# Cambian Learning Disabilities Midlands Limited

# The Manor

## Inspection report

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## Ratings

| Overall rating for this service | Good |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection took place on the 18 June 2015 and was unannounced.

The Manor is a secure hospital that provides a rehabilitation service for up to 20 men with learning disabilities and/or mental health needs. Some people at the hospital are detained under the Mental Health Act 1983. The hospital is based in the Derbyshire town of Shirebrook close to a range of community services and facilities. The hospital was purpose built and is on two floors with a lift and stairs for access. The hospital has secluded gardens and recreational facilities including a gym and an all-weather pitch for basketball and football.

At the time of this inspection there were 20 people using the service.

The unit has a registered manager. This 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.

All the people using service we spoke with said they felt safe at the unit. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the

# Summary of findings

welfare of any of the people who used the service. An independent advocate spent one day a week at the unit which gave people the opportunity to speak with someone independent of the unit if they needed to.

There were enough staff on duty to keep people safe and meet their needs. We observed that staff had the time to support people safely and work with them on a one-to-one basis if this was required. If people needed assistance this was provided promptly and at no time were people left unsupported in the unit.

People using the service were encouraged to become responsible for their own medicines with staff support. Medicines was safely managed in the unit and administered by qualified nurses. They understood what the medicines were for and were able to explain this to the people using the service.

People told us the staff know how to support them and understood their needs. Staff had a good rapport with people and worked with them in an empowering and effective way. Staff were trained to carry out their roles and responsibilities effectively.

If people using the service were detained under the Mental Health Act (MHA) 1983 this was done lawfully and their rights were upheld. For example people had the right to see an advocate and this was facilitated at the unit.

Records showed that people had access to a range of health care professionals some of whom were employed by the service and others who were community-based. This meant that people using the service had access to intensive specialist support at all times.

People said the staff were caring, friendly, and helpful. We observed staff were warm in their approaches to people while maintaining their professionalism at all times. They had a genuine interest in the people they supported and were keen to tell us of the progress they'd made towards increasing their independence.

People received personalised care that met their needs. The care plans we looked at were individual to the people using the service and focused on their strengths and preferences. People using the service, relatives, and health and social care professionals were involved in care plan reviews.

The unit supported people to take part in a range of group and one-to-one activities both in the unit and in the wider community. On the day of our inspection people attended a walking group, a music group, an English literature group, played board games, and were planning a social event at a local community centre for the evening.

People told us that if they weren't happy about something they know how to make a complaint. The provider's complaints procedure gave clear information on how to do this with support provided where necessary.

People told us the unit was well-led and they got on well with the registered manager. Staff said the registered manager was a team player who was supportive of both the people using the service and the staff. The unit had links with the local community which gave the people using the service the opportunity to take part in local events.

People using the service and relatives had the opportunity to comment on the care provided and make suggestions. They could see the registered manager or the provider's operations manager in private if they wanted to discuss the service. The registered manager and provider took prompt action if improvements were needed to the unit.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

People were safe in the unit and staff knew what to do if they were concerned about their welfare.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Medicine was safely managed in the unit and administered by qualified nurses.

Good

**Is the service effective?**
The service was effective.

Staff were trained and supported to enable them to care for people safely and effectively.

If people were detained under the Mental Health Act 1983 this was done lawfully and people's rights were upheld.

The meals served were well-balanced and nutritious with plenty of choices for the people using the service.

Good

**Is the service caring?**
The service was caring.

Staff were caring and kind and treated people as individuals.

People were encouraged to make choices and become involved in decisions about their care.

People told us the staff respected their privacy and promoted their dignity.

Good

**Is the service responsive?**
The service was responsive.

People received personalised care that met their needs.

Staff provided a range of group and one to one activities for the people using the service.

People told us they knew how to complain if they needed to.

Good

**Is the service well-led?**
The service was well-led.

The unit had an open and friendly culture and people told us the registered manager was approachable and helpful.

People using the service and relatives had opportunities to share their views on the service.

The provider used audits to check on the quality of the service.

Good

# The Manor

**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 18 June 2015 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection we reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with four people using the service, the registered manager, head of care, an administrator, two nurses, an occupational therapist employed by the home, two care workers, and a member of the home's housekeeping team.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at four people's care records.

