CAS Care Services Limited

Squirrels

Inspection report

The Squirrels
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Date of inspection visit:
12 December 2017
21 December 2017

Date of publication:
01 February 2018

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 on 12 and 21 December 2017 and was unannounced. The Squirrels is a care home that provides accommodation for up to nine adults with learning disabilities. There were nine people living at the home when we visited. The home is based on two floors. The second floor was accessible via stairs. There were communal rooms and a garden which people could access. All rooms were single occupancy.

There was a registered manager at the home. 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's relatives and staff told us the management team at the service was effective and approachable. The registered manager had worked in partnership with people, relatives, healthcare professionals and others to provide resources and develop structures to promote people's health and wellbeing. The provider had systems in place to support the registered manager in their role and monitor the quality of the care people received.

There were sufficient staff available to meet people's needs. People were supported by staff who were committed to providing personalised and flexible care. Staff understood the importance of people's routines and preferences and were knowledgeable about guidance to help keep people safe. The service had policies in place to promote people's equality and diversity.

Care plans were developed with people's families and other health professionals and were regularly reviewed as people's needs changed. The provider had made adaptations to the service to help ensure it was suitable to meet people's needs.

Staff understood the need to gain consent from people before providing care and used a range of strategies to promote people's choice, independence and communication. People were encouraged to participate in a range of activities, which were carefully planned in order to maximise people's enjoyment and engagement.

Staff received training and ongoing support in their role which gave them the skills to provide effective support to people. Staff had received training in safeguarding and understood the steps required in order to keep people safe from harm. The provider also had systems in place where people, staff and relatives could report concerns. People's relatives told us that the registered manager acted upon feedback to make positive changes where required.

The provider and registered manager completed a series of audits and checks to monitor the quality and safety of the service. These were effective in identifying areas which needed developing or changing. The registered manager used reflective practice when incidents occurred to help staff implement learning to

improve their skills and knowledge. There were systems and processes in place to protect people from the risk of infections.

People were supported to access healthcare services and follow a diet in line with their preferences. There were systems in place manage people's medicines and the staff were working with people, families and health professionals to ensure they were prescribed the appropriate level of medicines.

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

There was an effective system in place to manage people's medicines safely.

There were sufficient staff in place to meet people's needs who had gone through relevant pre- employment checks.

Risks to individuals were assessed and monitored to help keep people safe.

Staff had received training in safeguarding which helped to keep people protected from harm.

The registered manager reflected on incidents to promote learning and improvement.

There were systems in place to protect people from the risk of infections.

Is the service effective?

Good

The service was effective.

Staff received a programme of training, induction and supervision which helped give them the skills required for their role.

People's legal rights and freedoms were respected.

People had access to healthcare services when required.

People followed a diet in line with their preferences and were encouraged to participate in the planning and preparation of meals.

Adaptations had been made to make the environment suitable for people living with autism.

Is the service caring?

Good

The service was caring

People's relatives told us staff were kind and caring.

Staff promoted people's privacy and dignity.

People were given choices about their care and encouraged to develop their independent skills.

Is the service responsive?

Good

The service was responsive.

People's care plans were tailored to meet individual needs and preferences.

People were supported to follow their interests, develop their skills and participate in a range of activities.

There was a complaints policy in place and relatives told us the registered manager acted appropriately when concerns were raised.

Is the service well-led?

Good

The service was well led.

People's relatives and staff felt the registered manager was effective in their role. There was a clear management structure in place and the provider had good support systems and resources in place to support the service.

The provider had a system in place to effectively monitor the quality and safety of the service.

There was whistleblowing policy in place and the service let CQC know when important incidents occurred.

The service worked in partnership with the local community and other professionals to provide resources that benefitted people.

Squirrels

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 which took place on 12 and 21 December 2017 and was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

As people using the service used non-verbal communication and we were unable to get direct feedback from them, we spoke to three relatives to ask them their views of the service provided to their family members. We also spoke with the registered manager, the deputy manager, the regional manager, head of quality compliance, the provider's nurse and six care staff.

We looked at care plans and associated records for four people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed support being delivered in communal areas of the service.

The service was last inspected in July 2015, where it was registered under a different provider.

Good

Is the service safe?

Our findings

People's relatives told us they felt their family members were safe at The Squirrels. One relative said, "My [family member] is very happy and they manage his behaviour so well. We have seen a great improvement in their wellbeing."

There were sufficient numbers of staff in place to meet people's needs. The registered manager told us that assessments of people's needs determined staffing levels. All the people living at The Squirrels required staff support when leaving the home. Staffing had been arranged to enable them to access their regular programme of activities in the community. The registered manager and deputy manager alternated being 'on call' during times they were not present at the service. This meant they were contactable via telephone if staff needed advice or additional assistance.

