

Cambian Whinfell School Limited

# Cambian Dilston College - Community Properties

## Inspection report

Dilston Hall  
Corbridge  
Northumberland  
NE45 5RJ

Date of inspection visit:  
16 May 2016

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14 July 2016

## 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

Cambian Dilston College is a further education residential college based in Dilston, Corbridge, Northumberland, which provides educational services and personal care and support, for up to 52 students, all of whom are young adults with learning and/or physical disabilities. Cambian Dilston College-community properties is part of the college organisation where personal care was provided to people with mild learning disabilities who attended a different college in the Tyneside area, but who lived in their own home in the community. People could also visit and access the services and activities of Cambian Dilston College as part of their care package. This is the first inspection of this service since the provider took over the leadership of the college in June 2014. At the time of our inspection there were three people in receipt of care, all of whom lived in one property together in the community.

This inspection took place on the 16 May 2016 and was announced. This was because the service is a domiciliary care service and we needed to be sure we could meet with people and staff when they would be available to speak with us.

A registered manager was in post at the time of our inspection who had been registered with the Care Quality Commission (CQC) to manage the carrying on of the regulated activity since June 2014. A registered manager is a person who has registered with the CQC 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 told us they liked the staff who supported them and felt safe in their presence. Policies and procedures were in place for staff to follow to ensure that they safeguarded people from harm or abuse and we saw that these were followed in practice. Staff had been trained in safeguarding and were aware of their personal responsibility to safeguard people.

Risks that people faced in their daily lives had been appropriately assessed and were regularly reviewed. Environmental risks in peoples' homes were also assessed and mitigated against. Emergency planning had been carried out and accident and incidents were appropriately managed and analysed to see if preventative measures were needed.

Staffing levels were determined by the number of people in receipt of care and the nature of their needs. Staff told us that staffing levels were well managed and they felt very supported in their roles. They said they received regular training and were inducted, supervised and appraised in line with the provider's policies. Staff recruitment procedures were robust and staff disciplinary measures were in place and applied appropriately. Medicines were well managed.

CQC monitors the application of the Mental Capacity Act (2005) and deprivation of liberty safeguards. The Mental Capacity Act (MCA) was appropriately applied and the provider understood their legal responsibility under this act. They assessed people's capacity when their care commenced and on an on-going basis when

necessary.

People were supported to eat and drink healthily and in line with their tastes and preferences. They were involved in menu planning and had lots of choice about the foods they consumed. The ethos of the service was to support people to be as independent as possible and achieve the best possible outcome in line with their own abilities. Staff encouraged people to be independent, they respected their dignity and spoke with them in a professional but respectful manner. People and staff enjoyed good relationships.

Care was person centred and each person had goals and aspirations to work towards. Care was planned and regularly reviewed. Adjustments to peoples' care packages were made as needed. Social inclusion was promoted as people were encouraged and supported to pursue activities of their own choice such as swimming, shopping and football. People had good links with the local community, which staff supported them to access daily.

The culture of the service was positive and open and we received good feedback about the manager and the leadership of the service overall. Good quality assurance systems were in place and these ensured that the provider had a good overview of the service in order to analyse any concerns or issues raised and to drive improvements where necessary. There were no complaints received about this service within the last 12 months prior to our inspection.

Records held within the service were well maintained and confidentially stored.

## 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.

Safeguarding policies and procedures were in place and staff were knowledgeable about how to protect people from harm and abuse.

Risks that people were exposed to in their daily lives were appropriately assessed.

Accidents and incidents were monitored and reviewed regularly and emergency planning had been considered.

Staffing levels were sufficient to meet peoples' needs and medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People reported that staff helped them with everything that they needed.

Communication within the service was good.

People were supported appropriately to eat and drink in sufficient quantities to remain healthy.

The Mental Capacity Act (MCA) was appropriately applied and staff were supported to maintain their skills through regular training, supervision and appraisal.

### Is the service caring?

Good ●

The service was caring.

Staff displayed caring and supportive natures towards students when engaging with them. Students told us they liked the staff team and the interactions we observed between students and staff showed they enjoyed good relationships.

Students were involved in the service in many ways and were

kept informed about their care.

Information was retained confidentially and staff promoted and protected people's privacy and dignity.