Good

# Is the service safe?

## Our findings

All the people using the service we spoke with said they felt safe at the unit. On person told us they hadn't felt safe at previous care facilities they had been in, but they did at The Manor. They commented, "I feel safe here because no one has threatened me." Another person said the staff checked them at night which made them feel safe.

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. One staff member told us, "People are safe here, it is an appropriate environment for people in terms of their needs and their level of risk. However if anything abusive ever did happen the staff would know how to report it."

An independent advocate spent one day a week at the unit. They worked with people on an individual basis, supporting them and helping to ensure they knew their rights and were involved in all areas of their care planning. This gave people using the service the opportunity to speak with someone independent of the unit if they needed to.

Staff at the unit had access to a link safeguarding person at the local authority who they could contact for advice on any safeguarding issues. They could also use the provider's own whistleblowing phone line, advertised in the staff room. This meant that if they needed to go directly to the provider, or elsewhere, with any safeguarding concerns they could easily do this.

All staff, including ancillary staff, were trained in 'breakaway techniques' (non-abusive manoeuvres used by health professionals to break away from a physical approach without harming themselves or the person using the service). We spoke to a member of the housekeeping staff who told us they had had this training and found it useful and reassuring.

During the inspection two people using the service expressed concerns about a particular staff member's attitude. We discussed this with the registered manager who was already of aware of this issue and was taking action to address it.

The provider had a safe system of risk assessment in place. We looked at risk assessments belonging to four people using the service. These had been written by the unit's MDT (multidisciplinary team) in conjunction with the people using the service. They were personalised with some information in them presented in a pictorial form to make them more user-friendly to the people using the service.

These risk assessments were of a good standard being detailed and flexible. They focused on minimising risk while still enabling people to become more independent and make choices about their lifestyles.

Records showed they were updated as and when necessary, sometimes daily, and discussed at morning staff handover meetings. This helped to ensure that staff were aware of any changes to people's levels of risk. We discussed risk assessments with a nurse and a care worker who both said the risk assessments were up to date and an invaluable source of information with regard to keeping people safe.

There were enough staff on duty to keep people safe and meet their needs. We observed that staff had the time they needed to support people safely and to work with them on a one-to-one basis if this was required. If people needed assistance this was provided promptly and at no time were people left unsupported in the unit.

Records showed there was an established team of care workers, some of whom had worked at the unit since it opened. This gave the people using the service the opportunity to build relationships with those supporting them. Turnover amongst the nursing team was higher. The head of care said this was because they tended to move on for career reasons. However she said this was balanced by the continuity of care provided by the care workers which brought stability to the unit

When staff were recruited the registered manager worked with the provider's human resources department to make sure this was done safely. The staff records we sampled showed that no-one worked in the unit without the required background checks being carried out to ensure they were safe to work with the people who were using the service.

Two people using the service we spoke with told us they were working toward being fully responsible for their own medicines. They understood what was expected of them and knew what stage they were at on the unit's medicines

Good

# Is the service safe?

programme. This programme enables people to gradually take responsibility for their own medicines with staff support as required therefore giving them more independence.

Medicine was safely managed in the unit. Records showed that all the people using the service had care plans in place for their medicines. These included information on how they liked to take their medicines, what they were for, and any side-effects they and the staff needed to look out for. If there were concerns about a person's medicines they were referred to the MDT for a review.

Medicines were administered at the unit by qualified nurses, Records showed they completed the providers 'transcribing course' to ensure they knew how to complete medicines records correctly. They were also subject to annual competency checks carried out by the head of care to ensure their skills remained up to date.

We observed one of the nurses giving out medicines. People were prompted to come to the clinical room when their medicines were due. The nurse said MARs (medicines administration records) were used to ensure people had their medicines as prescribed. The nurse administered medicines safely allowing people to take their time and have their medicines in the way they wanted them. They were also able to answer questions people had about their medicines.

The nurse said they felt fully competent and knowledgeable about medicines administration. They were aware of the provider's policies and procedures on this and said these reflected NICE (National Institute for Health and Care Excellence) and NMC (Nursing and Midwifery Council) guidelines.

