and when they needed to consult with health professionals involved in people's care.

# Is the service caring?

## Our findings

Interactions were good humoured and caring. Staff involved people in their care and supporting them to make decisions. Comments included: “It’s alright living here and the staff are nice” and “I like it here, I am happy.”

Staff treated people with dignity and respect when helping them with daily living tasks. Staff told us how they maintained people’s privacy and dignity when assisting them, for example ensuring bedroom doors were closed and gaining consent before providing support. Staff adopted a positive approach in the way they involved people and respected their independence. For example, people’s specific plans for going out in the local community and attending college.

Staff demonstrated empathy in their conversations with people they cared for and in their discussions with us about people. Staff showed an understanding of the need to encourage people to be involved in their care. For example, how one person wished staff to talk with them about things which interested them and provided them with reassurance.

Staff relationships with people were strong, caring and supportive. For example, staff spoke confidently about people’s specific needs and how they liked to be supported. Through our observations and discussions, we

found staff were motivated and inspired to offer care that was kind and compassionate. For example, staff spoke about how working as a team motivated them and how they gained inspiration from each other.

Staff demonstrated how they were observant to people’s changing moods and responded appropriately. For example, when a person was feeling anxious. They explained the importance of supporting them in a caring and calm manner by talking with them about things which interested them and made them happy. We observed that staff communicated with people in a respectful way. Staff adopted a nationally recognised approach called PACE (Playful, Acceptance, Curiosity and Empathy) to support people. PACE is a way of thinking, feeling, communicating and behaving that aims to make a person feel safe and encourage them to grow. This showed that staff recognised effective communication to be an important way of supporting people, to aid their general wellbeing.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. For example, staff were seen to work with people individually on activities of their personal interest. Staff spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs.

# Is the service responsive?

## Our findings

People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.

There was evidence of people being involved in making decisions about their care and treatment through their discussions with staff. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific goals to aid their wellbeing and sense of value.

Care files included personal information and identified the relevant people involved in people's care, such as their social worker and college tutor. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them. People's likes and dislikes being taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, health needs,

sexual health, communication, anxiety management, activities and eating and drinking. Staff told us that they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People attended college and spent time in the local community in order to develop new skills and socialise. Staff commented: "It's about offering choice and promoting independence" and "Important to tap into people's skills to promote life fulfilment." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends and contacting them via social media.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system. One person commented "I would speak to staff if I had any concern." The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. There were also complaints leaflets available for people in the dining room. This enabled people to complete them and send them freepost directly to the head office. This ensured people were given enough information and facilities if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

# Is the service well-led?

## Our findings

Staff spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. Staff commented: “We have regular meetings where we are kept up to date on new information” and “There is good contact with management.”

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. Meeting minutes showed that meetings took place on a regular basis and were an opportunity for staff to air any concerns as well as keep up to date with working practices and organisational issues.

Manager meetings occurred on a regular basis. These were an opportunity to exchange local and disseminate organisational information. The registered manager recognised the importance of these meetings and how the information fed into local team meetings. This enabled staff at varying levels to remain up to date on issues which affected them directly and indirectly.

People’s views and suggestions were taken into account to improve the service. For example, resident meetings took place to address any arising issues. For example, a recent meeting people had chosen paint colours for each area of the home. The home was now in the process of being decorated using the colours chosen. In addition, surveys had been completed in 2014 by people using the service, relatives and health and social care professionals. The surveys asked specific questions about the standard of the service and the support it gave people. The results were positive, requiring no further action. The management team recognised that they would like to send surveys out again to ensure people were happy with the service and to further develop it in line with people’s views. This demonstrated the organisation recognised the importance of gathering people’s views to improve the quality and safety of the service and the care being provided.

The organisation’s vision and values centred around the people they supported. The organisation’s statement of purpose documented a philosophy of maximising people’s life choices, encouraging independence and people having

a sense of worth and value. Our inspection showed that the organisation’s philosophy was embedded in Clearbury through talking to people using the service and staff and looking at records.

The service worked with other health and social care professionals in line with people’s specific needs. Liaisons took place with the local authority and Care Quality Commission. People and staff commented that communication between other agencies was good and enabled people’s needs to be met. Care files showed evidence of professionals working together. For example, social workers and college tutors. Regular medical reviews took place to ensure people’s current and changing needs were being met. A social worker commented that Clearbury was a really positive service and was happy how it had helped the person they care managed. A head of college commented: “I have always found the service to be professional, approachable and flexible. We have very good lines of communication on a daily, operational level and in terms of wider planning for best outcomes for our 3 learners in their care. It is my professional opinion that Clearbury is extremely committed to providing and supporting high expectations for their young people. They work with us to encourage educational progression and always work with the young person at the centre of any decisions. They are fully supportive in working with us to enable us to support the young person to achieve their targets and overcome any challenges the young person may face.”

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, changes to a person’s care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the organisation’s policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people’s plans of care and treatment. Staff confirmed they were aware of the organisation’s whistleblowing policy and the procedure in place if they felt they needed to raise concerns due to unresolved problems. They added that to date they had not had to follow the procedure because issues had been dealt with appropriately by the management team. This demonstrated that the service was both responsive and proactive in dealing with incidents which affected people.

## Is the service well-led?

Audits were completed on a regular basis. For example, the audits reviewed people's care plans and risk assessments, incidents and accidents, health and safety, infection control and staff training and support. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed.

The premises were adequately maintained and a maintenance programme was in place. Health and safety checks were completed on a daily, weekly, monthly and

annual basis by staff employed by the organisation and external contractors. For example, fire alarm, fire extinguishers and electrical equipment checks. Staff had received health and safety and fire safety training to ensure they knew their roles and responsibilities when protecting people in their care. People also had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. This demonstrated that people were protected because the organisation took safety seriously and had appropriate procedures in place.