

Cambian Learning Disabilities Midlands Limited

Cambian Beeches

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

We performed the unannounced inspection on 02 June 2015. Cambian Beeches is run and managed by Cambian Learning Disability Midlands Limited. The service provides 52-week residential care for up to twelve people aged eighteen and above, with autism and severe learning disability, often accompanied by complex needs and challenging behaviour. On the day of our inspection 7 people were using the service.

The service had a registered manager in place at the time of our inspection. 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.

At our last inspections performed on 8 September and 19 November 2014 we found improvements were required in relation to the quality of service provision. Following

Summary of findings

these inspections the provider sent us action plans telling us how they would address the areas of concern. At this inspection we found the required improvements had been made.

People were protected from the risk of abuse as staff had a received training in safeguarding people and had good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager also shared information with the local authority when needed.

People received their medicines as prescribed and the management of medicines promoted people's safety.

Staffing was maintained at appropriate levels to provide people with effective support. Staff had received appropriate training, professional development and supervision to maintain their competency.

People were encouraged to make independent decisions and staff were aware of legislation to protect people who lacked capacity when decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were protected from the risks of inadequate nutrition. Specialist diets were provided if needed. Referrals were made to health care professionals when needed.

People's care plans were holistic and person-centred to ensure people received support in a planned and responsive way. People who used the service, or, when required, their representatives, were encouraged to contribute to the planning of care packages.

People had regular and unrestricted access to their family and their friends. They also had opportunities to participate in a variety of social and leisure activities to help them lead a fulfilling life.

People benefited from a service which was well led and systems were in place to monitor the quality of service provision.

People residing at the home, or those acting on their behalf, felt they could report any concerns to the management team and would be taken seriously.

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 as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There was enough suitably qualified staff to meet people's individual needs.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training pertinent to their roles and responsibilities.

People were supported to make independent decisions when able and procedures were in place to protect people who lacked capacity to make informed decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health needs were effectively monitored.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a caring and considerate manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting people's independence.

Good



Is the service responsive?

People residing at the home, or those acting on their behalf, were supported to highlight concerns to the management team.

People residing at the home, or those acting on their behalf, were involved in the planning care packages and staff had the necessary information to promote people's health.

People were supported to pursue a varied range of social activities within the home and the broader community.

Good



Is the service well-led?

The service was well led.

People benefited from a management team who were approachable and maintained a significant presence at the home. Staff felt they received a good level of support and could contribute to the running of the service.

There were systems in place to monitor the quality of the service to ensure it met people's individual needs.

Good



Cambian Beeches

Detailed findings

Background to this inspection

We carried out this unannounced 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 unannounced inspection took place on 31 March 2015 and 01 April 2015. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A

notification is information about important events and the provider is required to send us this by law. We contacted commissioners (who fund the support for some people) of the service and asked them for their views.

We used a number of different methods to help us understand people's experiences when we undertook our visit. We were only able to speak briefly to one person who used the service and the relatives of two people who regularly visited their relations at the home. We also spoke with support workers and members of the management team. We looked at some of the records held in the service, including the support files for two people, two staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager. We also observed the support people who used the service received from staff and carried out a tour of the building.

Is the service safe?

Our findings

When we last inspected the service on 19 November 2014 we found that a concern about a person's safety had not been highlighted to the management team within the timescale expected to ensure prompt action could be taken. The provider sent us an action plan telling us they would make improvements in the reporting process by 12 January 2015. We found at this inspection that this had been completed and the provider had made the required improvements in line with the action plan therefore people could be assured that any concerns relating to people's safety would be reported to the management team in a timely manner.

People told us they felt safe and were aware of what to do if they felt unsafe or were not being treated properly. One person told us, "The staff make me feel safe." People's relations also told us they felt the staff were effective in promoting people's safety and wellbeing and comments included, "Having the one to one is brilliant and it makes people as safe as possible both in the home and in the community, its excellent support" and, "Safety is always promoted in the home environment and the community. The staff always promote people's safety and it's always in a calm and measured approach."

At this inspection we found that all staff had received training in safeguarding adults. Staff were fully aware of their roles and responsibilities in reporting any issues of concern relating to people's safety to their line managers. They were also aware of the procedures to contact the local authority safeguarding team to share any information of concern about the quality of service provision. One member of staff told us, "We have had recent safeguarding training for all the staff, the feedback from the staff was very positive."

