

Cambian Childcare Limited

Rydal Avenue

Inspection report

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Warrington.
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Website:

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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

The inspection took place on 20 and 27 October 2015 and was announced. The provider was given 48 hours' notice of the inspection because we had visited the property on 17 October 2015 we were unable to gain entry due to there being no one available at the premises. This location was last inspected in April 2014 when it was found to be compliant with all the regulations which apply to a service of this type. There was one person living in the home at the time of our inspection.

Rydal Avenue forms part of Cambian Childcare Limited who are a specialist provider of a wide range of services for children and young adults with learning disabilities or

behaviour which challenges. Rydal Avenue provides care and support for up to two young adults. The accommodation is a four bedroomed semi - detached property with a lounge, a large kitchen diner and large gardens to the front and rear.

The service had a registered manager. 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 and associated Regulations about how the service is run. The

Summary of findings

registered manager was also registered as manager for another two other services provided by Cambian Childcare Limited nearby and was supported in his role by a deputy manager

We were told that each young adult living at Rydal Avenue was provided with designated key workers who were suitably skilled experienced and trained to understand the person's individual needs, inclusive of communication, behaviour and development. We found the registered manager had an excellent understanding of people's care and support needs and we found care plans to be detailed and focused on the individual person. Staff also understood how to support people who lacked capacity within the principles and requirements of the Deprivation of Liberty Safeguards.

We noted the service had a complaints procedure, details of which were included in the service users' guide. A relative of a person who had previously lived at the home said they were confident that they could raise their opinions and discuss any issues with the registered manager or any other staff member who was on duty.

Cambian Childcare Limited had robust recruitment policies and procedures in place to help ensure staff were

suitable to work with vulnerable people. This included standardised application forms, the provision of written references and a structured interview process being undertaken to enable the management of the home to have adequate information before employing staff.

Staff were provided with monthly structured supervision sessions and regular updated training and development courses to assist them to build on their knowledge and skills.

Cambian Childcare Limited had robust systems in place to monitor and review the standards of the services provided at Rydal Avenue. These included reviews with external professionals, staff meetings and handovers and the use of self -assessment tools that looked at safety, management, residents life skills, well -being, environment and nutrition.

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.

Staff had been properly recruited, trained and were provided in sufficient numbers to keep the young adults safe.

The provider had safe systems to manage risks to the young adults' care without restricting their activities.

Staff managed the young adults' medicines safely and wherever possible worked with other professionals to enable people to be prescribed effective safe medication.

Good



Is the service effective?

The service was effective.

Staff received a comprehensive induction which involved learning about the values of the service, the needs of the young adults using the service and key policies and procedures.

Staff were encouraged and supported to build on their training to ensure they had the knowledge and skills to be effective in their role.

Staff had systems to help them to monitor and review any changes in a young adult's condition. They accessed appropriate health, social and medical support as soon as it was needed.

Good



Is the service caring?

The service was caring.

Staff were kind, compassionate and knowledgeable about the young adult's individual needs and treated them with dignity and respect.

There was an effective system in place to use if the young adults wanted the support of an advocate. Advocates can represent the views and wishes of young adults who are not able to express their wishes themselves.

Each young adult was provided with private space either within their own bedroom or in other areas of the home if they wanted to spend time away from other people.

Good



Is the service responsive?

The service was responsive.

Care plans focused on each person's individual needs, wishes, choices and capability and identified how these could be met.

Staff planned, assessed, monitored and involved external professionals in each person's care to ensure the service was tailored to the current needs of the individual.

Complaints policies and procedures were in place and available in easy read formats.

Good



Summary of findings

Is the service well-led?

The service was well led.

Quality assurance staff monitored incidents and risks to make sure the care provided was safe and effective.

Staff said they constantly updated their policies and practices in line with the changing need of each person who lived in the home in order to provide them with “the best care possible”.

Good



Rydal Avenue

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.

The inspection was carried out on 20 and 27 October 2015 and was announced to ensure that staff and people who used the service were available at the property. The inspection team consisted of one Adult Social Care inspector.

Before we visited the home we checked the information that we held about the service and the service provider. No concerns had been raised with The Care Quality Commission since we completed our last inspection.

