

Cambuslodge

# Cambuslodge UK Limited

## 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 conducted an unannounced inspection of Cambuslodge on 8 December 2014. The service provides care and support for up to five people with mental health problems or learning disabilities. There were five people using the service when we visited.

At our last inspection on 19 December 2013 the service met the regulations we inspected.

The service had 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.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. The registered manager and staff had received training on safeguarding adults and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

# Summary of findings

Risk assessments were based on people's individual needs and lifestyle choices. We saw evidence that people were involved in decisions relating to risks they wanted to take in order to increase their independence.

There were enough, safely recruited staff available to meet people's needs. Staffing numbers were adjusted depending on people's requirements.

Medicines were managed safely. Records were kept when medicines were administered, and appropriate checks were undertaken by a second member of staff. Records were clear and accurate and regular auditing of medicines was undertaken.

Staff were trained in the Mental Capacity Act 2005 which is a law to protect people who do not have the capacity to make decisions for themselves. Staff were also trained in the Deprivation of Liberty Safeguards which are part of the Mental Capacity Act and exist to make sure that people's freedom is not inappropriately restricted where they lack the capacity to make certain decisions. Staff demonstrated a good understanding of their responsibilities.

People and their relatives were involved in decisions about their care and how their needs were met. People had care plans in place that reflected their assessed needs and staff followed these.

Recruitment procedures ensured that only people who were deemed suitable worked within the service. There

was an induction programme for new staff, which prepared them for their role. Staff were provided with a range of ongoing training to help them carry out their duties. Staff received regular supervision and appraisal to support them to meet people's needs.

People were supported to eat and drink a balanced diet that they enjoyed and their nutritional needs were monitored. People were supported effectively with their health needs and had access to a range of healthcare professionals. People were involved in making decisions about what kind of support they wanted.

People told us staff treated them in a caring and respectful way. People's privacy and dignity was respected and we observed positive interactions between people and staff throughout our visit. Staff demonstrated a detailed understanding of people's life histories and their individual preferences and choices.

Staff and people who used the service felt able to speak with the registered manager and provided feedback on the service. They knew how to make complaints and there was an effective complaints policy and procedure in place. We found complaints were dealt with appropriately and in accordance with the policy.

The service carried out regular audits to monitor the quality of the service and to plan improvements. Where concerns were identified action plans were put in place to rectify these.

# 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. Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and appropriate action was taken to minimise these.

Enough staff were available to meet people's needs and we found that staff recruitment processes helped keep people safe.

Safe practices for administering medicines were followed, to help ensure that people received their medicines as prescribed.

Good



### Is the service effective?

The service was effective. We found staff were meeting the requirements of the Deprivation of Liberty Safeguards (DoLS), and other aspects of the Mental Capacity Act (MCA) 2005.

People were supported by staff who had the skills and understanding required to meet their needs. Staff received an induction and regular supervision, training and annual appraisals of their performance to carry out their role.

People were supported to eat a healthy diet and were able to choose and cook what they wanted to eat.

People were supported to maintain good health and had access to healthcare services and support when required.

Good



### Is the service caring?

The service was caring. Staff understood people's needs and knew how to support them.

People were involved in decisions about their care. People were treated with respect and staff maintained people's privacy and dignity. The service understood people's needs and helped them to meet these.

Staff knew people's life histories and were able to respond to people's needs in a way that promoted their individual preferences and choices.

Good



### Is the service responsive?

The service was responsive. People and their families were involved in decisions about their care. Staff understood how to respond to people's changing needs.

People knew how to make a complaint. People were confident that staff would address any concerns. There was a complaints policy available and we saw records to indicate that people's complaints were dealt with in line with the policy.

Good



### Is the service well-led?

The service was well-led. There was an open and transparent culture and staff reported they felt confident discussing any issues with the registered manager.

Good



# Summary of findings

Systems were in place to assess and monitor the quality of the service people received. We saw evidence of regular auditing. Where improvements were required, action plans were put in place to address these.

# Cambuslodge UK Limited

## 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.

We undertook an unannounced inspection of Cambuslodge on 8 December 2014. The inspection was carried out by a single inspector.

