

Cambian Autism Services Limited

Devon Lodge

Inspection report

23a Grange road
Hedge End
Hampshire
SO30 2FL

Date of inspection visit: 11 and 12 November 2015
Date of publication: 24/12/2015

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

This was an unannounced inspection and took place on the 11 and 12 November 2015. The inspection was planned in response to some concerns that had been shared with the Care Quality Commission.

The service provides care and support for up to 12 people who may have a learning disability, a mental health condition or physical disabilities. Some people using the service displayed behaviours that were challenging to others and required interventions from staff to keep them and others safe. Some people could not speak with us due to their difficulty in communicating effectively.

There is a registered manager at Devon Lodge. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Record showed the provider monitored incidents where behaviours challenged and responded promptly by informing the local authority safeguarding team, the Care Quality Commission (CQC), behavioural support team and advocacy agencies.

Summary of findings

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were reached and documented appropriately

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the deprivation of liberty safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were knowledgeable about the homes safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff received training appropriate to people's needs and were regularly monitored by a senior member of staff to ensure they delivered effective care. Where people displayed physical behaviours that challenged others, staff responded appropriately by using redirection techniques and only used physical interventions as a last resort. Records showed the provider monitored incidents

where physical interventions were used and had informed the local authority, behavioural support teams and healthcare professionals when these types of techniques were used.

Staff interacted with people and showed respect when they delivered care. Relatives and healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and people.

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. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Good



Is the service effective?

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Good



Is the service caring?

The service was caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Good supportive relationships had been developed between the home and people's family members.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Good



Is the service responsive?

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People received care and supported when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

Information about how to make a complaint was clearly displayed in the home in a suitable format and staff knew how to respond to any concerns that were raised.

Good



Is the service well-led?

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service.

Good



Devon Lodge

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 checked 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 inspection took place on 11 and 12 November 2015 and was unannounced.

The inspection was conducted by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, two team leaders, three support workers, three newly appointed support workers and four healthcare professionals.

We pathway tracked two people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, staff recruitment files, feedback questionnaires from relatives and the homes internal quality assurance audits. We also observed induction training being delivered.

We observed interaction throughout the day between people and care staff. People were unable to tell us about their experiences due to their complex needs so we used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 3 September 2014 and found no concerns.

Is the service safe?

Our findings

Prior to the inspection we had received information of concern telling us there were not enough suitably skilled and experienced staff employed to care for people safely and to support them to access the community. We found that this was not the case.

There were enough experienced staff in place to support people to access the community and take part in a range of activities. On the first day of our inspection one person was visiting their parents and two people were being supported to visit the country park with three support workers. On the second day of the inspection one person was being supported to attend work experience whilst another person was being supported to visit the zoo. Four other people were being supported to attend horse riding. During the two days of our visit we observed people received unrushed care and support when they needed it. A comment from a relative stated: "It is pleasing to see the continuity" and "This must help the residents feel settled".

The registered manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The registered manager told us there was a period of time where the service did have vacancies within the staff team. They said: "We did have a time where we had less staff but we were still able to look after people safely. Staff have worked overtime to help out whilst we have recruited". A member of staff said: "We have some good staff here, it is not always about the number of staff you have but the knowledge and the experience they have and we have that here" and "Nobody has been placed at risk because we are good at what we do". At the time of our inspection we saw three new support workers had been employed and were in the process of receiving training.

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Records showed staff were

required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults. A new member of staff said: "I had to go through a lot of checks, it was pretty professional".

The provider had good arrangements in place to mitigate any risks associated with people's care. Handover meetings took place on a daily basis which provided staff with useful information to ensure people were supported safely. A member of staff said: "We share information about any incidents, behaviours and we talk about medication that has been given" Another member of staff told us the handover meetings were useful because it ensured all staff were aware of any possible behaviours that may challenge others.

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff accurately describe the policy and said they would not hesitate to contact CQC or the local authority if they felt abuse took place. Staff had received training in safeguarding people from abuse.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD's). CD's are medicines which may be misused and there are specific ways in which they must be stored and recorded. People told us they were satisfied with the support they received with their medicines needs and said frequent reviews took place. People received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. We observed staff following safe administration practices and staff were able to describe the provider's medicines policy in detail. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contractor and documented accordingly.