During our inspection we spoke with the registered manager and three care staff members and asked them how the young people were supported. We also looked at a care plan for a person who had recently used the service and another for a person who had recently moved into the home. We undertook a tour of the premises.

We looked at a sample of other documentation such as: four staff files showing supervision, training and staff recruitment; medication records; menus; complaint records; activity lists; minutes of meetings; risk assessments; quality assurance audits; policies and procedures and maintenance records.

There was one young adult living in the home at the time of our second visit to the home who we spoke with and we were able to review the care records of this person and the person who had recently left the home. Due to the nature of the needs of people who had used the service, we were not able to fully seek their views about the care and support they received. We were however able to speak on the telephone, with one relative and a health care professional who had been involved with the person who had recently left.

We looked at any notifications received and reviewed any other information we held prior to visiting.

We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about Rydal Avenue.

Is the service safe?

Our findings

Each young adult's safety and welfare was considered throughout their placement at Rydal Avenue. For example, staff had considered the risks associated with people leaving the premises to go about their daily lives. Staff had agreed control measures in place to monitor and review the young adult's behaviour. Relatives of a young adult who had recently left the home told us that they felt staff were responsible, caring people whose main aim was to keep people safe and respect their human rights. Comments included; "Staff have the confidence in themselves to risk assess and allow choice" and "In general the staff have enabled X to move on and provided him with safe supportive care".

The service user guide held information about Rydal Avenue and said it provided care, accommodation and support for up to two young adults for the purpose of supporting them to develop their decision making and independent living skills. Each person who lived in the home had their own bedroom. Other facilities were shared including communal lounges and kitchen/dining areas. The needs of each young adult were assessed and agreed prior to admission to ensure that the design of the private and shared space met their individual requirements. We noted that the service had a building security risk assessment in place for the people who lived in the home. This included daytime and night time supervision.

Rydal Avenue had effective procedures in place for ensuring that staff and other people who were involved with the young adult's care could report their concerns about the young adult's safety. This included behavioural management issues and mood changes. The registered manager could clearly explain how they would recognise and report abuse. They told us that they had been provided with on-ongoing training to ensure they fully understood safeguarding and the actions they needed to take if they noticed or suspected abuse was occurring. Staff told us that they had received training in both children's and adults' safeguarding as the young adults sometimes were admitted as they transitioned from children's services.

Rydal Avenue had robust recruitment policies and procedures in place to help ensure staff were suitable to work with vulnerable people. This included standardised application forms, disclosure and barring service (DBS)

checks the provision of written references and a structured interview process being undertaken to enable the management of the home to have adequate information before making a decision to employ any staff member.

Staff training records confirmed that staff received regular training to make sure they stayed up to date with the process for reporting safety concerns. Rydal Avenue had appropriate policies and procedures and information was available on the local multi-agency procedures for reporting abuse. The registered manager and staff told us that training included understanding whistleblowing and the process involved.

Risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for one young adult who had recently used the service and one young adult who had recently commenced using the service. They had up-to-date risk assessments. These assessments were individual to the person as they reflected their specific risks. Risk management plans were in place for all risk and underlying risk behaviours that had been identified.

Care records and feedback from a social worker who was involved with the young adult identified that people participated in their preferred activities and staff managed any risks in a positive way. For example records detailed that X could become anxious and agitated in unfamiliar settings although it was his choice to participate. If this occurred staff had a clear strategy in place which included noting the triggers and having agreed protocols in place to minimise risk. The registered manager was able to share with us examples of positive risk taking and there was evidence that staff did not restrict people's interests. For example we were told that X had been supported to minimise his alcohol intake. Staff said that although they provided the support it was his choice as he had the capacity to make choices about his lifestyle. Records also identified X was prone to self-injurious behaviours and possible aggressive language. Risk assessments identified actions which included allowing X time and space in normal instances of stress to 'bring himself back to baseline'.

The care files viewed held details to show that the young adults, their families and other professionals were fully

Is the service safe?

involved in the risk assessment process. Staff told us they contacted other professionals, such as social workers, psychologist and psychiatrists to share young people's risks when they were admitted.

One relative told us how they were involved in the assessment and management of risks from the commencement of the placement. They said that they were pleased that risk assessments were undertaken especially within the community and appropriate positive actions put in place to "maximise X's life and also that of his family."