Prior to the inspection we reviewed the information we held about the service which included a Provider

Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with two social workers, one healthcare professional and a representative at the local authority regarding safeguarding matters to obtain their views of service delivery.

During our inspection we spoke with three people using the service, one relative, four members of staff and the registered manager. We spent time observing care and support in communal areas. We also looked at a sample of three care records of people who used the service, four staff records and records related to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the service. Comments included, “I feel safe here” and “I feel very safe and secure.” One person explained their definition of what feeling safe meant to them. They told us this included the security of the building and conducting regular fire drills. They showed us the fire alarm in the building and told us “This makes me feel safe.” People told us they knew who they could speak with if they had any concerns.

Staff understood how to recognise signs of potential abuse and how to report their concerns. Staff members gave examples of the possible signs of abuse and correctly explained the procedure to follow if they had any concerns. Staff told us, and training records confirmed, that they had completed safeguarding adults training within the last two years, and they were aware of the provider’s policy on safeguarding.

We contacted a member of the local authority safeguarding team. They confirmed they did not have any concerns about the safety of people living at the service.

We spoke with the registered manager and other staff about how they protected people from the possibility of discrimination. The registered manager told us that people were asked questions about any cultural or other requirements they might have when they first moved in. The registered manager gave us one example of how they satisfied a person’s cultural requirements by helping to prepare specific food for them. Records confirmed that people’s cultural and spiritual needs were included in their care plans.

Risk assessments were based on people’s individual needs and lifestyle choices. Risk assessments covered known risks, which included those relating to the person’s physical health, personal care and behaviour. We found risks to individuals were managed appropriately in accordance with written guidance. Risk assessments included detailed, practical guidance to staff on how to manage risks. For example, we saw up to date, written guidance for one person in relation to behaviour management techniques which had worked in the past. All risk assessments had been updated within the last six months.

We saw evidence that people were involved in decisions relating to risks they wanted to take in order to increase their independence. For example, staff told us and we saw

from risk assessments that people had worked with staff on road safety and two people had learned the routes to places they wanted to access on their own. On the day of our inspection one person told us they were going to the bank and we saw them leave alone. We observed during the staff handover that staff checked people had charged their mobile telephones and before we observed the person leaving to go to the bank, staff asked them whether they had their mobile telephone with them. Staff explained that they worked with people to ensure they could safely access the community on their own. They explained that whilst there were risks associated with this, they kept in regular contact with people to ensure these risks were managed. They also explained that the sense of freedom and independence this gave people outweighed the risks.

Staff received first aid training every three years and were able to explain how they would respond to a medical emergency which included recording any accidents or incidents. We looked at incident records and saw that contained sufficient detail with clear actions for staff. Staff told us all accidents and incidents were discussed in team meetings to identify any further learning.

People told us there were enough staff available to meet their needs. Comments included, “There seem to be enough staff,” and “There are enough staff.” Staff told us that there were enough of them available to meet people’s needs. The registered manager explained that they assessed people’s dependency, the activities they had planned and whether they had any appointments when determining staffing numbers and preparing a weekly schedule. They described the process as “flexible” and told us they would arrange for extra agency staff to work if required. We reviewed the staffing rota for the week of our inspection and this accurately reflected the number of staff on duty.

We looked at four staff files and saw there was a process for recruiting staff that ensured all relevant pre-employment checks were carried out to ensure they were suitable to work with people using the service. These included appropriate written references, proof of identity and criminal record checks. Records also indicated that appropriate disciplinary procedures were followed where required.

Staff followed safe practices for administering and storing medicines. Medicines were delivered on a monthly basis for named individuals by the local pharmacy. Medicines were

## Is the service safe?

stored safely in a locked cupboard. Copies of prescription forms were kept with the medicines administration record (MAR) charts to enable staff to check the correct medicines were being given to people.

We checked the MAR charts for three people across the week preceding our inspection. We saw that staff had fully completed these and each record had been countersigned by a second person. We observed a staff handover where the arriving member of staff double checked that the correct medicines had been taken by people and the correct amounts of medicines remained. They countersigned documentation to confirm this check had taken place. We counted the medicines for three people and saw that the numbers tallied with the records kept.