The service followed recruitment processes to ensure they employed suitable staff to work with people. Recruitment files included an application form with full work history, including an explanation of any gaps, references, and right to work documentation. Staff had attended a competency-based interview and had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

People were protected against the risks of potential abuse. All staff had received training in safeguarding. This helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. The provider had a safeguarding policy in place which set out procedures for staff to follow, which were in line with guidance in the local authorities safeguarding policy.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Staff were adept at pro actively assessing people's mood, anxiety and behaviour. People's care plans contained detailed guidance around communication and behavioural support. These plans outlined risks to people and staff safety. Guidance focussed on the steps staff could take to prevent behaviour taking place, what to do if they behaviour starts and the steps staff needed to take to keep people safe if their anxieties continued to escalate. Staff understood the signs that people's anxieties were escalating and the action needed to help maintain their safety.

There were systems in place to ensure people were protected against the risk of spread of infections. All staff had received training in infection control and were able to describe the steps they would take in order to minimise risk of infection by use of appropriate hand washing and personal protective equipment, such as using gloves during personal care. All staff were aware of systems and processes to promote good hygiene when carrying out cleaning and laundry duties at the service. This helped to ensure that people were protected against the risk of infections.

Peoples' medicines were managed and administered safely. People had individualised plans that detailed the medicines they were prescribed, the reasons they required them and the possible side effects associated with these medicines. Some people were prescribed 'when required' medicines for pain or anxiety. Staff

were knowledgeable about how to support people with their 'when required' medicines and promoted a strong ethos to use positive behavioural strategies before administering medicines. The service had worked with people, families, GP's and Psychiatrists to review and explore if it was possible to reduce the medicines that people required. This was part of a NHS led initiative called 'STOMP (Stopping the over medication of people with learning disabilities and autism)'.

The registered manager analysed incidents to look for trends, causes and areas where learning could be applied. The registered manager kept an electronic log of all incidents involving people. The provider's regional manager and psychologist reviewed these logs to identify if there were any measures that could be taken to reduce the likelihood of reoccurrence. The registered manager used reflection from incidents as learning tools in staff meetings. When incidents occurred, the registered manager asked staff to reflect on their practice to identify where mistakes were made and improvements could be implemented. This helped to ensure that incidents were used to improve the quality and safety of staff working practice. In response to a recent incident, the registered manager had implemented a new system to ensure that equipment such as gloves were safely stored away, after it was recognised that they posed a risk to one person if they used them unsupervised.

Good

Is the service effective?

Our findings

People's relatives told us that staff were competent and effective in their role. One family said, "The staff do a fantastic job, I cannot speak too highly of them." Another family member commented, "The staff are obviously trained to a very good standard."

Staff received training, induction and supervision in their role to promote their competence and skills. Staff received a wide ranging training programme which covered the key skills in their role. They received specialist training in the areas of autism and positive behaviour support. This training helped enable staff to learn strategies to keep people safe in light of escalating anxieties and behaviours. New staff received a structured induction which included: reading of policies and procedures, competency assessments in areas such as medicines administration, competency assessments around people's needs, preferences and routines, observation at work by the deputy manager and one to one meetings with the registered manager. The induction clearly signposted the learning objectives of each new staff member and helped enable them to gradually assume different responsibilities in their role. Post induction, staff received supervisions which were scheduled on a rolling basis. Discussions in supervision included work performance, training needs and discussions about how to improve staff working practice.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act 2005 (MCA). 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 MCA 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. Some people had a cognitive impairment and assessments showed they were not able to make certain decisions, such as the decision to consent to their care plan. In these situations the registered manager had made a decision which documented why decisions had been made in the persons best interests and who was involved in making that decision. These actions were in line with the MCA.

Staff sought consent from people using a range of communication strategies before providing support by checking they were ready and willing to receive it. Staff told us they referred back to guidance in people's care plans around how people make and communicate choices. One person used a communication board with picture symbols to articulate their choice. They used this tool by referring to specific symbols when staff asked them questions or they wanted to choose a different activity. Staff told us how the person would often use the communication board to request help with their personal care.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found The Squirrels was following the necessary requirements. The registered manager had applied and received back authorisations for necessary applications.

Staff used technology and equipment to help promote people's independence and wellbeing. Staff made use of 'walkie talkies' to keep abreast of people's wellbeing and whereabouts. Some people required constant support and supervision to maintain their safety. Staff told us that people could find the constant presence of staff following them distressing, so staff were assigned to work in specific areas of the home, interacting with people if they choose to come into the rooms where staff were stationed. Staff were able to communicate people's mood, behaviour and whereabouts to each other. This helped to ensure that people had the support they required, but they did not feel like staff were following them around.