Advocacy services were available for students to access via Cambian Dilston College.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Assessments of peoples' needs were carried out when they first started receiving care and their development and improvement in life skills was regularly monitored and reviewed.

Individualised care plans and risk assessments were in place which were regularly updated as peoples' needs changed.

Care was person-centred and people experienced positive outcomes. People pursued the activities they wanted to with support from staff.

Complaints were handled appropriately and systems were in place to gather the views of people, relatives and staff.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People, relatives and staff gave positive feedback about the provider organisation and the registered manager.

The provider had clear visions and values which staff applied in their work and the management team promoted.

A range of audits were carried out and reporting systems were in place to ensure that the provider retained oversight of service performance.

The service had good links with the local community.

# Cambian Dilston College - Community Properties

## **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 May 2016 and was announced. This was because the service is a domiciliary care service and we needed to be sure we could meet with people and staff when they would be available to speak with us. One inspector carried out this inspection.

Prior to the inspection the provider completed a Provider Information Return (PIR). A PIR asks the provider for information about the service and any improvements that they plan to make. Prior to this inspection we reviewed all of the information that we held about the service including any statutory notifications that the provider had sent us and any safeguarding information received within the last 12 months. Notifications are made by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. They are reports of certain changes, events and incidents that affect the service or people using it. In addition, we contacted North Tyneside Safeguarding Adult's team and Commissioning services. We used the information that these parties provided to inform the planning of our inspection.

As part of our inspection we spoke with two people, two of their relatives, two members of the support staff team, the registered manager and the nominated individual, who is the provider's representative. We reviewed a range of records related to people's care and the management of the service. This included looking at two peoples' care records, two staff files, and other records related to quality assurance and the operation of the service such as audits and meeting minutes.

# Is the service safe?

## Our findings

People told us they felt safe in the presence of the staff who supported them and whenever they visited Cambian Dilston College. One person said, "I have never felt unsafe". Another person commented, "I am happy with the staff". Each of the relatives that we spoke with told us they had not had any concerns about their family member's safety with staff.

The provider had safeguarding and whistleblowing policies and procedures in place to protect vulnerable adults and children. Staff displayed an in-depth knowledge of safeguarding procedures and the different types of abuse and harm that people could potentially be exposed to. They were aware of their own personal responsibility to report matters of a safeguarding nature. All of the staff we spoke with told us they would not hesitate to escalate their concerns, should they not be dealt with appropriately by the manager of the service, or the provider.

Staffing levels were determined by people's needs and the activities they pursued within the community. All of the three people who were supported were very independent and needed varying levels of support depending on the activity or task that they were undertaking. Staff told us that they had no concerns about staffing levels within the service and our own observations confirmed that there were sufficient staff on duty supporting people throughout our inspection. One member of staff said, "The staff numbers are fine".

Evidence in staff files demonstrated that the provider's recruitment and vetting procedures for new staff were appropriate and protected people's safety. Application forms were completed including previous employment history, staff were interviewed, their identification was checked, references were sought from previous employers and Disclosure and Barring Service (DBS) checks were obtained before they began work. DBS checks help providers make safer recruitment decisions as they check people against a list of individuals barred from working with vulnerable adults and children. Records showed staff had also completed a medical fitness declaration prior to starting work. Where there had been matters of a disciplinary nature, we saw records within staff files which demonstrated that the provider investigated and handled these matters appropriately. This meant the provider had systems in place to ensure that people's health and welfare needs could be met by staff who were fit, appropriately qualified and assessed as being physically and mentally able to do their jobs.

Risks that people faced in their day to day lives or when undertaking a particular activity, had been explored and measures put in place to mitigate against these risks. For example, one person self-medicated and the risks associated with this, and how to manage them, were recorded within their care records. These risk assessments were readily available to staff as they were held electronically and there was a computer to access them in the peoples' home. We saw that these risk assessments were regularly reviewed and updated by peoples' keyworkers. Risks that people faced through accessing the internet via their electronic devices such as iPads had also been assessed, and steps taken to prevent people from being exposed to bullying and harassment online, or accessing inappropriate material. Staff were appropriately trained in E-Safety, in order to support this.

