

Cambian Learning Disabilities Midlands Limited

Cambian Conifers

Inspection report

1 Central Avenue
Borrowash
Derby
Derbyshire
DE72 3JZ

Tel: 01332665298
Website: www.cambiangroup.com

Date of inspection visit:
16 January 2017

Date of publication:
10 March 2017

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 ●

Summary of findings

Overall summary

This inspection took place 16 January 2017 and was unannounced.

Cambian Conifers provides a respite service in the Borrowash area of Derby. The service offers personal, social and respite care for a maximum of 9 people with a learning disability. Some people have associated conditions that may include, autism, sensory and communication difficulties. At the time of the inspection, there were two people who had stayed there for over a year and three people in the morning and four in the afternoon staying for respite.

At the time of our inspection there was a registered manager at the service. 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.

People were supported by staff who understood their role and responsibilities in keeping them safe. Staff were aware of the need to keep people safe and to protect them from the risk of avoidable harm. Staff and the registered manager understood procedures in relation to safeguarding and ensured any allegation of abuse was recorded and reported in the appropriate manner.

The provider had recruitment procedures in place to ensure staff were of good character and able to work with vulnerable people. Recruitment procedures were safe and included Disclosure and Barring service (DBS) checks.

Medicines were safely managed and stored. Staff had taken part in training relating to safe administration of medicines and competency assessments were carried out. Staff felt supported by the management team. They received training and supervision to support them in providing people with the care they needed to meet their needs.

People were encouraged and supported to take part in activities of their choice. Care and care plans were personalised to meet people's needs, choice and preference. Information was provided to people in different formats, to ensure they were included.

The principles and requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards had been met. Best interest decisions and capacity assessments had been completed when required and were in people's care plans.

People's right to privacy and dignity was respected by the staff. Staff were kind, caring and compassionate; they promoted and supported people to be involved in their care.

People's nutritional needs were met and dietary needs were catered for. Staff understood people's health

needs; people were supported to access relevant health care professionals and any recommendations were followed.

Information was available to signpost people and relatives to the relevant agencies should it be necessary to raise a concern or complaint; complaints were taken seriously and actions taken to resolve them.

Effective auditing systems were in place to assess and monitor the quality of the service. People and relatives were asked for their opinions and views of the service and how it could be improved.

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.

People were supported by staff who understood their role and responsibilities in keeping them safe. The provider had recruitment procedures in place to ensure staff were of good character and able to work with vulnerable people. Medicines were safely managed and stored; staff had taken part in training relating to safe administration of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to support people's needs effectively. Where people lacked the capacity to make decisions, the key principles of the Mental Capacity Act 2005 (MCA) were followed; applications in relation to the Deprivation of Liberty Safeguards were made. People were provided with food and drinks which met specific needs and preferences. Staff ensured people had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate; people were treated with dignity and respect. Staff communicated with people in a manner to suit their individual needs and understanding. People were actively involved in their support and care.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's care and support needs. Activities were personalised to meet their needs, as well as personal choice and preference. Care plans were reviewed and updated as people's needs changed; care plans were informative and person centred. A complaints procedure was in place and people and their relatives told us they felt able to raise any issues or concerns.

Is the service well-led?

Good 

The service was well led.

Staff spoke with enthusiasm and passion about the service they provided and people they supported. People and relatives were encouraged to speak up and share their views about the service provided. There were effective quality monitoring systems to help ensure care provided reflected people's individual needs; systems were in place to identify, minimise and evaluate risks to people's safety and welfare at the service.

Cambian Conifers

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 16 January 2017 and was unannounced. This inspection was completed by one inspector.

Before the inspection, we reviewed the information we held about the service. We contacted the local authority contracts and commissioning team and also reviewed notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law.

We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was completed and returned to us by the service.

We spoke with one person who used the service; due to people's limited communication we spent time in the communal areas and observed interactions between people and staff. We also spoke with two relatives and a social care professional to obtain their views about the service. We spoke with five staff, which included the registered and deputy manager.

We reviewed a range of records about the people at the service along with documents in relation to how the service was managed. This included four people's care plans, three staff recruitment records, training records and records in relation to the safe management of the home, such as audits and environmental checks.