Throughout our visit we observed staff promoting people's safety. We saw people moving freely about the service without restriction. We also saw that when one to one supervision was in place this was provided in a safe manner. We saw people could participate in a wide range of social activities within the home environment and the broader community and these activities had been risk assessed. One person told us they particularly enjoyed

going for walk in the local community whilst being accompanied by a member of staff. This showed that positive risk taking was encouraged and people's freedom and safety was promoted.

We found comprehensive risks assessments had been undertaken so preventative strategies could be implemented to promote people's safety and wellbeing within the home and the broader community. These included such things as how to ensure people were safe when accessing voluntary work opportunities or when undertaking recreational activities such as bicycling or using a trampoline. We also found that effective systems were in place to ensure the risk assessments were reviewed on a regular basis and people residing at the home, or their representatives were involved in this process.

We found staff were fully aware of what constituted restraint. Staff also told us they had received training how to use appropriate restraint techniques and records were available to support this information. Staff told us there were occasions when physical interventions were required to promote people's safety, or the safety of others, but use of restraint techniques, that inflicted pain, was not to be used under any circumstances. They told us this information had been provided in training events and reiterated by the management team on several occasions. We also found that staff had access to individualised behavioural care plans which provided them with comprehensive details on how to manage people's challenging behaviour in the least restrictive way.

One person told us they felt there was sufficient staff to meet their needs. One person told us, "Yes, there is always enough staff." People's relations also told us they felt there were sufficient staff deployed at the home to promote people's safety. Comments included, "There is no shortage of staff, when I have visited I have never been out of sight of three or four staff." Staff told us that they felt there was enough staff to meet people's needs. One member of staff told us, "We have safe staffing risk assessments which determine the safe staffing levels based on people's individual needs. I feel the staffing levels are really good and we have a stable staff team which enables the residents to go on more off-site activities." On the day of our inspection we saw sufficient numbers of staff to maintain a constant presence throughout the communal areas. We noted that staff were able to respond in a timely manner to support people when needed.

Is the service safe?

People could be assured that staff employed at the service were suitable to work with vulnerable adults. People were only supported by staff who had been safely recruited and had undergone a thorough pre-employment screening procedure, including Disclosure and Barring Service (DBS), as part of the recruitment process. Staff told us they thought the recruitment process was effective in ensuring that only a good calibre of staff was employed. One member of staff told us, “The recruitment process is thorough. I applied and was invited for interview. I had to supply two references, one of which was my most recent employer. I had the police checks done and also supplied proof of identity such as household bills, my national insurance number, passport and driving licence.”

People could be assured they would receive their medicines as prescribed. We found that only senior staff who had received training and supervisions in this area administered medicines. This ensured they remained competent in this area of service provision. We asked a staff member to describe how they managed the ordering, storage and administration of medicines and found they were clearly knowledgeable in this area. On the day of our visit we observed medicines were administered safely and the senior member of staff followed appropriate procedures. Medicines were stored securely and were temperature controlled, when required, to maintain their effectiveness.

Is the service effective?

Our findings

When we last inspected the service on 19 November 2014 we had concerns as bank staff had not received the same degree of management support as permanent staff to ensure people received appropriate interventions. The provider sent us an action plan telling us they would make improvements in this area. At this inspection we found the provider had made the required improvements in line with the action plan therefore people could be assured that all staff received the same degree of management support to promote consistency at the service.

On commencing employment staff were required to undertake a corporate induction process to explain what was expected of them, and to provide an opportunity to familiarise themselves with the organisations policies and procedures. The induction process incorporated a two week training period followed by an additional two week period of “shadowing” a more experienced member of staff until they felt able to work unsupervised. A staff member told us, “It was a very intensive induction process. I definitely feel it was effective as I did not have any experience before.”

We found that systems were in place to ensure that bank or relief staff were drawn from the organisation’s ‘regional bank pool.’ These staff were trained, supported and supervised alongside permanent staff team members to ensure their practice would be less generic and service specific in nature which would benefit people as the continuity of care would be improved. We also found the reliance of bank staff had decreased following a recent recruitment process, this ensured permanent vacancies were filled in a timely manner in order to further reduce the reliance on bank staff and provide people with a regular staff who were aware of their needs and abilities.

When we last inspected the service on 8 September 2014 we had concerns as staff had not always received appropriate training, professional development, supervision and appraisals. The provider sent us an action plan telling us they would make improvements in this area. We found at this inspection this had been completed and the provider had made the required improvements in line with their action plan and people could be assured that they would receive interventions from sufficiently skilled and competent staff.

One person’s relative told us, “I feel the staff have the skills and knowledge they need. I have been very impressed with the quality of the service,” Whilst another person’s relation said, “The staff are immediately friendly, helpful and confident. There is definitely a positive ethos in their approach to the residents and their family.”

