

Cambian Learning Disabilities Midlands Limited

Cambian Pines

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

We performed this unannounced inspection on 23 September 2015. Cambian Pines is run and managed by Cambian Learning Disabilities Midlands Limited. Cambian Pines is a care home which provides residential care for up to seven people with autism and severe learning difficulties often accompanied by complex health needs. Nursing care is not provided at the service. On the day of our inspection six people were using the service.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People were protected from the risk of abuse as staff had attended training to ensure they had good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager had shared information with the local authority when needed.

Summary of findings

People received their medicines as prescribed and staff had received training to ensure medicines were managed safely.

People were supported by a sufficient number of suitably qualified staff. The provider had ensured appropriate recruitment checks were carried out on staff before they started work.

People were encouraged to make independent decisions. Staff were aware of legislation to protect people who lacked capacity and in these instances decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were supported to maintain a nutritionally balanced diet and sufficient fluid intake to maintain good health. Staff ensured that people's health needs were effectively monitored.

Positive and caring relationships had been developed between people and staff. Staff responded to people's needs in a compassionate and caring manner. People were supported to make day to day decisions and were treated with dignity and respect at all times.

People were supported to report any concerns or complaints and they felt they would be taken seriously.

People who used the service, or their representatives, were encouraged to be involved in decisions about the service and systems were in place to monitor the quality of service provision.

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 were safe as the provider had systems in place to ensure staff would be able to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff to be able to respond to people's needs when required.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received appropriate training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced diet and sufficient fluid intake and their health was effectively monitored.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting this aspect of care.

Good



Is the service responsive?

The service was responsive.

People had access to health care professionals who were involved when required.

People were supported to make complaints and bring concerns to the management team.

People residing at the home were involved in the planning of their care and were supported to pursue a varied range of social activities.

Good



Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration.

Staff felt they received a good level of support and could contribute to the running of the service. There were systems in place to monitor the quality of the service.

Good



Cambian Pines

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 inspection took place on 23 September 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection

reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. During the inspection we spoke with one person who was living at the service, two members of staff and the registered manager. We also held telephone conversations with one person's relation to determine their views on the quality of service provision.

We looked at the care records of two people who used the service, two staff files and a range of records relating to the running of the service, including audits carried out by the registered manager. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

People told us they felt safe and were aware of what to do if they felt unsafe or were not being treated properly. One person told us, “I feel safe.” One person’s relation also told us they felt the staff promoted people’s safety. Comments included, “I am pretty sure people are safe, I have never seen anything to indicate people are not safe.”

The risks to people’s safety were reduced because they were supported by staff who had received training to ensure they were aware of their roles and responsibilities in reporting any issues of concern. We found staff could identify the signs of abuse and knew who to report concerns to within the organisation and when to refer to external agencies. One member of staff told us, “I definitely think people are safe here and we have all the training we need to ensure people are safe.”

People could be assured that they would not be exposed to inappropriate methods of restraint. People’s individual care plans provided staff with comprehensive details on how to manage people’s challenging behaviour in the least restrictive way. They highlighted specific management techniques to be used when people were exhibiting challenging behaviours. We found that staff were fully aware of what constituted restraint. They had received training to **equip them with effective physical intervention skills in response to respond to challenging and aggressive behaviours**. Staff told us the training enabled them to safely disengage from situations that presented risks to themselves or the person receiving care. Staff told us they were required to read the care plans on a regular basis and signed to confirm they understood the content of the plans. Throughout our inspection we saw staff interacting with people in a relaxed manner. We did not observe any inappropriate restraint being used.

Risks to people using the service were assessed and managed so that they were protected and their freedom was supported and respected. We found people were encouraged to take risks and staff encouraged them to increase their independence in the home and the community. One person told us, “I am going shopping later.” People’s care plans contained comprehensive risk assessments for activities. Where potential risks had been identified an appropriate risk prevention strategy was in place. For example, several people attended horse riding events and this activity had been effectively risk assessed

to promote their safety. Staff told us they felt the risk assessment process was essential to promote people’s safety. One member of staff told us, “We have risk assessments for every activity, these include dressing, bathing, making their own breakfast and their social activities. They are in sufficiently detailed to promote people’s safety, all staff have signed to say they have read them.”

We found all of the people residing at the home had Personal Emergency Evacuation Plans (PEEPS) in place. These had been formulated to assist people to escape the environment in the event of an emergency situation, such as a fire. The plans documented how people could be evacuated safely and highlighted the amount of staff required to perform the evacuation process effectively. This showed that people’s independence and freedom was promoted and risks to people’s health and welfare were identified and addressed.

People’s relations felt there were sufficient staff to meet their relative’s needs. Comments included, “There is always loads of staff, more than enough really.”