The registered manager demonstrated through discussion that the rights of the young adults could be met to protect

them from the risk of discrimination. We looked at two care plans and they included information collected from discussions with all people involved with the young adult's care. This included how their emotional support and physical needs could be met.

The registered manager told us, and records showed that all staff who worked at Rydal Avenue and who administered medication had completed training. Competency assessments were carried out to ensure their practice remained safe. The care records for the young adult who had recently commenced using the service had a full medical history and medication risk assessment on file.

Is the service effective?

Our findings

The young adult currently living in Rydal Avenue told us they were involved in their assessment and care planning process. Staff told us that this involvement enabled them to identify people's care preferences, capabilities and care and support needs and ensure they had the staff who could meet those needs. A health and social care professional who had been involved with a person who used the service said "The staff have the skills, knowledge, patience and understanding to provide consistency of care which is effective in enabling X to develop in all aspects of his young life".

The registered manager provided all people who considered living in the home and their families, social workers or other professionals who may be involved with their care with information about the service prior to them making a decision to move in. This was provided in a format that met their communication needs and their ability to understand. If a decision was made to move into the home they were then provided with a welcome pack which held information about the home and the services provided. The information was available in an easy read format as a way of explaining the information to the young adult moving into the home.

Appropriate facilities were provided via discussions with the young adult and their family to meet each individual's needs.

There was a flexible menu in place which provided a good variety of food to the young adults using the service. The staff we spoke with explained that the menu was discussed with the people living in the home and was based on what people wanted to eat. Choices were available and people could decide what they wanted at every mealtime. We were told that the young adult who had recently left the service ordered their own food on line and cooked their own meals to prepare them for more independent living. Records showed that it was planned that the young adult who currently lived at Rydal Avenue would be accompanied by staff to shop for food of his choice.

Cambian Childcare Limited did not utilise agency or transitional staff to work at Rydal Avenue. All staff were employed on a permanent basis and were trained and supported to work together within the home as a team.

Placements were only offered to people who met the home's criteria to include ensuring the service had the staff who were trained to meet their assessed social, emotional and healthcare needs in full. Training records showed that staff were trained so they could provide specialist care for the young adults. All the staff we spoke with had completed a mandatory induction training period. This was followed by ongoing training such as; safeguarding, first aid, equality and diversity, medication, mental health awareness, recording and deprivation of liberty safeguards. Other examples of subjects covered during this training included care planning, consent and therapeutic interactions. Staff also completed competency-based assessments to make sure that they could demonstrate the required knowledge and skills. Examples of these assessments included medicines and behavioural management.

A staff file looked at held details which showed that the staff member had completed a full week's induction and was completing some e learning prior to being enrolled on an NVQ course in care. Discussion with the registered manager identified that he worked with each staff member to enable them to achieve qualifications in all Cambian Childcare Limited mandatory training and encouraged them to further develop their knowledge and skills in other relevant areas of their choice. One staff member told us that training was ongoing and they could access lots of training on line. They told us that when training was due to be updated it was flagged up on the computer with a training date to ensure all staff were up to date with their training.

Staff spoken with told us that the training was excellent. They said that they were able to learn and develop skills to meet the needs of the people who lived at Rydal Avenue.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS are part of this legislation and ensures where someone is deprived of their liberty, the least restrictive option is taken. We discussed the requirements of the MCA and the associated DoLS, with the registered manager and care staff. They were fully aware of the legislation and had received training to ensure they were fully up to date with all requirements. We saw staff had taken appropriate advice about individuals to

Is the service effective?

make sure that they did not place unlawful restrictions on them. At the time of our visit the registered manager told us there were no people needing to be subject to a DoLS authorisation.

Care files showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable whilst living at Rydal Avenue. Risk assessments were in place for any behaviour that challenged and held appropriate information to show clear actions as to how they would be safely supported. The two young adults care files looked at had a behaviour management plan that held extensive information about behaviours and situations. The plan detailed any precipitating factors to the behaviour that was challenging and identified de-escalation, diversion or distraction methods which had been discussed and agreed with the person.

In looking at two care files we noted daily communication notes were regularly updated and detailed information

about health needs. Each care file also had a section called: 'General Practitioner notes' and 'Community notes.' These records showed good evidence that staff were quick to access clinical staff and maintained the continued involvement of other health professionals.