We spoke with a member of staff who was the assigned medicines officer for the service. They told us they carried out weekly checks. This included a further physical count of medicines as well as other matters including stock, expiry dates, storage and a room temperature check, which was recorded and showed medicines were stored within a safe temperature. We saw that these checks included a check of the first aid kit which included items such as bandages and plasters.

All staff had completed medicines administration training within the last year. When we spoke to staff, they were knowledgeable about how to correctly store and administer medicines.

# Is the service effective?

## Our findings

People were supported to eat a balanced diet that they enjoyed. People made positive comments about the quality of food provided such as, "Staff help me cook. I eat a lot of vegetables and salads. I like healthy food", "I like the food," and "the food is fine."

People's records included information about their dietary requirements and appropriate advice had been obtained from their GP where required. Staff told us and people confirmed that staff helped them to go shopping, cook their meals and provided them with guidance about what was suitable to meet their dietary needs. Staff demonstrated detailed knowledge about people's nutritional requirements and gave examples of the type of food people ate.

One person spoke passionately about their need to maintain a healthy diet. They told us, "I wake up and have a healthy breakfast. It's important to eat healthy. I talk to staff about this." Another person told us they preferred as little help as possible from staff when preparing food. They said, "If I need help, I'll ask for it." They told us they had completed a qualification in food preparation and a cooking course and showed us a certificate to confirm this.

People were supported to maintain good health and had access to healthcare services and support. Care records identified people's healthcare needs, which included matters such as mental health needs and other specific health problems. We saw evidence that people's medicines were reviewed by their GP and other health practitioners, where required, to monitor appropriate use. A full health check was conducted by people's GPs who visited the home once a year. This included a check on their diet and fitness levels and included targets for maintaining their future health. One person told us about their targets and said this included raising their fitness levels. They told us staff supported them by "doing proper exercises with me." They also told us they ensured they went outside for a walk every day to maintain their physical health.

People were supported by staff who had the skills and understanding required to meet their needs. People felt that staff understood how to meet their needs. One person told us, "Staff are good. They help me when I want, but I prefer doing things myself." A relative told us, "Staff seem to know what they're doing. They've been here a long time."

Staff training records showed that staff had completed mandatory training in areas such as safeguarding adults, medicines administration and emergency procedures. Staff told us and records confirmed that they had completed an induction prior to starting work with the organisation. Staff told us they felt the induction prepared them for their role.

Staff told us they received supervision on a monthly basis. We saw records to confirm this. As part of their supervision, staff were asked about any further learning or development needs and discussed other topics pertinent to their role.

Staff told us they had received an appraisal in the last year and we saw records to confirm this. Staff told us they had a personal development plan that was reviewed annually and identified areas of future training and development. Staff told us that they found this helpful in supporting them to develop their skills further so they could meet people's needs effectively.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found that the service had policies and procedures in place that ensured staff had guidance if they needed to apply for a DoLS authorisation to restrict a person's liberty in their best interests. Staff had received training in the last year to understand when an application should be made. At the time of our inspection there were no DoLS authorisations in place and we did not observe any restrictions of people's liberty.

We found that Cambuslodge was meeting the requirements of the Mental Capacity Act 2005 (MCA). Staff had received MCA training and were able to demonstrate that they understood the issues surrounding consent and how they would support people who lacked the capacity to make specific decisions. We saw mental capacity assessments in people's files for specific decisions. We found that these were properly completed in accordance with the requirements of the MCA.

Behaviour that challenged the service was managed in a way that maintained people's safety and protected their rights. Staff showed that they understood how to respond to people's behaviour and we saw examples of specific advice for staff within one person's care records. The registered manager gave us examples of this person's historic behaviour as well as the techniques used to manage these. Care staff were able to demonstrate their



## Is the service effective?

knowledge of these techniques. The registered manager told us that through working extensively with the person they had seen a great improvement in their moods and behaviour.

# Is the service caring?

## Our findings

People told us that staff treated them in a caring and respectful way and said they were involved in decisions about their care. One person said, "Staff are fine. They care," and another person told us, "Staff are caring." We observed staff and people using the service interacting with one another in a friendly manner. For example, when we entered the building a person offered us and staff a hot drink and asked us to make ourselves "comfortable." We observed the person having a light-hearted conversation with a member of staff about an activity they had enjoyed. There were many examples of these types of interactions between staff and people living at the service throughout the course of our visit.