Environmental risks had been assessed in the property and were reviewed on a regular basis. People were supported to carry out regular fire and health and safety checks on their property and these were appropriately documented and retained. Checks were carried out on, for example, electrical equipment and utility supplies, to ensure they remained safe. We saw evidence that legionella control measures were in place to prevent the development of legionella bacteria, such as testing water temperatures regularly and decontaminating showerheads. This showed the provider sought to ensure the health and safety of people, staff and visitors.

Emergency planning had taken place and there was a business continuity plan in place for staff to access online at any time giving them information about who to contact in an emergency, out of hours and when specialist skilled labourers were required. This meant that if required, there was important contact information available for people to access via the staff team in an emergency. Any accidents or incidents that people or staff experienced within the service were reported to the manager and then entered into an electronic log which was escalated to senior management within the provider organisation.

The management of medicines was safe. Only one person required medicine and a risk assessment had been carried out to determine that they were able to administer their own medication safely. The storage of this medicine was appropriate as it was stored in a locked cabinet within the person's own bedroom, which could also be locked if they wished. This person was supported to obtain and dispose of their medicine safely and there were policies and procedures for staff to refer to and follow within the provider organisation. This showed that staff supported the person to take their medicines and to retain as much independence in doing so as possible.



# Is the service effective?

## Our findings

People told us that staff helped them with everything they needed support and guidance with. One person commented, "The service is awesome". A second person said, "They do anything we need and take us out". Staff told us that they aimed to support people in any way they could as this was their role and the ethos of the service. People's relatives described how effective the service had been. One parent said, "X (student) gets help to do what they need and wants to do".

Each person was allocated a key worker to support them and to review their needs. Communication within the service was good. Messages and information were shared with people in a pictorial and written format to meet their needs. This showed that people were kept informed and they could use tools that they were provided with to communicate with others. People's relatives told us they felt they were kept informed about their family member's progress and any key changes in their needs or care.

People's general healthcare needs were met and records showed they were supported to access routine medical support as and when needed, or more specialist support such as that from a speech and language therapist, should this be necessary. One person told us, "If I was not well they would help me phone someone (doctor)". An occupational therapist was directly employed by the provider and based at Cambian Dilston College site to promote communication and provide intervention care plans where necessary. People supported in the community had access to these services should they be needed.

People told us they were supported to eat and drink healthily. One person said, "We do menus with staff each week and say what we want to eat". No people who accessed the service had any specific dietary needs, but we saw the provider had the tools in place within the college setting to implement individual nutrition care plans and risk assessments should this be necessary. People described how they ate out regularly and enjoyed this time eating socially with friends.

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 so that they can 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. Information in peoples' care records indicated consideration had been given to their levels of capacity and their ability to make their own choices and decisions in respect of the MCA. We did not see any evidence that best interest decision making had been needed for the people in receipt of care from this service, as people had the capacity to make decisions for themselves. We gathered other evidence from the provider's operations at Cambian Dilston College which assured us this process would be appropriately applied, should this be required within their domiciliary care business at a future date.

Staff were appropriately trained and supported to maintain their skills with refresher training being completed on a regular basis. Training records showed that staff had received training in a number of key areas such as fire safety, safeguarding and medicines, as well as in topic areas specific to the need of the people they supported such as advocacy awareness. One member of staff said, "We get loads of training, usually in half term".

Supervisions were carried out four times a year and appraisals were undertaken annually for all staff. Staff told us they found these processes constructive and supportive. Supervisions are important as they are one to one sessions between staff and their line manager where performance, training and any areas of concern are discussed, including personal matters where necessary. Appraisals are annual yearly meetings, again between staff and their line manager, in which job role specific objectives are reviewed and staff performance over the year reflected upon. Staff told us they felt supported by their line manager and college in general. They informed us that their line manager visited them weekly and telephoned during each shift, as they appreciated they were detached from the college itself, in that they worked in a community setting.

# Is the service caring?

## Our findings

People told us staff were kind to them and looked after them. One person commented, "The staff are fabulous". Another person said, "The staff are great". One relative told us they had no concerns about the staff team approach and said they believed their relative to be happy with the care and support they received. Another relative shared some minor concerns with us, which we passed on to the registered manager to investigate. They told us they would look into this matter.

We observed staff whilst they supported and engaged with people. The staff team approach was professional, supportive, respectful and polite. Staff listened to people attentively and answered their questions and queries promptly. People told us they enjoyed good relationships with staff and our observations reflected this.