There was an on-going training programme in place to ensure staff received training in a wide range of subjects pertinent to their roles and responsibilities. All of the staff we spoke with felt the provision of training opportunities met their developmental needs. One member of staff told us, “It’s absolutely fantastic training here,” whilst another said, “We have on line e learning. We also have annual refreshers in all areas which is very good.”

In addition to the e learning opportunities staff also confirmed that classroom based training opportunities were provided and one member of staff told us, “I prefer face to face training and I can now access this. I have Mental Capacity Act training and Deprivation of Liberty training booked for next week.”

One person told us they felt they were supported to make decisions about their care and support. They felt staff were respectful of their individual decisions in relation to how they spent their time at the service. They also told us they could plan their days to suit themselves. One person said, “The staff are always respectful towards me.” People’s relations also told us they felt staff were respectful of people’s individual choices and comments included, “Staff will bend over backwards to respect peoples decisions.” Throughout our visit we observed that staff asked people for their consent before providing any care and support.

We found people residing at the home were involved in the development of comprehensive care plans when able. Care plans were person centred and provided staff with detailed information on how to promote people’s health and wellbeing. Where people had been assessed as lacking capacity to make decisions their relatives were encouraged to be involved in providing consent on their behalf when people had been assessed as lacking capacity.

One person’s relative told us, “We have regular meetings with the staff. They are doing a lot of capability assessments at the moment. Once the assessments are done we get a copy of them, and the care plan, to sign to say we are in agreement with them.” This information was confirmed by staff who told us, “For the residents who

Is the service effective?

don't have capacity we hold meetings to discuss all aspect of the care plan, it involves key workers and family members. We sent copies of the meetings to people's next of kin, it's to gain feedback."

People benefited from being care for by staff who had a good understanding of the Mental Capacity Act 2005 (MCA) and were able to describe how they supported people who lacked capacity in decision making. The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw there were assessments being carried out to assess people's capacity to make certain decisions and where it was determined they did not have the capacity, a decision was made in their best interests. Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. DoLS protects the rights of people by ensuring that, if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is needed. At the time of our inspection we found that mental capacity assessments had been undertaken and appropriate DoLS were in place.

One person told us they enjoyed the meals provided and felt the food was varied and of good quality. They said, "The food is lovely and there's always two choices." Members of staff felt the provision of meals was good and comments included, "The food is good and varied for the residents. The menus are changed quarterly and run on a four week cycle. The chef is really good. We have a resident from Africa who likes spicy food so we ensure they get this." This showed that the service was appreciative of the importance of providing culturally appropriate meals when requested.

We were invited to participate in the midday lunch. We saw people were enjoying their meals, the portions were of a good size and food was appetising and nutritious. We also noted that fluids were readily available at meal times and throughout the day to ensure people remained hydrated. We were told that supportive equipment such as specialist utensils and plate guards could be made available as well as specialist diets, for example soft or pureed food. We also found that meals for people who chose to adopt a meat free diet such as vegetarians and vegans could be catered for. This showed that systems were in place to ensure people maintained their optimum dietary and fluid intake.

People had access to health care professionals and staff had sought advice from external health care professionals to support them with their health care needs. One person's relation told us, "They have access to all the health care professionals."

We found people were allocated individual keyworkers who supported people to attend health appointments. This was to ensure people felt comfortable in attending health care appointments and reduced people's anxieties when doing so.

We found staff were knowledgeable about people's individual health care needs. A staff member said, "All of our residents have behavioural profiles, if they are acting outside that profile it could indicate they are unwell. It would be reported to the team leader and they would take appropriate course of action, such as contacting their GP. We have an optician who comes to the home and we also have a dentist who can come here if needed. We also have good relationships with the district nurses if they are ever needed."

Is the service caring?

Our findings

One person told us they were happy living at the service and felt the staff were caring. They also told us "I could not be in a better place, it's all fine," and, "They (staff) are entertaining and funny." People's relatives also felt satisfied with the quality of service provision. One relative told us, "The staff are caring, they go the extra mile. We have never had any concerns and they have a great deal of patience with everyone there," whilst another person's relation told us, "They (relative) love it and they have never indicated any problems. They enjoy the company of staff. I would say the service is excellent."

We found systems were in place to monitor staff to ensure they provided a caring and respectful service to people. The deputy manager told us, "We have two teams and we have two assistant managers. They complete spot checks on staff, if there are any issues it's discussed within staff supervision. The manager walks around the unit and any concerns are addressed with the staff member."