We looked at medicines administration records (MARs) for four people using the service. These showed that medicines had been given on time and staff had signed to confirm this. The records we saw were of a good standard being clear and up to date.

Medicines were stored safety in purpose designed storage facilities. Nurses recorded fridge and room temperatures daily to ensure they were within the correct range. If people were away from the unit, for example on home leave, arrangements were in place for them to take some of their medicines with them. To ensure this was done safely nurses followed the provider's protocol on this.

Some people were on PRN ('as required') medicines and written protocols were in place for this. Some of the protocols we looked at lacked detail. For example one medicine was to be given if a person was 'agitated and displayed behaviour which may challenge'. This wording could be interpreted differently and lead to inconsistent staff responses. We bought this to the attention of the registered manager who agreed to review the protocols and add further details and explanations where necessary.

At the time of our inspection none of the people using the service were on covert (disguised) medicines. A nurse told us they had read the provider's policy on this and knew what to do and who to alert if a person refused their medicines.

Good

# Is the service effective?

## Our findings

People told us the staff know how to support them and understood their needs. We observed staff had a good rapport with people and worked with them in an empowering and effective way.

The provider had a comprehensive staff training programme. Records showed that staff had a one week induction, when they were supernumerary, followed by ongoing general and service-specific training. This helped to ensure that staff were trained to carry out their roles and responsibilities effectively.

The training matrix showed that staff had completed a wide range of courses relevant to their roles at the unit. However there were no courses that dealt specifically with learning disabilities or mental health. Some staff members told us they would like more training in these areas.

We discussed this with the registered manager who told us the provider was in the process of reviewing and improving its staff training programme. This was because it had been identified at clinical governance level that more face to face training would be beneficial to staff. He said a training package was being designed by the provider's training department but this had yet to be implemented. He said this would include more training on learning disabilities and mental health

Some people using the service were detained under the Mental Health Act (MHA) 1983. This is the law which sets out when people can be admitted, detained and treated in hospital against their wishes. Records showed that when people were detained this was done lawfully and their rights were upheld. For example people had the right to see an advocate and this was facilitated at the unit.

The unit had a MHA noticeboard in a communal area. This included information for people using the service about their rights, including access to their records. There were also contact details for a national mental health charity as well as instructions of how to complain if people felt there were not being treated fairly. The staff we spoke with were aware of people's legal rights and supported them to gain an understanding of what the MHA meant for them.

We also looked at the records of a person who was not detained under the MHA. We saw they were deemed to have mental capacity to make decision about their care and treatment. Records showed that staff had explained their rights to them and supported them to make choices about their lifestyle.

People told us they liked the meals and had enough to eat and drink. Records showed the meals served in the unit were well-balanced and nutritious with plenty of choices for the people using the service.

Meal times were 'protected' which meant that non-emergency clinical activity stopped during this time and visits were discouraged. This gave the people using the service space to eat and enjoy their meals and gave staff time to give support to those who needed it.

Records showed that people's dietary needs were assessed when they were admitted to the unit. Staff put care plans in place for people who might be at risk due to inadequate nutrition or dehydration. The service's own speech and language therapist worked with people who had difficulty swallowing or were at risk of choking. This meant people had access to on-site expert advice if they had any eating difficulties.

Snacks and hot drinks were available between meals and there were water coolers on each floor to encourage people to drink fluids. Staff told us they promoted healthy eating in the unit and provided information to people on good nutrition. However they said not all the people using the service were prepared to follow this but that was their choice. One staff member said, "We can only advise and educate, we can't force people to eat healthily."

Records showed that people had access to a range of health care professionals some of whom were employed by the service and others who were community-based. The on-site MDT included psychiatrists, psychologists, occupational therapists, and speech and language therapists. This meant that people using the service had access to intensive specialist support at all times. Other health care practitioners, for example GPs, opticians, and dentists, were accessed in the local community.

People using the service had 'communication grab sheets'. These documents provided external healthcare professionals with information about people's needs and were used if they needed to go to hospital. They included:

Good

# Is the service effective?

'Things you must know about me', 'Things that are important to me', and 'My likes & dislikes'. They were in places to help ensure people had personalised care if they accessed services in another healthcare setting.