Is the service effective?

Our findings

Prior to the inspection we received information of concern telling us people were unlawfully deprived of their liberty without authorisation from the local authority. We found this was not the case.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about DoLS and understood their responsibilities in relation to using least restrictive practices to keep people safe. The registered manager understood when an application should be made and how to submit one and were aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The registered manager told us 11 out of the 12 people living at the service were subject to a DoLS. They said “We asked the local authority to come and conduct an assessment for (person) but they have not come out yet”. Documentation showed the referral to the local authority had been made.

Staff had received training in the Mental Capacity Act 2005 (MCA). The Mental Capacity Act aims to protect people who lack mental capacity, and maximise their ability to make decisions or to participate in decision-making. Staff were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. Where people did not have the capacity to consent to care a mental capacity assessment had been carried out and staff had liaised with people’s relatives and health and social care professionals to reach a best interests decision about how aspects of their care and support should be provided.

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. Food and fluid intake was monitored and recorded and where appropriate, referrals were made to

healthcare professionals such as dieticians. People were provided with choice about what they wanted to eat and healthcare professionals told us the food was of good nutritional quality and well balanced. The menu took account of people’s preferences, dietary requirements and allergies. People were encouraged to make their own decisions about the food and drink they wanted by pointing to pictures of their preferred option. We observed this worked effectively.

Staff received an effective induction into their role. Each member of staff had undertaken a training programme before they were able to safely work unsupervised. Records showed staff had regular supervision and appraisal (supervision and appraisal are processes which offer support, assurances and learning to help staff development). Senior staff had conducted competency checks to ensure new staff were appropriately skilled to meet people’s needs. For example, observing interventions and checking staff administered medicines correctly. Staff received training specific to people’s needs. This included learning about behaviours that may challenge autism awareness and learning disabilities. Other training included management of actual and potential aggression (MAPA). MAPA training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others. Where interventions or MAPA techniques had been applied, staff had completed documentation such as body maps, daily care notes, and incident records. They reported any concerns to the local authority safeguarding team.

Staff said they could access a range of training in addition to the training that was provided as mandatory for all staff. Staff said they liked the way the training was provided using different learning methods. They said members of the multi-disciplinary team such as the Speech and Language Therapist provided additional training relevant to the needs of the people who used the service. They also had opportunities to undertake nationally recognised qualifications in care (Diploma in health and social care).

People went to visit the local surgery if they needed to see a doctor, and they had regular routine healthcare check-ups. Some healthcare appointments took place in the service where people could receive greater support to ensure they received the health care they needed. Staff told

Is the service effective?

us how they recognised signs that someone may not be feeling well. They also said they know about people's medical histories which helped them be aware of any conditions that could reoccur.

[CT1]Need to add a sentence here about how they used this information so " any concerns were reported and action taken such as referring the person to a dietician.

Is the service caring?

Our findings

Healthcare professionals told us staff cared for people with compassion and kindness. One healthcare professional said: “The staff are very committed to the job and they engage with people well”. Another healthcare professional said: “Each time I visit Devon Lodge the staff have always been really supportive and have spoken nicely to people”.

Staff were polite and respectful when they talked with people. Staff understood and gave us examples that showed how they protected people’s privacy and dignity. One staff member said, “We give people their own space but we need to be alert in case they need us”. Throughout the day people had unrestricted access to their personal rooms, the living rooms areas and the kitchen. Bedrooms were personalised with people’s belongings such as photographs of family and posters of them participating in their chosen activities. We observed staff speaking with people about their personal interests and taking time to encourage them in a positive manner, to eat, drink and play games. People responded positively and were relaxed during engagements with staff.

Staff told us they cared for people in a way they preferred. One staff member said, “Sometimes we sing together, we also dance and try and have fun because it helps (person) to become less anxious”. All of the care plans we looked at showed people and their relatives had been involved and had agreed to the levels of care and support they required. Each care plan contained information about people’s background, needs, likes, dislikes and preferences. These records also contained people’s personal goals and objectives and how they wanted to spend their time. All of the staff were able to demonstrate a good knowledge of people’s individual choices. A comment from a relative included: “The staff really get (person) and work with (person) well”.