We observed staff helping people to carry out daily activities in a caring manner. We noted that staff spoke with people in a calm and relaxed manner and we saw them acknowledging people when they came into the staffs vicinity. All observed interactions were empowering as staff actively involved people in making decisions about what activities they would prefer to take part in, and where people preferred spend their time throughout the day. We also noted that staff respected people's decisions if they decided not to participate in the planned activities which further demonstrated the staff's commitment to provide a service which was caring.

We found the communal areas to be calm and relaxed and when people were receiving their one to one support this was provided with respect for people's individual needs. We saw that staff responded to people's requests for assistance in a timely way to ensure they did not feel ignored or devalued. For example we saw one person was waiting for their midday meal. It was evident that they were slightly anxious that it was not immediately available. A

member of staff informed the person, using appropriated communication techniques, that their meal was about to arrive. This intervention reassured and comforted the person by de-escalating their anxiety.

People could be assured their privacy and dignity would be respected. One person told us, "They (staff) respect my privacy." People's relations also felt that staff were proactive in promoting privacy and dignity as they told us, "If anyone is exhibiting challenging behaviour we are encouraged to stay in our relation's room or exit the area to provide people with their privacy. They (staff) are always focussed on the young person not the needs of the staff."

We found the home environment was conducive to providing people with private areas such as their bedrooms which they could access when they wished. People's relations also told us they could speak with their relation in private at any time and felt the staff were aware of the importance of maintaining people's privacy and dignity.

Staff had access to a dignity champion whose role was to support staff to challenge disrespectful behaviour for those who were less able to stand up for themselves. We spoke with the dignity champion, they told us, "I have recently delivered dignity in care training to all staff which consisted of ten action points of the dignity, and barriers to providing dignified care and how we ensure staff provide care which is dignified. It's our job to ensure people's privacy."

Throughout our visit we saw staff assisted people with their personal needs in a caring and patient manner. The interventions promoted people's privacy as bedroom doors and curtains were closed.

The management team told us that people's relations and friends were encouraged to visit the service at any time as they realised the importance of people having open access to their relations and friends. They told us, "We have an open door policy with no restrictions, we do get a lot of unplanned visits and it's not a problem, we are very lucky here as we have lots of areas where people can see their relatives in private." This information was confirmed by people's relations, they also told us they were always made welcome when they visited their relatives.

Is the service responsive?

Our findings

When we last inspected the service on 8 September 2014 we had concerns as the planning and delivery of care did not ensure the welfare and safety of people who used the service.

The provider sent us an action plan telling us they would make improvements in this area by October 2014, ensuring a detailed audit of each person's health record would be completed by 26 September 2014. At this inspection we found the provider had made the required improvements in line with the action plan.

People could be assured their care and support was planned and delivered in a responsive way. We found people's care plans to be holistic and person-centred. They identified people's individual support needs and how these were to be provided. The care plans contained comprehensive information about the person's background, communication needs and abilities. They also provided information about people's preferred night and day routines.

Staff told us that they valued people's care plans and felt the documentation was an essential tool in providing a good quality service which was respectful to people's individual preferences. They told us that they could access people's support plans at any time for reference and guidance, and we found staffs knowledge of people's needs was reflective of the information within the care plans.

Staff told us that the communication systems had improved over recent months. One member of staff told us, "The manager has improved everything here. We now have a daily e-mail which the shift leaders send to the management team. We can highlight anything such as maintenance issues, staffing issues and any updates from the residents. Communication has improved massively." Staff also told us they attended meetings on a regular basis which provided them with an additional forum to highlight and discuss people's needs to ensure service provision would be responsive.

People could be assured that staff could be responsive to their needs. For example where people exhibiting challenging behaviour required support, we found documentation had been produced which provided staff

with very detailed information on how to provide the support. We also found staff were aware of the actions recorded in the documentation and said they were effective in managing this element of care.

We found that people's care plans contained a communication 'grab sheet'. They were in place to assist people with learning disabilities by providing hospital staff with important information about them and their health should they be required to attend hospital in an emergency situation. This showed that measures had been taken to ensure health care professionals, beyond the home environment, would have the necessary information to provide individualised responsive interventions.

People could be assured they would have the opportunity to pursue their interests and hobbies. One person told us they enjoyed participating in activities such as bowling, going to the cinema and a local play zone area, these activities were readily available for the people living at the home. They also told us they were looking forward to going on an annual holiday with their family. The person also said they had participated in meals at the local public houses and fast food outlets and could also use the home's mini bus to access areas of local interest.