Is the service safe?

Our findings

People told us they were provided with a safe service; people told us they felt safe with the support of the staff. One person said, "The staff are very good; they look after me." A relative told us they felt confident their family member was safe when they stayed for respite. The relative said, "I know [relative] is safe and that means we can relax." They went on to say, "I was dreading the transition from child to adult, but [relative] is safe and looked after."

The staff we spoke with understood and recognised the signs of abuse to look out for when they supported people. Staff were clear about their responsibilities in how and who to report any concerns to. Information relating to reporting any concerns or possible safeguarding was displayed clearly in the reception area of the service. Staff understood there was a process for reporting any potential abuse and knew this included informing the local authority and the Care Quality Commission (CQC). One staff member said, "I would always challenge if things were not right." The provider arranged for training in relation to safeguarding people and staff understood the process of how and who to report any concerns. The registered manager and staff were aware of their responsibilities and promoted people's safety.

We saw people's care records contained risk assessments to assist staff to support people's health, safety and well-being. A relative told us they had been involved in ensuring their family members' needs were met by the information contained in the care plans. The relative also told us they had a communication book, which was used between them and the staff at the service; this ensured any changes to the persons needs were quickly and easily communicated and were added to their care plan and risk assessments. We saw risk assessments were completed to identify potential risks to the person and staff supporting them. Personal emergency evacuation plans (PEEP's) were in place for each person in the case of an emergency, such as a fire. This showed the service was aware of risk, risk assessment and emergency procedures.

A relative told us they thought there were sufficient staff available to meet their family member's needs. A staff member said, "Yes, there is enough staff now." They went on to say, "There has been a recruitment drive as some staff left; but yes, there is enough." One person said, "When I stay, I have one to one which means I get what I need; I get the attention from the staff." We reviewed staff rotas and saw staff were rostered and available when people used the service; we saw the rota highlighted when people's needs meant they needed a one-to-one staff member.

There had been a recent recruitment drive, as a number of staff had left the service. Effective recruitment processes were in place to help ensure staff employed were of good character and suitable to work with people who needed to be protected from harm or abuse. Staff confirmed they did not commence employment until the necessary checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) certificates had been obtained. A review of records showed all the appropriate pre-employment checks had been made.

People's medicines were safely stored and managed by staff. One person told us the staff took care of their medicines when they stayed; they told us they were happy the staff took care of their medicines. Staff who

administered medicines told us and we saw they had received training in medicines administration and followed procedures for the safe management of medicines. Staff also had a competency assessment to ensure they could administer medicines in the correct manner. We saw, and staff explained to us, how they ensured medicine administration record (MAR) charts were completed after they gave people their medicines.

We looked at MAR charts for people staying at the service at the time of our inspection, and found them to be correctly completed and signed. The staff member recognised the need to ensure people received the correct medicines at the time they were required. During our inspection, we heard a staff member and the registered manager discussed the medicines of one person who was using the service for the first time. The persons prescribed medicines had changed since the admissions assessment had been carried out. The registered manager immediately contacted the person's closest relative and queried the changed medicine. The registered manager understood the importance of ensuring medicines were managed in a safe manner and systems in place were safe and supported this.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the skills and knowledge to provide good care. One person said, "They [staff] are brilliant." They followed this and said, "The staff know how to look after me." A relative said, "They know what they are doing." When asked if the staff understood people's needs, one relative said, "I know the staff have training and I am sure it helps."

All the staff were in the process of completing the Care Certificate; the registered manager saw this as a positive learning experience for all the staff to enhance and maintain knowledge and skills. New staff completed a period of induction and shadowed more experienced staff, prior to supporting people. There was an expectation that new staff undertook the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. This showed the provider recognised the need to ensure staff had the necessary training and skills to meet people's needs.

Training records were available for us to review and see what training staff had completed and what was planned. Staff told us they were encouraged to attend training and they felt the training provided enabled them to provide people with care to meet their needs. One staff member told us they had been on a course which enabled them to train other staff in relation to behaviour management and physical interventions. The staff member told us this enabled good team work and helped and promoted a consistent approach in supporting people with behaviours which challenge. The staff member said, "The team work together to ensure everyone is safe."