People's involvement in the service and their care was evident in general terms, in that they were asked about what they wanted to do and to eat, and they were encouraged to do as much as possible for themselves. People described how they lived a life of their choosing with support from staff. The ethos of the service was to support people to become as independent as possible and assist them to transition from young adults into adulthood by doing as much as they could for themselves. This meant people could develop their skills, become more independent and build their confidence.

Records were held securely, confidentially and electronically in the peoples' home. Staff showed awareness of the need to protect people's privacy and dignity and described how they did this when delivering personal care in their home, for example by promoting that people closed bathroom doors behind them for privacy when in use. People also had the option to lock their bedroom doors in their house should they wish to do so.

Equality and diversity was promoted throughout the service and policies and procedures were in place for staff to follow and refer to. Staff had also received training in this area. Staff and people told us that each person was able to contribute to communal decision making in the house they all lived in, for example related to menu and activity planning and that each person's differing tastes, personalities and beliefs were taken into account.

An advocate from an external organisation was linked to the college and people could access these services if needed. There was a photograph of this advocate and information about the services they offered retained in the electronic files that staff could access in the home of the people they supported. This showed the provider had systems in place to ensure that peoples' voices were heard where they were not able to understand the options that were open to them, and to communicate their own choices.

## Is the service responsive?

### Our findings

People told us that staff were responsive, as they supported them in any way they needed help. One person said, "It is great. We do lots of activities like going to the cinema and I meet friends and go home at weekends". Another person told us, "We take turns doing jobs around the house like dishes and cooking. They take me out too". Relatives told us management and staff working with their family member were responsive when they contacted them for information, advice or to discuss their care.

Assessments were carried out before people started using the service to ensure that they could be supported in the community setting, in line with their needs, activities and attendance at a college in Tyneside. Each person had an overall detailed care plan which included information about their abilities, for example, to travel independently and perform personal care tasks, and the support they needed in these areas. More specific care plans were in place where this was needed, for example, about how to support people to access the community, or to take their medicines safely. Where appropriate, assessments of people's abilities to manage their finances and/or medicines had been carried out. A general overall risk assessment was in place which detailed how to mitigate against the risks people faced in their daily lives and separate risk assessments about more specific needs where needed. Records showed that individual and overall care plans and risk assessments were regularly reviewed and updated in line with changes in people's needs and the progress that they had made during their time receiving support from the service. People were aware of and involved in the care planning process.

A 'baseline assessment' of people's needs was carried out and regularly reviewed throughout the year as they progressed and developed their independence and life skills. Members of the college transition team held responsibility for carrying out person-centred reviews, usually attended by people's social workers or alternative appropriate representatives. This ensured that there was a holistic and practical approach to supporting people to transition from the personal care service they received from Cambian Dilston College, to a different living arrangement in the community in the future. This transition looked at all areas of their lives, from the care and support they would need, to their future goals and aspirations.

A diary system was used to pass information between changing staff teams. Staff told us that a verbal handover took place when staff shifts ended and began, where information about actions to complete, any monitoring, and any areas of concern was reported. Individual diary notes were maintained which recorded any important incidents or significant events in each person's life. This showed that measures were in place to support continuity of care. Records showed staff were responsive to people's needs and they had involved GP's and specialists in their care when needed, to promote their health and wellbeing.

The care people received was person-centred. They experienced positive outcomes, developed their skills, abilities and independence, and their care needs were met. People described how they liked to spend their own time and explained how they were supported to pursue activities of their own choice, such as weekly football sessions. People told us they made their own choices and one person said, "We choose everything". Another person told us, "We can go out whenever we want".

The registered manager told us that whenever people from the community properties service visited Cambian Dilston College, they could access all services including the canteen, café and horticultural unit if they wished. In addition, when events such as drama performances or charity fundraising days were held, these people were invited and welcome to partake in these events if they so wished.

People told us they could talk to staff if they were not happy about aspects of their care or college life, albeit at a different college. There was a complaints policy and procedure in written format for those people who could read and understand this, as well as for relatives and external professionals. A pictorial format of the complaints policy was also issued to people in information packs that they were given when they first started receiving care from the service. The registered manager told us that there had not been any complaints received in the service in the 12 months prior to our inspection.

The provider had systems in place to obtain feedback from people, relatives and staff who worked with the service. These included holding regular meetings and issuing feedback questionnaires. Records showed that people were very positive about the service.