Good

# Is the service caring?

## Our findings

People said they thought the staff were caring. One person told us, "The staff are friendly and helpful." Another person commented, "The staff are alright and we have a laugh with them. I've got a lot to thank them for, they've really helped me."

We observed staff were caring and warm in their approaches to the people using the service while maintaining their professionalism at all times. The staff we met had a genuine interest in the people they supported and were keen to tell us of the progress they'd made towards increasing their independence. One staff member occasionally came in on their days off because they didn't want to miss events that were important to one of the people they supported.

We saw some good examples of staff being caring and sensitive to people's needs. For example, we observed a group of people using the service and staff socialising in the gardens around a picnic table. The group was lively and people were laughing and joking. However we noticed one person using the service was not joining in and appeared withdrawn. A staff member noticed this too and we saw them lean across to this person to shake their hand. This made the person smile and they sat up and began to join in with the group banter and appeared more comfortable. This showed staff being caring to the people they supported.

Another person was planning a trip and talking about it in one of the corridors. Staff passing by joined in and took an interest in what the person was saying. They asked questions and commented positively on how independent the person had become. The person acknowledged this and told us, "It's thanks to the staff here and all the help they've given me."

People told us they were involved in the way their support was provided. One person said, "Staff explain things to me. I do feel in control of my own life on a day to day basis." Another person commented, "I'm involved through the CPA." [the Care Programme Approach, a framework for effective mental health care for people with mental health needs].

Records showed the people using the service were actively involved in making decisions about their care, treatment and support. The case files we looked at showed their level of participation was high and every effort was made to involve them in all aspects of their rehabilitation programme. Central to this were regular care planning meetings where people met with their named nurse and key worker to discuss their progress. This gave people an opportunity to share their views in a relaxed environment with staff they knew well.

Where necessary written information was produced in a user-friendly format to make it easier for people using the service to access it. For example pictures and symbols were used in care plans. This helped to ensure people were included in decisions about their care, treatment and support and understood what was expected of them.

People told us the staff respected their privacy and promoted their dignity. One person said, "The staff called me Mr [person's surname] when I first came here." They indicated that they found this respectful. Another person commented, "Staff knock on my door."

During our inspection staff demonstrated a keen awareness of the importance of confidentiality in their dealings with the people using the service and others. Records were kept securely and information only shared when it was appropriate for staff to do this. We observed that staff understood people's need for privacy and dignity and were careful never to undermine this.

Good

# Is the service responsive?

## Our findings

Records showed that people received personalised care that met their needs. They had an assessment prior to admission and this formed the basis of their care plans. The service's clinical team provided a multidisciplinary approach to rehabilitation using psychiatry, psychology, occupational therapy, speech and language therapy, art therapy, and vocational training. This was reflected in people's care plans which were devised in consultation with the people themselves.

The care plans we looked at were individual to the people using the service and focused on their strengths and preferences. They included information about people's health and social care needs, likes and dislikes, and cultural needs. People's preferences with regard to their lifestyles were included. This helped staff to provide care in the way people wanted it.

We discussed the care plans with a staff member who told us, "They (the care plans) are all unique and individual to the people using the service. As everybody here is completely different so are their care plans, we don't use generic ones." The staff member also said that care plans focused on supporting people to maintain and increase their independence.

Records showed that plans of care were reviewed on a regular basis. We saw evidence that the people using the service, relatives, and health and social care professionals were involved in reviews. A staff member told us, "If people's care plans change we always get told about this on ward rounds or in meetings."

We met with one of the unit's occupational therapists to discuss the activities provided at the unit. They explained that people using the service had two different types of activity programmes.

The first concentrated on activities of daily living (ADL) for example budgeting, road safety, and social skills. As part of this programme some people using the service had jobs in the unit for which they received therapeutic earnings. Others attended vocational college courses in the community, for example in woodwork or painting and decorating. People also grew vegetables in the unit's polytunnel (a structure under which seedlings or other plants are grown outdoors) which were used for meals in the unit and sold to raise money for charity.

