

Cambian Signpost Limited

Kimberley House

Inspection report

Went Edge Road
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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: The service is a care home for up to four people some of whom have a sensory impairment and/or a learning disability and/or autism. Three people lived in the service when we inspected. This size of service meets the best practice model of support for people with a learning disability and/or autism and was designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance.

People's experience of using this service: People told us they were happy and felt staff had an excellent understanding of their needs and preferences. Staff listened to what they wanted and acted quickly to support them to achieve their goals and aspirations. Staff were innovative and looked to offer people solutions to aid their independence and develop their skills. Use of technology had supported people to maintain their safety and to be involved in their care.

People were very well supported with their communication needs. All staff could communicate through British Sign Language (BSL) or were working towards this. People told us they felt they were always able to communicate their needs to staff.

Excellent support was provided to people when they felt anxious or distressed. Staff used up to date best practice to intervene in the least restrictive and positive way. This approach had fostered very trusting relationships between staff and the people they supported. People's anxiety had reduced and their participation in a meaningful life had increased because of this.

People had good community networks which were personal to them. This included supporting people to use technology to connect with family and friends. People had been supported to develop and maintain positive relationships with friends and family.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence in every area of their life. The emphasis of support was towards enabling people. Staff encouraged positive risk taking so people could experience new things and develop. This had led to people feeling fulfilled and living an active life.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager and staff team worked together in a positive way to support people to achieve their own goals and to be safe. Checks of safety and quality were made to ensure people were protected. Work to continuously improve was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The values of the organisation of offering choice, inclusion and respect were embedded. This supported

people to receive the positive service described. The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

For more details please see the full report on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (published 28 September 2016)

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Kimberley House

Detailed findings

Background to this inspection

The 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.

Inspection team: One inspector carried out this inspection with support from a British sign language interpreter.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small and we needed to be sure that people would be in.

What we did:

Before inspection: We reviewed information we had received about the service from the provider since the last inspection, such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During and after the inspection: We spoke with the three people who used the service during our visit. After the visit we spoke with two relatives over the telephone to ask about their experience of the care provided. We spoke with the registered manager and four members of staff.

We reviewed a range of records. This included two people's care records. We looked at multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The provider had effective safeguarding systems in place. Staff had a good understanding of what to do to make sure people were protected from harm or abuse. They had received appropriate training in this area. A visiting professional said, "The staff take safeguarding concerns very seriously and communicate well throughout."
- People and their relatives told us they felt safe. A relative told us, "I feel safe with the service; staff put everything they can in place such as technology and security to support people."
- The provider operated a safe recruitment process.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- People were supported with skill and professionalism by staff when they exhibited distress or anxiety. This enabled them to be in control and have choices to guide them through their anxiety. Staff intervened in a personalised way which they knew worked for each individual. Care plans and risk assessments reflected positive behavioural support.
- Positive outcomes for people had been achieved. One person told us, "Staff help me stay safe when I get frustrated and they help me calm down." A relative said, "It is brilliant the way they have brought my family member on. It is tremendous from a very angry young person to now. The results are astounding, I have nothing but praise."
- The environment and equipment had been assessed for safety. Equipment included specialist alarms to support people and staff who could not hear to understand when the fire alarm was sounded.
- People were supported to take positive risks to aid their independence. For one person this had included developing skills and confidence to access public transport independently.
- People received care in a timely way. The registered manager monitored the amount of staff needed based on people's needs and their activities and appointments.
- Accidents or incidents were responded to appropriately. They were used as a learning opportunity to prevent future incidents where possible.

Using medicines safely

- Medicines were safely received, stored, administered and returned to the pharmacy when they were no longer required. People were encouraged to manage their own medicines where they had those skills.
- Where errors were found during checks we saw they were investigated.
- People told us they were happy with the support they received to take their medicines.

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments of people's needs were thorough and people's goals or expected outcomes were identified. Care plans were regularly reviewed to understand progress and make plans to support people to achieve their goals.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. For example, the environment had been altered to support people and staff with hearing loss to be independent and safe. For example; flashing alarms for the doorbell and fire alarm, bed sensors linked to the fire alarm. People had doorbells on their bedrooms to afford them privacy.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. The training programme had been adapted to support staff with hearing loss to learn the information required. The registered manager had themselves learnt how best to present written information to a person with hearing loss to aid their understanding. A staff member with hearing loss told us, "With my training if I am struggling I would ask the manager, like the whistleblowing concerns information, they gave use a form and we can fill it in. I feel confident to go back and fill it in now."
- Staff had completed a comprehensive induction and training programme. They had opportunity for supervision and appraisal. All staff who required BSL training were supported to access this to enable them to support people with hearing loss. A person told us, "Staff are very good at signing, I always feel I can get my point across. I use my iPad to help communicate with them when they are learning."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people with their menu planning, shopping and meal preparation. This was carried out in a way which ensured the person developed or used their skills to become or maintain independence and confidence.
- People were supported to monitor their weight and diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access to healthcare services and support

- Where people required support from healthcare professionals this was arranged, and staff followed guidance provided by such professionals. People had received support to maintain their health with regular access to GP's, dentists and other services. People also received an annual health check as per best practice for people with a learning disability.
- Information was recorded and ready to be shared with other agencies if people needed to access other

services such as hospitals.