Staff told us they were well supported and were very complimentary regarding the support they received from their managers. Staff told us they received regular supervision and appraisals. We checked records and staff files and noted that staff had received regular pre-arranged supervision sessions. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training and development needs. Staff told us they were provided with supervision to help with their development within the service and to ensure they provided a consistent level of good quality support to people living at the home.

Is the service caring?

Our findings

The young adult we spoke with told us they had settled and felt at ease within the home. They told us that they had been fully involved in discussions about their needs

A relative of the young adult who had lived at Rydal Avenue told us that staff were compassionate and kind. They told us that staff were aware of people's needs and responded quickly when their needs changed. They said they were involved in the care planning process including decisions about people's care. Comments included; "We had regular meetings to discuss care plans and any changing needs".

We observed positive interactions between staff and people who lived at the home. Staff were respectful, for example they addressed the young adult by their preferred name. The atmosphere in the home was warm and friendly. We saw that staff were courteous, caring and patient and we saw that the young adult's dignity and privacy were respected. Staff respected the young adult's privacy by knocking on their door before entering and staff showed awareness of the need for people to have their own space if they wished to spend time away from other people.

The two care plans looked at addressed specific needs and detailed how they would be addressed. The plans identified that the people who lived at Rydal Avenue and their families or other representatives had been included in the planning process. The young adults were given full access to their personal records. The plans held details of contact and supporting relationships such as who the person shared positive reciprocal relationships with and how any changes to this could significantly escalate anxiety and affect wellbeing. Cultural and faith needs were addressed by discussion and records showed that people were encouraged to discuss ethical and moral issues as part of their daily life.

Care plans held details of how people would be provided with emotional support to enable them to have compatibility with staff and other people who may live in the home. This included engaging with peer culture and access to independent advocates who were familiar with individual communication skills and behavioural needs and could therefore advocate on peoples behalf.

There was an effective system in place to use if the young adults wanted the support of an advocate. Advocates can represent the views and wishes of young adults who are not able express their wishes.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

We saw documentation which showed that the young adults were invited to express their views about life at Rydal Avenue within individualised consultation formats.

Records showed that independent living preparation plans were in place for the people who lived at Rydal Avenue. These included an independent living skills programme which assessed people's skills and helped target areas of future need. Staff told us that wherever practicable and safe, people would be consulted in all areas of their daily life and plans developed accordingly. They told us that they supported people in a way that maintained their independence. A relative of the young adult who previously lived at the home told us that they had seen immense improvements in his life skills. Comments included; "He gained independence and was able to move on with his life".

Is the service responsive?

Our findings

We spoke with a health and social care professional who was familiar with the staff and services provided at Rydal Avenue. They were high in their praise of the staff and services provided. Comments included: “High level of commitment from staff who look at the needs of each person and address them to enable people to gain greater independence” and “They have managed X very well. He had been living there for some time and his needs have been addressed to include behavioural management issues. They have really done a good job and have gone above and beyond their duties to provide X with support. Staff are open and honest and totally committed to their role” and “The young adult placed was difficult to engage with and presented with very challenging behaviour. However the staff quickly undertook an assessment of his needs and planned his care around his individual needs”.

We looked at people’s care records which provided evidence that their needs were assessed prior to admission to the home. This information was then used to complete more detailed assessments which provided staff with the information to deliver appropriate, responsive care. We saw information had been added to plans of care as appropriate, indicating that as people’s needs changed the care plans were updated so that staff would have information about the most up to date care needed.

Care plans held details of background, external agencies who had been consulted, specific needs, meaningful education or training, family social contact, relationships, personal care, physical and mental health, emotional support, independence and advocacy. Records also held information about consultations with the young adult and their family consultations with healthcare, social care and educational professionals, key workers, safeguards and controlled risks. Care plans viewed held details of the areas of vulnerability of the person and the degree of support and boundaries necessary to safeguard each person and promote their welfare. They also detailed the communication skills of the young adult and what systems would be in place to ensure the young adult was able to enjoy effective communication. A health and social care professional who was involved with the young adult who had used the services of Rydal Avenue said that staff provided clear and accurate daily notes and cascaded verbal information on a need to know basis.