Staff told us, and we saw records confirmed, they had received training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). The 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. Staff told us they spoke with people and gained their agreement before carrying out any personal care. One staff member said, "Everyone has rights and we must always assume capacity." They went on to say, "We [staff] produce care plans to support people's needs and decision making." Staff were able to tell us how they ensured people were included in decision making around their support needs and the care they required. We heard staff asked people for their opinion regarding decisions and support. For example, when one person arrived for their respite, the staff asked the person if their room was set out in a manner which met their needs. This person needed a particular piece of equipment to assist them to move and transfer. The staff enquired if the bedroom was set out correctly to meet the person's needs. People had been included in decisions relating to their care and the provider and staff understood and followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager understood their responsibilities and ensured applications were made for those people whose freedom and liberty had been restricted. The registered manager showed us documented evidence relating to DoLS applications for people who stayed at the service for respite. The management team had sought advice due to a query which was raised by a local authority contractor and commissioner of services. Following this the management team had made further applications for people. This meant the management team acted on the advice of other professionals and ensured the act and principles were followed.

People were encouraged and supported to make decisions about what food they wanted to eat. We heard staff ask people what they wanted for their meal and this was then provided. One person told us the meals the staff cooked were of a good standard. They said, "I help the staff with the cooking; today we are going to make an apple crumble." We saw and heard staff discussed with people the arrangements for meals to ensure meals suited their choice and liking, along with any specific dietary requirements. For example, records showed staff worked with professionals and individuals to ensure a healthy, balanced and suitable diet was provided.

Staff we spoke with told us they were responsible for the preparation and cooking of the meals. Staff explained they encouraged people to participate, however they also had to be aware of giving people the option and choice of whether they wanted to be involved. This showed us the staff were aware of working with people and encouraged an inclusive and together approach.

A relative told us the staff kept them informed if their family member's health changed or if they required an appointment with their doctor. A staff member told us, "If anyone needs to, we support them to attend health care appointments." We saw information was available in people's care plans to inform and guide staff in relation to people's individual health needs. For example, we saw information was available regarding one person's epilepsy and how staff should support the person if they experience a seizure. A staff member assured us they would have no hesitation in contacting a relevant health professional or relative should a person's health and well-being change. The staff told us they would always ensure people's health care needs were effectively met.

Care records confirmed, when required, people had access to healthcare professionals. We saw people were supported to attend appointments in the community and at the service. This showed us people were supported to maintain good health. People's care plans identified any health issues and risk assessments were completed to support and maintain their personal health. We saw people's health needs had been recorded within a 'hospital passport', which is designed to support communication and continuity should a person be admitted to hospital. This document is considered by the National Health Service to be good practice to ensure people's needs are understood and met when they are away from their home. We saw these documents were available in case of admission. This showed people's health needs were recognised and information was available in emergencies.

Is the service caring?

Our findings

We saw relationships between people and staff were positive. One person told us they enjoyed staying at the service and liked the staff. They said, "I've been here before; I came to try it out and thoroughly enjoyed it, so I decided I wanted to stay on a regular basis." A relative said, "We are so grateful for the service [relative] receives. We don't know what we would do without the service."

Staff were kind, caring and compassionate. One person said, "Staff are caring; it is such a caring place." They went on to tell us they had, "Tried other places, but it is better here." When asked why, they said, "Just because they [staff] care." A relative said, "The staff are caring; even if we've not met them before, they know us because they know [relative]." The relative said, "The staff are fabulous."

A relative described the service as a, "Home from home; it is warm and welcoming." The relative told us the staff made every effort to ensure the needs of their family member were met. People received personalised care from staff who knew them well. Staff understood people's preferences for their care and their needs. Staff spoke passionately about the people they supported and cared for. One staff member said, "I feel as though I have found my calling; the service users make it a pleasure to come to work." The staff understood people's individual needs as well as the smaller details about people to ensure they were happy and comfortable.