On the day of our inspection six people were residing at the home. These people were being supported by eight support staff, the registered manager, the deputy manager, a cleaner and a chef. Staff confirmed these staffing levels were normal for the service and told us they felt the staffing levels were appropriate in promoting people’s safety. Comments included, “We have six people here at the moment, I feel we have enough [staff] to meet the needs of each resident, even when we take people out,” and, “We definitely have enough staff to meet people’s needs. If we have anyone call in sick we try and cover it within the team. We will get bank staff in when needed but that’s not really very often and staff usually want extra shifts.” Throughout our inspection we saw there were sufficient numbers of staff to maintain a constant presence in communal areas and staff were able to respond quickly when people needed support.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. We looked at the recruitment files of two members of staff. These files had the appropriate records in place including, references, details of previous employment and proof of identity documents. Criminal record checks had been conducted

Is the service safe?

before staff commenced working at the service. These checks enabled the registered manager to make safer recruitment decisions reducing the risk of people receiving support from inappropriate staff.

People who used the service could be assured they would receive their medicines when needed and their medicines would be administered safely. We found that senior staff administered medicines and they had had received specific training in this area. One senior member of staff said, "People's medicines are done by the senior staff. I had training when we first opened, I have also had regular

training since then. I feel confident in giving out medicines. I have also been observed giving out medicines from a qualified nurse to ensure I remain competent." We observed a senior member of staff administer medicines. We found they were aware of, and followed appropriate procedures to administer medicines in a safe manner. We also found medicines were stored securely in a treatment room which was in good order. Furthermore temperature monitored facilities were available when needed to ensure medicines remained effective.

Is the service effective?

Our findings

People felt they received care from sufficiently skilled and competent staff. One person told us, “The staff are very good.” People’s relations also felt the staff were effective in undertaking their roles and responsibilities. Comments included, “The staff are really good and are very competent.”

People were supported by staff who had received training to ensure they had the skills to support them effectively. On commencing employment staff were required to undertake an induction process to welcome them to the organisation and prepare them for their new role. Staff told us they felt the induction was effective in equipping them with the information they needed. One member of staff told us, “My initial induction lasted for two weeks. It was very in-depth and provided us with a lot of information about people’s needs.” Staff also told us the induction process included a period of ‘shadowing’ where inexperienced staff were supported by more experienced staff until they felt ready to work effectively within the service independently.

Staff told us, and records showed, that ongoing training opportunities were provided to ensure staff could remain competent in performing their roles and responsibilities at the service. One member of staff told us, “I have learnt a lot more since my induction. I have had refresher training in all the mandatory areas. I have also been provided with the opportunity to gain further qualifications as well.” This showed that systems were in place to ensure staff were effectively supported to perform their duties and the aims and objectives of the home could be achieved.

People’s relations told us they felt the staff included people in making decisions about their day to day routines and told us they had never witnessed staff imposing their opinions and views onto people. Our observations confirmed staff respected people’s decisions and as they were seen to be asking people for their consent in all aspects of service provision. One member of staff told us that they ensured people provided consent before any interventions were undertaken. For example one member of staff told us, “Sometimes people want to stay in bed in the morning, just like all of us. If that’s what they want to do that’s fine, we just go back a little later on and ask them again.”

Our observations confirmed staff respected people’s decisions and were seen to be asking people for their consent in all aspects of service provision. For example one person was looking forward to going shopping. It was planned that they would use the home’s mini bus to access the shopping centre. The person informed a member of staff that they wished to use public transport and this request was respected without question.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw that assessments had been carried out to assess people’s capacity to make specific decisions. Where it was determined that people did not have the capacity the correct processes were being followed to ensure decisions were made in each person’s best interests.

Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. The legislation protects the rights of people by ensuring that if there are any restrictions on their freedom, these are assessed by professionals who are trained to decide if the restrictions are lawful. At the time of our inspection the registered manager told us that all of the people residing at the home had undergone a capacity assessment to determine their ability to make informed decisions and people had authorised DoLs in place when necessary.

People were complimentary about the food and said they were given enough to eat and drink .One person said, “I like the food, it’s nice.”

All of the staff we spoke with felt people received a good dietary and fluid intake. Comments included, “We have a four weekly menu here and every week we have a different menu. We have a daily choice board on display in the dining room. The food is very good,” and, “The food is very nice. People always have two choices of dinner and tea.” We were invited to participate in the midday lunch. We saw people were enjoying their meals, the portions were of a good size and were appetising and nutritiously balanced.

We found that staff had ensured people’s weight was monitored on a monthly basis to ensure that any concerns could be identified and addressed in relation to people maintaining a healthy weight. We also found people could have received specialist diets such as low sugar diets or

Is the service effective?

vegetarian meals although these were not required at the time of our inspection. We also found that people were supported to choose from a variety of drinks throughout our inspection to ensure people remained hydrated.