This information was confirmed by people's relations. They told us, "They (the organisation) have allowed a key worker to go on holiday with us to provide additional support to our relative which is excellent. Activity plans are in place and these are based on activities that our relative has always enjoyed such as train watching." This showed that the organisation was proactive in supporting people to participate in activities and maintain hobbies and interests that were individualised and responsive.

People could be assured that any issues of concern or complaints would be listened to and taken seriously. The organisation's complaints procedure was on display in the foyer of the home to aid people residing at the home, or those acting on their behalf to highlight any concerns. The complaints procedure was also made available in a variety of formats to aid people to highlight any concerns. The contact details of the service were also available via a web site which provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have in relation to the quality of the service.

Is the service responsive?

One person told us, “I do feel confident in highlighting any concerns but I could not identify anything which is concerning me.” People’s relatives also felt able to highlight any issues of concern to the management team as they told us, “We feel very comfortable reporting any concerns, and we feel they would be acted upon and taken seriously.”

Staff felt confident that, should a concern be raised with them, they could discuss it with the management team. One member of staff told us, “The complaints procedure is displayed on notice boards around the units. It’s also available in pictorial formats to help people to communicate we also have regular meetings between people residing at the service and their representatives so comments and suggestions could be discussed at that time as well.”

A person’s relative told us that they had raised an issue of concern with the registered manager. They told us the front door bell was not being responded to in a timely manner. They said, “The manager was told and now one of the staff carries a remote device which sounds when the doorbell is activated and we have not had a similar experience again.” This showed that when issues of concern were raised they were taken into consideration to improve the quality of service provision.

Records showed that twelve complaints had been received since we performed our last inspection the majority of which had been from the local community about noise. We found they had been recorded in the complaints log and managed in accordance with the organisations policies and procedures.

Is the service well-led?

Our findings

We asked people's relatives if they felt the registered manager was effective in their managerial role. Comments included, "Yes I think the manager is very professional, friendly and focussed on the residents. They have pulled the staff together," and, "They are an active presence in the home and they have provided staff with direction by leading by example. We would give the home nine and a half out of ten, there is always room for improvement but only a little in this case."

On the day of our inspection the registered manager was visible around the home. We observed them interacting with staff and it was evident that a good rapport had been established.

Staff told us they had confidence in the management team and spoke of feeling happy and proud to work there. They told us the registered manager was approachable and in their opinion the quality of service provision had improved under their leadership. Comments included, "They are a significant presence in the home, easy to talk with and fair. I think they are receptive to suggestions from all staff," and, "Things have improved, it's a much nicer place to work now."

Throughout our inspection we saw staff supporting each other and working well as a team. The observation was supported by comments made by the staff which included, "We have a good team spirit and I enjoy working here. For me the most important thing is the residents and its really good to see them progressing but also seeing them settled and happy."

We found staff were aware of the organisation's whistleblowing and complaints procedures and they were clear about their roles and responsibilities in this area. One member of staff told us, "I definitely feel confident in using the policies, we are the residents advocates here and I would not want anything happening here that would cause them harm and abuse. I would whistle blow without hesitation."

We contacted external agencies, such as those that commission the care at the service, and were informed they did not have any ongoing concerns relating to the quality of service provision at Cambian Beeches.

People benefited from being cared for by staff that were effectively supervised by senior colleagues. Staff told us the supervision process had improved as it provided them with a forum to reflect on, and learn from practice. They also told us it provided them with the opportunity to discuss personal support and professional development needs to ensure they were knowledgeable and clear about their roles and responsibilities. One member of staff said, "Since the new manager has been appointed I have received regular supervisions and we discuss a wide range of topics which includes my training needs. I feel very well supported within my job role and the manager operates an open door policy if I need more support."

Consultation processes were in place to allow the registered manager to obtain and analyse feedback from people who used the service and their relatives. This included quarterly meetings with people and also sending out surveys on an annual basis. The information from the surveys was correlated to identify their strengths, limitations and the impact the service was having on people who used it. Where people had made suggestions through the consultation process these had been actioned. For example where people had indicated that they would like swings and a trampoline to be available at the home, these had been purchased.

Systems were in place to record and analyse adverse incidents, such as altercations between service users, with the aim of identifying strategies for minimising the risks. Providers are required by law to notify us of certain events in the service and records showed that we had received all the required notifications in a timely manner.

Extensive Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care plans and medicines management. The location was subject to unannounced quality audits from senior managers within the organisation to further determine the quality of service provision. This showed that the organisation was proactive in developing the quality of the service for people whilst recognising where improvements could be made.