# Is the service well-led?

## Our findings

At the time of our inspection a registered manager was in post who had been registered with the Commission to manage the carrying on of the regulated activity under this provider since June 2014. The registration requirements of the service had been met and we were satisfied that incidents had been reported to us in line with the requirements of the Care Quality Commission (Registration) Regulations 2009.

People, their relatives and staff gave positive feedback about the service. People reported that they were thoroughly happy with the support they received. Relatives told us they were happy with the care the provider delivered to their relation. One relative said, "We are very happy with the support X (student) gets". Staff told us they enjoyed their jobs and welcomed the provider's ethos, which is that every person is important as an individual. One staff member said, "There are no issues with the leadership". Another member of staff told us, "I really like my job". Our findings indicated that the leadership of the service was structured, organised and supportive to both people and staff.

The provider's vision and values were person centred and placed people at the heart of the service. There were four key "Cambian Beliefs" which read, "Everyone has a personal best", "Everyone can achieve something special", "Everyone should have the opportunity to strive for it" and "Everyone can find something to aim for". We found the management and staff within the service promoted these values and there was a culture of supporting people to realise their full potential and to achieve the best possible outcomes in line with their needs.

The provider operated a 'student of the month award' and also learning support staff member of the month, which operated in both the college setting and this community based domiciliary care service. This worked on a nomination basis where staff and people could nominate their peers/colleagues and people could nominate staff and vice versa. Staff who had worked for the provider for over ten years received shopping vouchers worth a monetary value as recognition of their long service. At provider level a staff reward scheme was in place where staff could register and enjoy discounts on their shopping from a number of large partner organisations and also childcare vouchers and the cycle to work scheme.

Charity fundraising at the college took place on national fundraising days such as Children in Need, Comic Relief and in support of Macmillan Cancer Support coffee fundraising events. People receiving care in the community were invited to these events and could attend if they so wished.

The Chief Executive of the provider organisation sent out monthly newsletters to all staff to inform and keep them up to date with events, developments and changes throughout the organisation. This newsletter also contained "good news" stories from across the organisation. In addition, on a location level the registered manager issued a weekly update to all staff containing information specific to Cambian Dilston College. This included information about incidents, events, feedback and safeguarding matters, amongst other things. This demonstrated good, inclusive leadership as it showed the provider kept staff informed about the service and any key issues.

A range of different audits and checks were carried out to monitor care delivery, health and safety and other elements of the service. Health and safety audits/checks around the home where the people the service supported lived, were also carried out. A training matrix was used to monitor when staff training needed to be refreshed and a similar matrix system was in place to monitor that staff supervisions and appraisals were carried out.

The manager was responsible for updating the provider with weekly risk reports about the service which included information about any notifications made to CQC, staffing vacancies, medicines errors, accidents and incidents and any safeguarding matters. Information about the actions taken to mitigate these risks was inputted into the register. Information about accidents and incidents was analysed by the provider and where they identified any patterns, they referred back to the registered manager and asked what measures had been put in place to prevent repeat events. This meant the provider was able to monitor and analyse risks to the service at a senior level.

On a monthly basis the manager also submitted a board report to senior managers in the organisation for review, which included any positive and negative issues in the community based service, as well as the college itself. The manager told us that the provider then reported back to them about what steps they had taken to address the issues raised, as applicable. On a termly basis a number of internal case tracking reviews were carried out to assess the standard of documentation and that it reflected people's current needs and any changes in their care. A self-assessment tool had also been introduced, in line with the Commission's key five questions that we inspect (Safe, effective, caring, responsive and well-led), where the provider gathered feedback from staff, people, relatives and external stakeholders annually, about what worked well in the service and what could be done better. An independent review of safeguarding was done annually and also an independent visitor report where a consultant visited the Cambian Dilston College to carry out an inspection of records, including records for this community based service, and to gather people's feedback. This showed the provider sought independent, external views about the service delivered, in order to use the information they gathered to drive improvements.

A wide variety of meetings took place regularly within the service from those held at senior leadership level within the college, to individual staff and line management meetings. Staff told us these meetings helped them keep up to date with changes and discussions within the organisation in general, and in respect of the community care service delivered, as information was regularly disseminated down throughout the staff team.