Staff told us that the progress development and achievement of each person who lived at Rydal Avenue was monitored and recorded in the care file each day. They said that any concerns would be brought to the attention of the designated key worker or registered manager who would, through discussion modify daily routines, risk assessments or care plan accordingly.

Staff told us and we saw records to confirm that person centred reviews took place and the young adults, their family if involved and advocates were asked to give their views and feedback about the care and support they received. People’s views and aspirations were used to agree new goals and objectives and their care plans were updated to reflect these.

We saw that the young adult who lived in the home had a weekly activity programme developed through consultation. Records showed that appropriate risk assessments were in place as necessary. We saw that the young adult who lived at Rydal Avenue had recently moved from a children’s service. We saw documentation which identified how the transition would be undertaken and noted that the plans were detailed and had been written in consultation with the young adult and other people who were involved with their life. The transition plan included providing the same care staff who had previously looked after him in his last placement for the first 24 hours of his stay at Rydal Avenue to enable him to settle into his new surroundings. We spoke with these staff members and they confirmed that transition plans had been drawn up through discussions with the young adult, staff and other professionals who had been involved with their care. They told us that the plans had been put into practice to ensure the young person had a smooth transition.

Records showed that each person who lived in the home followed an appropriate and progressive Independent Living Skills Programme which was supported and recorded by care staff. This programme included cooking, laundry, cleaning, shopping and managing a budget. This enabled them to gain more confidence and independence in all aspects of daily life.

The service had a complaints policy which was provided to the people who lived at Rydal Avenue and their representatives when they commence their placement. Records showed that the young adult who lived in the home was assisted to practice completing complaint forms

Is the service responsive?

as part of their Independent Living Skills Development. Staff told us that the young adults were encouraged to have regular dialogue with family members to include direct contact and phone calls.

The young adult spoken with and a relative of the young adult who had recently moved from Rydal Avenue told us that they were fully aware of the complaints process and would use it if required.

Is the service well-led?

Our findings

Feedback from a health and social care professional was most positive about the culture and leadership within the home. Comments included; “There is great transparency within the home. Everyone is open and honest and takes responsibility for their actions”, “The leadership is such that they constantly strive to improve the lives of the people who live in the home” and “They work in partnership with everyone who is involved in the care of X through discussions, care planning, vision and true commitment. They go above and beyond to ensure the services are provided in the best interests of the people who use them.”

The home used a daily routine document which identified people’s choices of daily activity and how these choices could be met such as community links and social interactions. Records showed that multi-disciplinary meetings were held, mental capacity assessments were undertaken and plans were put in place in order to assist the young adults to maximise their potential.

Discussion with the registered manager highlighted their passion to continually improve their services to ensure they could provide positive outcomes for the young adults in their care. Documentation viewed identified that daily audits of the care and other services provide were undertaken and daily meetings were held to ensure any ‘need to know’ information was cascaded as appropriate. We observed a staff handover meeting taking place during our inspection when appropriate information was shared to ensure consistency of service delivery.

There were effective systems in place to monitor the quality of the service. The home was well organised which enabled

staff to respond to people’s needs in a proactive and planned way. The registered manager used a number of ways of gathering and recording information about the quality and safety of the care provided. As part of this he carried out audits of the service which included checks on the care plans, medication processes, risk assessments, records and health and safety. We saw completed audits during the inspection and noted any shortfalls identified had been addressed as part of an action plan. This meant there were systems in place to regularly review and improve the service. The provider also had robust systems in place to monitor and review the standards of the services provided at Rydal Avenue.

We saw that regular staff meetings were held and the minutes held information to show that the registered manager openly discussed issues and concerns. We saw action plans were developed when appropriate.

The registered manager showed us the complaints and compliments log and noted that the home had received no formal complaints since the last inspection. We saw the homes complaints policy which included the timescale and actions that would be used to deal with complaints.

The registered provider had employed staff with the right mix of qualifications and skills to work at Rydal Avenue. The provider had looked at the skills, strengths and weakness of each person and had utilised staff accordingly to make them feel valued as an effective member of the team.

Staff said they constantly updated their policies and practices in line with the changing need of each person who lived in the home in order to provide them with “the best care possible”.