The second was more recreational and included swimming, art, fishing, a music group, social evenings at a local community centre, and other trips out and activities.

On the day of our inspection people attended a walking group, a music group, an English literature group, played board games, and were planning a social event at a local community centre for the evening. This meant that people using the service were active and involved in meaningful activities.

People told us they know how to complain and all said they would go to the registered manager if they were on duty, and if not to another senior member of staff. Two people said they had previously made complaints and were happy with the response they got and the action taken to address their concerns.

The provider's complaints procedure gave clear information on how people could complain about the service if they wanted to. Records showed that if a complaint was received staff responded appropriately. The registered manager carried out an investigation and took action where necessary to put things right. One of the provider's operations directors oversaw complaint investigations and provided support to those involved as necessary. Records showed that complaints were taken seriously and people were kept informed of how they were being dealt with.

Good

# Is the service well-led?

## Our findings

People told us they thought the unit was well-led. One person said, “Yes it is, I like it here.” Another person commented that they liked the unit because, "All the staff listen to me." A staff member told us, “People here are listened to – community meetings (see below) show this.”

Staff and the people using the service had made links with the local community. For example, although the unit had its own gym people liked to use one in Shirebrook because it brought them into contact with local people. Some provisions were bought locally so people could get to know the shopkeepers. The provider sponsored a local football team and restocked the local fishing lake once a year. Many of the staff lived locally. This meant that the people using the service were encouraged to become part of the local community.

The registered manager told us that visitors were welcome at the unit. There was a designated visitors’ room off the reception area and visitors could also see the people using the service in their rooms or part of the gardens. For risk-management reasons visitors were asked not to use communal areas.

Community meetings were held once a week and gave the people using the service the opportunity to comment on their care and make suggestions about the running of the unit. Minutes showed these were well-attended and people spoke out about what they wanted, for example trips out and a new DVD player. However as actions weren’t recorded it was unclear how their suggestions were followed up. We discussed this with the registered manager who said their suggestions were followed-up, and gave examples, but agreed that the minutes should be clearer about this.

People using the service said they liked the registered manager. One person said, “[The manager] is a good manager. [The manager] gives me good advice.”

Staff told us the registered manager was a team worker and supportive of his staff. One staff member said, “I can knock on his door or phone him at any time and he will always make time for me.” Staff also said that if they were short-staffed on the unit the registered manager would always help out.

The registered manager had a good rapport with the people using the service. One staff member said, “The service users really like him, they want time with him and he makes time for them.” We observed this in practice. When the registered manager was on the unit several people using the service approached him, he either dealt with their queries on the spot, or made an appointment to see them if that was more practicable. He told us, “I notice that the more time I spend with them on the unit the less time they spend trying to track me down when I’m in the office. They know that sometimes I have other things to do and they understand that.”

The registered manager told us his ethos for the unit was for it to be friendly, homely, and non-institutional. He said, “It’s the guys’ home for the duration they’re here, we don’t want a hospital atmosphere, we want to make it as homely as possible.” A staff member commented, “[The registered manager] is a team player. There no hierarchy here. And [the registered manager] really cares about the well-being of the service users. Last week we found him doing some colouring with one of them who’d been upset.”

The provider had a dedicated quality audit compliance team responsible for ensuring the service was monitored internally and externally. The registered manager and staff carried out a series of audits determined by the provider and the quality control team carried out random inspections twice a year. This helped to ensure the provider had an overview of how the unit was running.

The registered manager and staff also had the support of one of the provider’s operations directors who visited the unit regularly to meet with staff and the people using the service. The registered manager told us the operations director was contactable at any time and anyone who wanted to, staff or people using the service, could see him on a one-to-one basis if they wanted to discuss the unit in private.

Annual ‘customer satisfaction surveys’ were carried out with questionnaires sent to people using the service and their relatives/representatives. The register manager told us the results were considered by the provider’s board of directors and recommendations implemented as appropriate

We saw evidence that the registered manager and provider took prompt action if improvements were needed to the

Good

# Is the service well-led?

unit. For example, the service had an independent fire audit in May 2015 which gave them until August 2015 to make some improvements. By the time of our inspection the required improvements had already been carried out.