Staff treated people with dignity and respect. Staff spoke with people in a manner which was appropriate to their age, abilities, likes and preferences. For example, we saw staff and people participated in 'high fives' to indicate success and a mutual respect. We saw one person came downstairs for their breakfast; this person had managed to dress them self; however their clothes were inside out and back to front. We saw and heard the staff gave the person lots of positive praise for attempting to complete the task. At no time did the staff tell the person their clothing was on incorrectly. Later in the inspection, we saw and heard a member of staff discreetly asked the person if they would like to go with them and have a wash and change into some fresh clothes. This showed the staff recognised individual success and achievement, however small it appeared.

Some people staying at the service had complex conditions which meant they were unable to communicate their needs verbally. We saw staff used different forms of communication to ensure people's needs were met. For example, we saw staff used books, pictures, signs, symbols and Makaton signs to engage with people. Makaton is a simple language programme using signs and symbols to help people to communicate. We also saw staff ensured they did not talk over or above people; staff ensured they spoke to each person they were communicating with in a respectful way. The staff ensured an open body language and positioned themselves at a level, which meant they gave the person appropriate touch and eye contact. This showed people were supported to communicate in a manner to suit their needs.

People and their relatives told us they were involved in the on-going review and management of their care. One person said, "I decide what I want to do and when; the staff always include me." They went on to say, "I am involved in my care; the staff ask me if they are doing it right." A social care professional told us they had received positive feedback from someone who used the service. The professional told us the person had

nothing but praise for the staff and the service as a whole.

Is the service responsive?

Our findings

People were supported to participate in interests and activities of their choice. One person told us, "I'm going swimming this morning; the staff are taking me." A relative told us, "Every home has to have a routine; routine serves a purpose, but here people are given choice." They went on to say, "I love the fact that [relative] has slept in today; I love the fact [relative] is given the choice."

People's care and support needs were well understood by the staff at the service. This was reflected in people's person centred care plans and in the attitude of the staff towards people. Staff included people and encouraged to make choices and decisions, however small. We saw and heard staff take the time to communicate with people in a manner they understood. For example, some people used specialist wheelchairs to mobilise and sit in. When staff were speaking with them, they ensured it was at a level that suited the person. Staff also ensured communication was in a format suited to each individual, in easy read and picture formats, by using signs, symbols, and books for example. A relative told us the staff had taken the time to get to know their family member and to know [relatives] needs.

We saw assessments were carried out before people used the service; this was done to ensure the service and staff could meet people's needs. People's care plans contained the pre-admission assessment and this was then built upon and showed how people's needs changed over time. Care plans showed how each person wished to be cared for and reflected people as individuals.

People and their relatives were included and participated in decision making about their care. People were listened to and encouraged to make choices about their care. For example, during our inspection visit we saw and heard staff supporting people in a personal and individual manner. Due to people's individual health conditions, not everyone was able to communicate easily with staff or express how they felt. We saw people's care plans contained information for staff, to help them understand how people expressed if they were happy, sad, angry or in pain. Staff took time with each person and did not rush them for decisions or answers. This helped to ensure individuals choices and preferences were respected and positive outcomes for people were encouraged.

Staff understood and responded to people's individual and personal needs. For example, one person had chosen to remain in bed. A staff member explained this person had epilepsy and the person had a feeling they might have a seizure. We saw staff ensured the person's request to remain in bed was respected, whilst balancing the risks associated with their epilepsy. We saw staff regularly monitored and checked on the welfare of the person. This showed the staff understood care was personalised to meet people's needs.

We saw care plans were detailed, informative and when required contained information in an easy to read format. Care plans were routinely reviewed and updated. Each care plan was personalised and reflective of each person's individual needs and included risk assessments and health needs' assessments. Where possible, people had contributed to the development of their care plans. The registered and deputy managers told us they had recently started 'life books' with people. The books were a scrap book that people and staff were developing together. This Life Story Book can be used in a care setting to help staff

understand more about the individual and their experiences. The managers told us the intention was for the books to be person centred and personalised to each person, and to help staff understand more about each person. This showed the management team were aware of the importance of promoting person centred care.