Staff demonstrated a detailed understanding of people's life histories. They were able to tell us about who was important in people's lives and how their circumstances had influenced them. One staff member demonstrated a detailed knowledge about one person's childhood. They demonstrated they knew the person well by explaining how their childhood had affected them in later life and contributed to certain behaviour.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choices. Care plans recorded people's likes and dislikes and included their preferred diet as well as the level of support they required. We saw evidence that people's personal preferences were respected throughout our visit. For example, we saw one person had lunch prepared for them in accordance with their preferences.

People were involved in decisions about their care. One person said, "Staff help me with what I need," and another person told us, "They do what I want." We saw evidence in care plans that people were involved in making decisions about their own care. For example, all care plans were written from the person's perspective with extensive comments from the person about the type of care they wanted. The registered manager told us that staff had received training on person centred care. They told us this training helped them "to put the resident at the centre of

their own care." They told us care plan reviews involved the person using the service and their relatives. One person confirmed they had been involved in formulating their care plan. They told us, "I am happy with what is in it."

Staff told us that people had access to advocacy services if required. The registered manager told us that advocating for people living at the service was a priority. There had been a time where they felt they had to contact an independent advocate to ensure that people were appropriately supported and they gave us the details of the organisation they had contacted at this time. They told us they would contact this organisation again if required. At the time of our inspection no one at the service was using an advocate.

Staff respected and promoted people's privacy and dignity. People told us, "They respect me" and another person said, "They do what I want." We observed staff knocking on people's doors before they entered and people confirmed that staff did this routinely. One staff member spoke passionately about the need to protect people's dignity. They gave us examples of how they did this. One example they gave was ensuring people looked presentable and they referred specifically to one person. They told us this person "feels good and seems proud when [they] look nice." This person told us earlier in the day one thing they enjoyed doing was to "do my nails."

People told us that staff encouraged them to maintain relationships with their friends and family and to be as independent as possible. Comments included, "I can go out whenever I feel like it" and another person told us "I like doing things myself. I'm very busy. I like it that way." People gave us examples of how they maintained their independence. One person told us they cleaned their own room and did not need help to do this. Another person told us they cooked a meal at the service once a week with some staff support. They showed us the groceries they had bought on their own from the supermarket in order to do this.

Staff told us that they communicated with people's relatives on a regular basis and kept them informed of any changes in their family member's care where appropriate. A relative we spoke with confirmed this and told us they visited the service unannounced whenever they wanted and said that staff made them feel welcome every time.

# Is the service responsive?

## Our findings

People told us they were involved in decisions about their care and that staff supported them when they needed them to. Care records showed that staff took people's views into account in the assessment of their needs and care planning. These documents were detailed with specific advice to staff on how to provide care for people and were reviewed at least every six months. People who used the service and their families had been involved in writing and reviewing care plans. We saw detailed risk assessments in people's records that determined people's skills in everyday tasks and how the service could promote these. For example, we saw assessments of people's cooking skills which included detailed instructions about what help people might need whilst encouraging them to do as much for themselves as possible.

Care records included details about how to maintain the person's mental health and emotional wellbeing. We saw detailed, practical guidance in one person's file about the support they needed and staff demonstrated that they understood this person's needs.

Each person had their own keyworker who was a member of staff assigned to work with them in order to meet their objectives. We saw records to indicate that people met with their keyworker every month to monitor their wellbeing and discuss their objectives. We saw that care plans were then updated to reflect any changes to their objectives following these meetings. Therefore care plans were regularly updated to reflect people's progress and aspirations.

As part of the initial assessment that took place before people came to live at the service, people spent time with staff to discuss their needs and had a trial period to help them decide if it was the right place for them. We saw the care records of one person who had recently moved into the home. These included a detailed handover from their

previous residence as well as input from their social worker who had provided their own risk assessments with details of the person's needs. The person's relative told us they had conducted day visits with their family member and said this had included attending one person's birthday party. They confirmed that staff had provided them with enough information and told us, "The transition was ok. [My family member] seems to be settling in well."