- A relative told us about the support staff provided their family member to maintain a healthy routine with their bowels. They told us, "Staff know the triggers and signs and manage this well. Staff did a presentation at a team meeting on the topic and how best to manage it. You cannot fault their commitment."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
- Where people did not have capacity, records were made where decisions made had been made in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and the positive relationships they had with staff impacted positively on their feelings of wellbeing. People were actively listened to and their choices respected. A relative told us, "My family member needs to feel safe, if they don't they express behaviours. The fact that they don't have behaviours is due to the work the registered manager has done on how best to support them and the excellent relationships with staff."
- Where people were unable to express their needs and choices, staff understood their way of communicating. Staff observed body language, eye contact and used BSL to interpret what people needed.
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.
- People's right to privacy and confidentiality was respected.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care; and knew when people wanted help and support from their relatives. Where needed they sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those close to them, social networks and the community.
- People were supported to focus on their independence in all areas of their lives. People were supported to be independent in their ideas and choices and this meant people enjoyed freedom and control of their life. People were prompted and reminded of their responsibilities with regards to housework and living together and this supported harmonious shared living.
- Each person had their own goals to aim towards. Each person knew what their dreams and aspirations were around being independent. Staff had supported one person to access the community on their own and they now enjoyed walks in the local community independently. A relative told us, "Kimberley house have managed to support my family member to attend college."
- People were involved in their own lives and supported to grow in confidence and develop their skills. A visiting professional told us, "The staff have a warm, positive outlook and I am sure that this is felt by the service users on a daily basis which can aid positive change and a feeling of belonging."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There was a culture within the service of putting people at the heart of care planning and delivery. Innovative ways were used to involve people and their families in care planning. They felt valued and listened to by staff. One person had a poster which contained information about their dreams and goals. The person was excited to tell us the achievements they had made. In particular losing weight and being healthier, world travel and plans to be more independent.
- People felt staff had outstanding skills and an excellent understanding of their needs and preferences. Staff were able to suggest creative ideas to further develop people's skills and help them achieve their goals. One person wanted to go to America. Staff had arranged local holidays to build the person's confidence and budgeting. In the past year they achieved their goal of saving and visited America. They told us it was "Fabulous."
- Visiting professionals told us the service was focused on providing person-centred care and that exceptional results had been achieved for people. They said, "I have always been impressed with the way the staff at Kimberley house work with service users. It seems a lovely, nurturing environment where they apply a person-centred approach to everybody's needs."
- Each person had access to activities of their choice. These included opportunities for work, education and social support so people could live as full a life as possible. Staff had supported one person as a young adult to understand what they wanted to do and enabled them to understand their dreams and aspirations. The person had started college, was learning to budget their money and understanding how to deal with their anxiety and frustration. For another person they had been supported to seek a volunteer role at a garden centre each week. Staff told us this motivated the person to go out to work.
- Key links had been made with the local deaf community to encourage and sustain people's access which they valued. One person told us, "Where I come from I was not part of the deaf community. Here I have joined the deaf choir, I have friends there. I also attend the deaf club. My friends visit me here at home. I appreciate being part of the deaf community. I would say it is outstanding here and I would tell other people it is a good place to live."
- Inventive ways had been explored and used to support people to communicate and be as independent as possible in this specialist service for people with hearing loss. This included the use of technology. People used social media and the internet to keep in touch with relatives. This was particularly important to maintain relationships due to relatives in some cases living some distance away and due to people's disability. Family was important to people and they told us being in touch with them made them happier.
- Technology to enhance people's privacy and safety was also used by the provider. They had matched the technology used around the needs of people living there. For example; flashing alarms and sensors.
- Reasonable adjustments were made where appropriate around their sensory loss and learning disability and/or autism. Information was presented in a way people could understand whether this was through BSL

or pictorial and easy read formats. One person worked with staff to develop the pictorial menu on the kitchen wall for the week ahead during our visit. Communication about healthy choices, birthday meals and personal preferences were observed whilst using BSL and picture cards to aid positive, effective communication.

- Staff responded and went the extra mile to address people's needs in relation to their sensory loss. People required the support of an interpreter when accessing medical appointments or attending hospital in an emergency. Staff made plans in advance of appointments where possible. Staff were keen to uphold people's right to an interpreter service and worked to overcome the challenges presented by healthcare services who did not always respect this.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.
- People and relatives knew how to make complaints should they need to. They told us they believed they would be listened to.
- The registered manager had acted upon complaints in an open and transparent way. They had used any complaints received as an opportunity to improve the service.

End of life care and support

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's religious beliefs and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person centred, high quality care with openness: and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Leaders and managers demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in day to day discussions about their care. A relative told us, "For me the service is outstanding and this is heavily influenced by the way it is managed, we can compare to other services and we feel the registered manager here is very hands on and has a good rapport with clients."
- There was a skilled workforce and the registered manager empowered people and staff to speak up freely, raise concerns and discuss ideas.
- People and their relatives had completed a survey of their views and they met frequently to discuss the service they received. Feedback had been used to continuously improve the service. For example, additional training around people's specific needs had been arranged.
- Staff told us they felt listened to and that the registered manager was approachable. Staff understood the provider's vision for the service and they told us they worked as a team to deliver high standards. One member of staff told us, "[Name of registered manager] is a brilliant manager, one of the best in my entire working life. They help me with personal problems, they are fair and listen. I feel supported."

Managers and staff being clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager demonstrated a commitment to ensuring the service was safe and high quality.
- Regular checks were completed by the staff and registered manager to make sure people were safe and that they were happy with the service they received. The provider also checked the service was safe.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- All the feedback or issues found during checks had been used to continuously improve the service.

Working in partnership with others

- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Links to the community also supported service development. For people with a sensory loss this involved being an active part of the local deaf community.