People received a diet in line with their preference and dietary requirements. People were encouraged to participate in choosing their meals. People were able to indicate what and when they would like to eat using pictorial communication aids. The kitchen had been adapted to enable safe access for people. This helped enable people to access the kitchen to participate with the preparation of their food.

People had access to healthcare services when required. People had a 'health action plan' in place. This was a document which detailed people's health needs, upcoming appointments and any updates from appointments attended. This helped to ensured that people's health needs were assessed and documented. People also had a 'hospital passport' in place. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person. The provider had a team of healthcare professionals including nurses, occupational therapists and psychologists, who were able to analyse incidents or changes in people's behaviour and make appropriate referrals to external healthcare professionals for additional support and guidance.

The decoration of the home was supportive of an autism friendly environment. Many people living with autism have sensory sensitivity. This is where a person's senses can be under-developed (hyposensitive) or over-developed (hypersensitive), affecting either one or all of the five senses (sight, sounds, smell, touch and taste). This can have an impact on how people experience different environments. Many of the rooms had sensory equipment including lights, colours, sounds, sensory soft play objects available for people to use. This provided a range of stimuli to help people develop and engage their senses. The home had a mixture of open and more secluded spaces which enabled people to socialise with others or have quieter time in communal areas without having to go to their room. There were symbols on walls and cupboards to help people plan their day and find things in the home. This enabled people to access the space freely and follow their routines within the home environment. There was secure garden space which people were free to access, which most people used on a regular basis.

Good

Is the service caring?

Our findings

Staff were caring and compassionate to people's needs. One relative told us, "The staff are very caring." Another relative said, "All the staff really care, especially the staff that have been here for a while."

Staff respected people's privacy and dignity. Staff interacted with people warmly and were conscious to respect their privacy if they chose to spend time in quieter areas or wanted to be alone. Staff were attentive in prompting and supporting people with their personal care. Many people were unable to manage these tasks independently and required staff's help to maintain their hygiene and dignity.

People were given choices about their care. Staff presented people with choices about their daily activities in a way which people could understand. People were given choices about where they would like to go during the day. We saw organised activities change after people requested alternatives and staff were on hand to provide the flexibility required to facilitate this.

People were encouraged to build their skills and be as independent as possible. People had plans in place to increase their independence around everyday activities such as cooking, cleaning and personal care tasks. Staff were very keen to promote this independence and were patient and nurturing in their approach. When people struggled to communicate, staff gave them extra time and reassurance to help enable them to articulate their feelings.

Staff showed concern for people's wellbeing in a caring and meaningful way. Staff told us about how some people in the past had become highly anxious in the build up to Christmas. This meant that people were unable to have decorations up or partake in festivities, as this would escalate their behaviour. Staff told us how they worked with people over time to decrease their anxieties around this season, which resulted in decreased anxieties during this time of year. One member of staff said, "A few years ago, we were lucky if we could get the Christmas decorations up on Christmas Eve without them being destroyed. As we have worked together, people have become a lot calmer and as you can see, they are able to enjoy this time together and with families without major incident." A family member told us, "It is the little things. I was not able to get my son an advent calendar this year, when I phoned the home to ask them to arrange this they told me that it had already been done. Christmas has become a lot calmer and easier for all".

The service demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics. These are, age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. Staff had all received training in equality and diversity and there were policies in place to help ensure staff were considering people's individualised needs in the delivery of care.

Good

Is the service responsive?

Our findings

People's relatives told us the registered manager involved them in discussions about their family members care. One relative said, "To be fair, the registered manager has improved communication and our involvement over the past few years." Another relative said, "Now we receive regular phone calls and updates from staff, it is very reassuring."

People's care plans were detailed and followed their preferences around their routines. Some people were very sensitive to changes in their daily routines, becoming anxious if there were deviations from expected events. Care plans clearly set out how people would like to be supported and the challenges people faced in managing their anxieties. In one person's care plan, it detailed how they had a tendency to rush their personal care routine and dress inappropriately for activities they were attending. Staff were instructed to provide assistance and prompts during personal care to help ensure the person was clean and suitably attired.

The service had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. Where some people had communication difficulties, staff were responsive to their needs. People each had a 'communication grab sheet'. It gave a brief snapshot about the person's likes, dislikes, how they communicate and how best to communicate with them. In one person's communication grab sheet it detailed how the person was able to make choices between two objects and used symbols and gestures in order to communicate them to staff. It also detailed how the person would often repeat words and that staff were required to look for non verbal cues to help understand their choices. During the inspection, we saw staff effectively using these strategies to promote people's choice and facilitate communication. One member of staff told us, "[Person] has limited communication and will use the same word repeatedly. It is important that we know him and help him to put his communication into context." Staff also used a nationally recognised tool, intended to help identify distress cues in people who because of cognitive impairment or physical illness have severely limited communication. This helped staff gain deeper understanding into the links between people's behaviour and their communication needs.