The registered and deputy managers had implemented a new system for the preparation for people using the service. We saw each person who used the service had a plastic box which contained personal items, such as personal bedding and pictures which the staff were to have in place in preparation for the persons respite stay. The deputy manager told us this meant, when a person arrived their bedroom of choice was ready and welcoming for their stay; they told us the intention was for a smooth and warm transition from the persons home to the service. This showed the management worked to develop and improve the quality of the service being offered to people.

There were policies and procedures in place for receiving and dealing with complaints or concerns. We saw four complaints had been received in the past year, with evidence of them being investigated. Learning points and outcomes were also documented for future reference and learning. In the reception area there was information on display which guided anyone who wished to raise a concern or complaint; information was in a pictorial and easy read format, to enable everyone to have the information they needed regarding making a complaint. We saw there was information on display relating to how to contact the local authority and the Care Quality Commission should anyone have any worries or concerns about people's welfare or well-being. This showed the service signposted people to the relevant agencies should it be necessary to raise a concern or complaint.

Is the service well-led?

Our findings

There was a registered manager in place at the service; the registered manager was supported by a deputy manager and they were accessible to the staff and people who used the service. Staff spoke with enthusiasm and passion about the service they provided and people they supported. A relative said, "The staff clearly enjoy their jobs." Staff felt supported by the registered and deputy managers; staff told us the management team were supportive and approachable. One member of staff said, "Managers are supportive." Another staff member said, "They [managers] are approachable;." They went on to say, "They help and are hands-on, if it is needed."

The registered manager was familiar with the processes and responsibilities required in relation to statutory notifications. They knew written notifications, which they are required law to tell us about, needed to be submitted at the earliest opportunity. For example, notifications of a potential abuse or an event which may affect the service. We saw where a potential safeguarding concern had been raised, the management team ensured the relevant professionals, local authority and the Care Quality Commission was informed. This showed the management team ensured they shared information to the relevant bodies, as they are required to do.

Arrangements were in place for the effective day-to-day management and running of the service. The registered manager told us they felt supported by the deputy manager and the wider care team. They felt there was effective team working and this meant people were provided with a good service. The registered manager was also part of the management team at one of the providers day service. They told us they felt having the support of the deputy manager and the team gave them confidence that people continued to receive an effective service at Cambian Conifers. Staff told us they were provided with support and supervision by their respective managers. One staff member said, "I have supervision about every six weeks; I supervise others in the team." The staff member told us the supervision process gave them and their respective managers the opportunity to share success as well as identifying areas for improvement.

A service quality questionnaire was carried out; this was for the management team and the provider to evaluate people's thoughts about the service and whether improvements were required. We saw the feedback from the questionnaires had been evaluated and although the overall feedback was positive, the provider had recognised there was still room for improvement. For example, there was a plan to improve on communication with relatives and inventories of people's personal belongings had been noted as areas for improvement. The registered manager told us they were working on this and we saw monthly 'community meetings' had been implemented. The meetings were open to any families, people and staff to attend and we saw minutes of the meetings had been completed in written and easy read formats, to promote an inclusive approach.

The management team told us they aspired to promote and deliver a high standard of care to the people who used the service. The registered manager and the deputy recognised the individuality of the service. There were some people who had stayed at the service for an extended period along with people who were there for short respite periods. The registered manager told us they had a vision for the future of the service

and in particular the people who had stayed there for an extended period. The registered manager told us they hoped for a period of management and staff stability, with a long-term goal and plan to develop the service further.

There were systems in place to identify, minimise and evaluate risks to people's safety and welfare at the service. We reviewed a sample of records relating to the quality and safety of the service and found them to be up to date. For example, we saw audits of medicine administration records were carried out. Internal monitoring and quality assurance systems were in place to review and evaluate the quality of the service. For example, we saw monthly health and safety audits were carried out. Subsequently an improvement plan had been developed and recommended actions had been implemented. This showed the need to promote health and safety was recognised.

There was a process of reporting, recording and reviewing accident and incidents. This information was then used and learned from to reduce potential reoccurrence and risks to people. This demonstrated there was an understanding of the need to implement systems to aid and improve the health and safety of people who used the service.