People could be assured they would receive on-going support to seek advice from health care professionals if required. People's health needs were monitored and their changing needs responded to. One person told us they were supported to see a doctor when they needed to. People's relations also told us they felt their relations received interventions from health care professionals when required. Comments included, "I am sure everything is in

place. They (person using the service) have seen their GP regarding some minor issues. They have also seen the occupational therapist and a dentist." A member of staff also told us, "Generally people go to their GPs and dentists in the community. The chiropodist comes here as does the optician. People also have input from Psychologists, speech and language therapist and occupational therapists." Records examined on the day of our inspection supported this information. This demonstrated that people could be assured staff would be responsive to changes in their health needs and would be proactive in ensuring people attended medical appointments when required.

Is the service caring?

Our findings

People told us they felt happy living at the service and felt the staff were caring. People's relations also told us they felt their relations received caring interventions. They told us, "I think all the staff are very caring, it's a huge relief for me."

We found the registered manager was in the process of identifying a member of staff to take on the role of a dignity champion as the member of staff who was previously allocated this role had recently left the service. A dignity champion is a person who is willing to stand up and challenge disrespectful behaviour, they act as a good role model to their peers and influence and inform them to ensure people are treated with respect and dignity at all times. The registered manager told us this member of staff would be encouraged to attend staff meetings to ensure any issues relating to this area could be discussed.

People could be assured that staff would respect their privacy and dignity. We found people had access to private areas within the home, such as their bedrooms and a sensory room. Staff told us that people could use these areas at any time and our observations throughout our inspection confirmed this information. We also observed staff speaking to people discreetly when required especially about matters of a personal nature. We also saw staff knocking on bedroom doors and waiting for an answer prior to entering. This showed that the staff were aware of the importance of maintaining people's privacy and dignity at all times.

Throughout our inspection we saw that staff interacted with people in a relaxed and caring manner and it was evident that positive relationships had been developed. The staff we spoke with had a good knowledge of people's personal histories and we saw this information was recorded in people's care plans and utilised to communicate with people effectively. We saw staff spoke with people in an individualised way and were patient when people required support and reassurance.

For example we saw one person was very anxious; to relieve their anxiety a member of staff interacted with them in a calm manner and provided reassurance when required. It was evident that the person reacted positively

to the interaction and a reduction in their anxiety was observed. This showed that staff were aware of people's needs and appropriate responses to promote a caring environment for people.

We found systems were in place to monitor staff to ensure people received interventions that were caring and respectful. A senior member of staff told us they observed staff to ensure people were being treated with respect and dignity. They also told us that if any issues of concern were identified through the observational process these issues would be discussed within formal staff supervision sessions so additional training and guidance could be provided when needed.

We were told people's diverse needs would be catered for by staff. For example staff told us that should people express a desire to attend religious organisations these would be respected and facilitated, although at the time of our inspection this element of care was not required. This showed that staff were aware of the importance of respecting people's religious and cultural beliefs.

We found that care plans were person centred and staff told us they provided detailed information on people's individual preferences to ensure people received interventions that were respectful of the individual needs. Where people had been assessed as lacking capacity to make decisions we found their relatives were encouraged to contribute when authorised to do so. One person's relative told us, "The communication is very good with the management team." We found people's care records were stored in a secure environment to ensure personal records could only be accessed by authorised personnel thus ensuring people's confidentiality was respected.

We found that people had access to advocacy services when needed. (An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up). This showed that systems had been established to effectively identify people's individual needs in ensuring that their views were represented in important decisions about their care.

Throughout our inspection we saw that people's choices were respected and staff appreciated the importance of ensuring people's wishes were at the centre of the care they provided. For example one person had requested, and was provided with, a foot spa and back massage. The

Is the service caring?

interaction between the member of staff was undertaken with respect and it was clear the member of the staff appreciated the importance of developing therapeutic interventions within a caring environment.

Is the service responsive?

Our findings

People could be assured that their individual preferences were known by staff and they would be encouraged to make independent decisions in relation to their daily routines. For example we observed staff serving a variety of drinks throughout the day and it was evident that staff were aware of, and respected, people's preferences.

Staff told us effective communication systems were in place to ensure they were aware of and could be responsive to people's preferences. For example, individualised care plans were in place which provided detailed information relating to people's preferences. One member of staff told us they valued the information provided in care plans and felt they were crucial in ensuring a responsive service could be provided. Another member of staff said, "Our care plans are very in-depth. We can refer to them at any time for information about the individual. All the care plans are signed by staff to show they have read them. Before anyone comes in we have a brief set of care plans which are built upon when we get to know the residents more." Staff also told us that daily handovers were performed to provide a forum for staff to discuss people's needs. This meant people were involved in planning their own care when able and their changing needs could be identified and responded to in a timely manner.