People were supported with a range of personalised activities which focussed on their health, independence and social skills. One relative told us, "It is nice to see they are getting out as much as possible." Each person had an individual programme of activities which were constantly reviewed to ensure people were enjoying them. This meant that staff could be flexible in the activities offered dependant on people's mood. People were encouraged to build their independent skills and challenge themselves. Staff had worked with one person to reduce their anxieties around going shopping. Staff worked with supermarket staff to help the person gradually reduce their anxieties around the task as they became more familiar with the shop. The person had now progressed to regular accessing the shop without incident and actively participating during the shopping tasks. Another person had a particular anxiety over waiting times during activities. Staff worked with a local horse riding centre to structure sessions to minimise the waiting time during the activity. By working with the centre to make these adjustments, the person was able to successfully pursue their interest in horse riding.

People were supported to maintain relationships which were important to them. Relatives told us how staff were pro-active in providing time and resources to help ensure they stayed in contact with their loved ones. One relative told us, "[My relative] struggles in the community and the home have been working with him to reduce his anxieties. They have been so successful that for the first time we were able to meet him in a pub for his birthday and have a meal." The registered manager showed us how they had helped facilitate these relationships by working with people and families to organise visits to the service or stays away with relatives. This helped ensure that people kept in contact with those who mattered to them.

People at the service had access to a complaints policy in an 'easy read' format. This included pictures and simplified wording which meant that they would find it easier to understand. People's relatives told us that if they had any issue they would address them with the registered manager and that they had confidence that they would be dealt with appropriately.

Good

Is the service well-led?

Our findings

People's relatives felt the registered manager led the service effectively. One relative told us, "The registered manager is very good." Another relative said, "I have no complaints about the management."

Staff also told us that they felt supported in their role by the registered manager. One member of staff said, "The registered manager and deputy manager are very approachable. I think we all work well as a team." A second member of staff commented, "The registered manager has done a lot to develop the team and me personally."

There was a clear management structure in place. The registered manager was supported by the deputy manager, whose role it was to directly supervise staff. The provider also had a regional manager who regularly visited the service to provide support and carry out audits of the quality of the service. The registered manager had to provide a regular report to the regional manager about key aspects of the service. The provider had a team of nurses, occupational therapists and other health professionals who were also available to assist to analyse incidents or develop care plans. The provider held regular managerial meetings, which the registered manager attended. These meetings included reviewing the services performance and discussing learning from updated sector guidance or from incidents which had occurred.

The registered manager effectively used a series of regular audits, checks and surveys to monitor the service so they understood the key challenges and working practices of staff. These audits included checks around, medicines management, health and safety, infection control, audit of safeguarding referrals processes and paperwork, an annual survey asking relatives and staff for feedback about the service and audits of people's care documentation. Issues and themes which were picked up were addressed with staff through team meetings and supervisions. This helped to ensure that any issues found during these audits could be addressed quickly and efficiently.

The provider had quality assurance systems which were used to measure the performance of the service and drive improvements. The provider's internal quality auditors completed a yearly 'quality review' which measured the service in relation to how safe, effective, caring, responsive and well led the service was. All outstanding actions identified in the quality audit were put into an action plan for the registered manager to complete. In the last audit completed in September 2017, nine 'non immediate actions' were identified as being required. At the time of inspection, these had all been completed. This demonstrated that the provider had a system in place to monitor the quality of the service and the registered manager was quick to respond to feedback where required.

There was an open and transparent culture within the service. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation. Staff told us they felt confident raising concerns to the registered manager and referred to the provider's whistleblowing policy as guidance to follow if they had further concerns. The service's whistle-

blowing policy provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. The policy was clearly displayed. One member of staff said, "The whistleblowing policy is there to tell us who we can report issues to if we can't speak to the registered manager. In reality, I feel I could go to the registered manager as my first port of call."

The service had made strong links with the local community to help ensure people had the opportunity to access activities and resources. This included working with local shops, businesses and leisure provider's to help create the environments where people were familiar and comfortable within. This enabled them to access these facilities on a regular basis as they became part of their routines.

The service worked in partnership with other professional bodies to share information and resources about people's behaviour and wellbeing in order to benefit people. The provider had assessment tools from their clinical team which helped monitor people's behaviour in relation to level of risk or effectiveness of medicines. The registered manager shared these assessments with other professional's bodies where relevant to help ensure people were receiving the correct levels of care. They had also used one of these tools to monitor and share information with healthcare professionals when planning and supporting people to reduce the level of medicines they required.