Notes from team meetings showed respect, dignity and person centred support was discussed. People were encouraged to maintain their independence and get involved in household tasks. One healthcare professional told us they were pleased with how the staff motivated people to engage with the local community. They said: “People go out regularly with staff and they visit places they are interested in”.

Is the service responsive?

Our findings

Healthcare professionals and comments from relatives confirmed people's needs were met. Comments from relatives included: "They look after him well in what I think is a very difficult job" and "They work with me and have a very good team of professionals who make it easy to understand things".

There was a multi-disciplinary team of professionals who contributed to the planning and reviewing of people's care. Care plans gave detailed information about the needs and preferences of the people who used the service. Care plans recorded people's specific behaviours. For example, one document listed punching, kicking, biting, throwing objects and shouting as behaviours that challenged others. There were robust strategies in place to identify the possibility of these behaviours happening, support techniques to be used and guidance on what should be recorded and reported once interventions had been used. Care plans also included detail about which communication aids were needed to help assist people to make decisions about their care. We observed staff engaging with people using pictures and symbols.

Staff told us there were occasions when they needed to use calming or redirecting techniques, where they managed to engage a person in another activity, to keep people safe. A staff member said they learnt which techniques worked and which did not for each person. Staff described how they would use different skills according to the situation. Staff said on occasions this could include using various types of restraint hold, which was a last resort. Staff described the types of physical restraint they were permitted to use and said they had received the training they needed to use these safely.

Staff completed daily records which were used to record what each person had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. People were able to take part in a range of activities which suited their individual needs.

Records showed people's changing needs were promptly identified and kept under review. For example, one document showed strategies relating to specific behaviours had been assessed regularly. Staff told us they reviewed care plans frequently and relatives told us they had opportunities to express their views about their care and support. On the first day of our inspection one person had a care review. Healthcare professionals involved in the review included an occupational therapist, a speech and language therapist, a psychologist, a support worker, the person's parents and the registered manager. The registered managers received an email from the parent of the person the day after the review. The content described one member of staff as: "efficient, confident and friendly" and "I am pleased to see the home reports are back to being weekly" and "Generally the home contact calls are regular".

People were provided with the support and opportunities to make any comments or complaints about the service. This was done with the use of communication aids. No concerns or complaints had been made during these times.

Is the service well-led?

Our findings

Healthcare professionals and staff told us the service was well led. One member of staff said: “I have complete trust in my manager and I can go to them with any worries or concerns I have”. Another member of staff said: “This is a tough job sometimes but I enjoy it, I get supported by my manager and I think we have a good team here. I think the new staff will make it stronger”.

People were not able to tell us their views about how well led and organised the service was. However during our observations we saw the registered manager and team leaders interacted effectively with people who used the service. People were comfortable with the leadership team and responded to them in the same way as they did with other staff. We saw the registered manager communicate with one person through the use of sign language and were knowledgeable how the person should be supported about when they were anxious.

The registered manager was aware of their responsibilities and ensured that they fulfilled these. We had received notifications from the registered manager notifying us of certain events that occurred in the service. A notification is information about important events which the provider is required to send us by law. We saw copies were kept of all the notifications sent to us to help with the auditing of the service.

The registered manager and staff were passionate about improving the care people received. They were knowledgeable about the fundamental standards which have been in place since April 2015. One member of staff

said: “You (CQC) check the service is safe, caring, responsive, effective and well led and if it is not then you can give us recommendations”. There was a clear culture of learning and development within the service.

As part of the registered manager’s drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans which described how the required improvements would be achieved. For example, we saw actions had been put in place to keep people safe whilst additional staff had been employed.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary.

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. A support worker said: “Our time to talk about things is during supervisions, team meetings and reviews but there is an open door policy here now and I think feedback is always taken positively”. Another member of staff told us there were regular team meetings and staff also had the opportunity to provide feedback when they completed a staff survey.