People were supported to engage in a range of activities that reflected their personal interests and supported their emotional wellbeing. Care records described people's hobbies and interests and this included a weekly activities timetable and planning for future holidays. One person told us about a trip they had taken to Devon and how much they had enjoyed this. Another person told us they enjoyed "rambling" and we saw this was detailed in their care records. Staff monitored people's involvement in activities and recorded this in their care records with specific objectives for people to help ensure their social and leisure needs were met. For example, in one person's care records we saw reports from their tutors on individual activities at their day centre. The results from these reports were used to influence their activities planning and objectives. We spoke with this person about their participation in these activities and they demonstrated pride in the skills they had achieved.

People knew how to make a complaint and told us they felt confident that staff would deal with their concerns. People told us they had never had any complaints, but they all gave us the name of a person they would speak to if they did. Copies of the complaints policy were available in the service in an easy-read format. The registered manager told us this was available on request and we saw a copy of this. Records showed that the registered manager had taken action to address complaints that had been made. The registered manager told us that complaints were discussed at staff meetings and other staff confirmed this.

# Is the service well-led?

## Our findings

The service had an open culture that encouraged people's involvement in decisions that affected them. People who used the service and staff told us the registered manager was available and listened to what they had to say. We observed the registered manager interacting with people using the service throughout the day and conversations demonstrated that she/he knew people well and spoke to them regularly. The registered manager told us that she/he acted as keyworker for one of the people using the service. The registered manager told us this ensured they were "not detached" from the people they were caring for.

Monthly 'service user meetings' took place so people could share their views, plan activities and identify any support they needed. We read the minutes of the most recent meeting and saw these were available in an easy read format. The minutes demonstrated that people using the service had contributed to the meeting and various subjects had been discussed, for example, Christmas presents that people wanted. People told us they found these meetings helpful and felt comfortable speaking in them.

Staff told us they felt able to raise any issues or concerns with the registered manager. One member of staff told us, "She is very approachable. You can talk to her. She is very helpful." The registered manager told us monthly staff meetings were held to discuss the running of the service. Staff told us they felt able to contribute to these meetings. After our inspection we read the minutes from the most recent staff meeting. These showed that numerous discussions were held with actions and identified timeframes for completion.

The registered manager demonstrated that they understood their responsibilities to report significant matters to the CQC and other relevant authorities. Notifications were submitted to the CQC appropriately.

Staff gave a consistent view about the vision for the service. For example, all staff emphasised the importance of protecting people's privacy and dignity, and ensuring that the care provided was the care people wanted. They confirmed that certain values were part of an ongoing discussion in team meetings and in their initial induction to the organisation. The registered manager told us that the

service was committed to delivering person-centred care. They explained that the general system of having a key worker was designed to deliver one-to-one, targeted care that was focussed on the individual.

The service had strong links with the local community. People using the service participated in activities at other organisations. This included local day centres and colleges. People using the service had obtained qualifications from colleges and staff spoke passionately about the benefits this had brought to people's lives and their overall sense of achievement.

We saw records of complaints, and accident and incident records. There was a clear process for reporting and managing these. The registered manager told us she/he reviewed complaints, accidents and incidents to monitor trends or identify further action required.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were outlined in their initial job descriptions and additional responsibilities were in their learning and development plans. Staff provided us with detailed explanations of what their roles involved and what they were expected to achieve as a result. This information was confirmed in our discussions with the registered manager.

The provider had systems to monitor the quality of the care and support people received. We saw evidence of audits covering a range of issues such as care planning, medicines administration and fire safety. We also saw a comprehensive audit had been conducted in "assessing the care home as a learning organisation." This audit assessed whether staff were listening to and acting on people's feedback. Where shortfalls were identified in audits, an action plan was available with deadlines for completion.

The provider worked with some other organisations to ensure the service followed best practice. We saw evidence in care records that showed close working with local multi-disciplinary teams, which included dietitians and local social services teams. We spoke with one healthcare professional and two social workers and they commented positively on their working relationship with staff at Cambuslodge. The registered manager also told us they worked with Skills for Care, an organisation which works

## Is the service well-led?

with social care providers to provide training and up to date information about current best practice. The

registered manager told us they disseminated information obtained in team meetings and had used guidance from Skills for Care to update their policies and procedures in line with their best practice guidance.