People could be assured that staff could be responsive to potential risks which could compromise their health and wellbeing. People's care plans incorporated risk assessments to promote people's safety whilst undertaking a comprehensive range of planned activities undertaken within the home and the community. These included arts and craft sessions, baking events, horse riding lessons, attending the local swimming baths and going on planned holidays. We found the documentation was sufficiently detailed to fully inform staff of effective risk reduction

strategies. Staff were fully aware of the content of the risk assessments which were reviewed on a regular basis to ensure they remained pertinent to people's changing needs.

People could be assured that complaints would be managed in a responsive manner. One person's relative told us they felt they could speak with staff and tell them if they were unhappy with any aspect of service provision. Furthermore they told us that whilst they did not have any issues of concern they felt comfortable in approaching any members of staff or registered manager. They also told us, "I have never had any complaints but the communication is very good and I feel complaints would definitely be responded to." We also found that staff were confident that complaints or concerns would be responded to appropriately and the management team would take them seriously.

The organisation's complaints procedure was on display within the home and was available in a format which made it accessible to people who used the service. We found that the complaints procedure had also been made available in people's bedrooms but in some instances these had been removed by people residing at the home, and had not been replaced. We discussed this issue with the registered manager and they took immediate actions to have the procedures reinstated. We also found the contact details of the service were also available via a website which provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have in relation to the quality of the service.

Records showed there had only been one complaint received at the service since our previous inspection on 25 September 2014 and the registered manager had ensured this was addressed in line with the organisation's policies and procedures.

Is the service well-led?

Our findings

At our previous inspection we found policies and procedures at the service were generic and not always suitable to Cambian Pines. For example, the policy on administration of medication stated, "Any medicines discontinued by the prescriber must be crossed through and signed and dated by either the prescriber or a registered nurse." However, this service did not employ any nurses. The provider sent us an action plan telling us they would make improvements in this area by the end November 2014. We found at this inspection that this had been completed and the provider had made the required improvements in line with the action plan.

People felt confident in approaching the registered manager if they wanted to discuss anything with them. People's relations also felt the registered manager interacted with people on a regular basis and had a high profile within the home. One person's relation told us, "The home is very well managed. The manager and their deputy are approachable and I see them on a regular basis. In fact I selected this home because of the competency of the managers."

We also found that the staff had a high regard for the management team and felt comfortable making any suggestions to improve the quality of service provision. One member of staff told us, "Our managers are always around and approachable. If I had any concerns I could talk to them. I feel valued and supported by them and feel they would always listen."

Staff told us they enjoyed working at the service and felt the registered manager had developed a good team spirit. One member of staff said, "I enjoy working with the residents, taking them out and seeing them happy. We work well as a team," whilst another member of staff told us, "Our managers do come and sit with us, they have their dinner with everyone and we see them quite a lot throughout the day."

Throughout our inspection we observed staff working well together and supporting each other to meet the aims and objectives of the home. It was evident that there was a clear vision and set of values that the staff worked to and staff were motivated to provide a good quality of service.

We saw that staff communicated well with each other and understood the core purpose of their role and how they could contribute to the overall care of people who used the service.

We found staff were aware of the organisation's whistleblowing and complaints procedures and felt confident in initiating the procedures without fear of recrimination. They also felt that any issues of concern in relation to the performance of one of their peers would be managed effectively. One member of staff told us, "We are here to protect people and I would always use the whistleblowing policy if needed."

We found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed that when incidents had happened these had been reported and managed effectively and information was shared with the local authority when needed.

People benefited from a staff team that were effectively supported and supervised by senior colleagues on a regular basis. One member of staff said, "We talk about team work, and how we get on with each other. Also anything that we can do to improve the service, any training needs and any issues with the residents. If we have any problems we can go the managers and they are supportive." We also found the staff were encouraged to attend regular staff meetings which provided them with the opportunity to have open discussions with the management team so the participants could offer input into the development of the home within an open and inclusive culture.

People were supported to attend residents meetings to discuss various topics including the provision of meals and social activities. People and their relations were also provided with an additional opportunity to have a say about what they thought about the quality of the service. Satisfaction surveys had recently been provided to people who used the service and their relatives. These covered different aspects of the service and the results showed people were happy with the service provided. The surveys afforded people the opportunity to go into more detail about any issues they may have and could also have been completed anonymously should the person prefer.

The quality of service was assessed through regular auditing procedures in areas such as medication, cleaning

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standards and accidents. When improvements had been identified through the auditing processes action had been taken to ensure the improvements were made. Systems were also in place to record and analyse adverse incidents with the aim of identifying strategies for minimising the risk

of similar incidents happening again. This showed that the provider was proactive in developing the quality of the service and showed that there was a continuous drive to improve the quality of the service people received.