

Cambian Whinfell School Limited

# Cambian Whinfell Shap Road

## Inspection report

60 Shap Road  
Kendal  
Cumbria  
LA9 6DP

Tel: 01539730688

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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 ●

# Summary of findings

## Overall summary

We carried out this announced inspection on 21 July 2016. We last inspected this service in June 2014. At that inspection we found that the provider was meeting all of the regulations that we assessed.

Cambian Whinfell Shap Road provides accommodation and personal care for four males who have autism and complex needs. The home primarily provides accommodation to people over the age of 18. The property is a spacious, residential house in keeping with neighbouring properties. The home is in a residential area of Kendal in south Cumbria. People who live in the home all have their own bedrooms and there are suitable shared facilities including toilets and bathrooms, sitting rooms, a kitchen and dining areas.

There was a registered manager employed in 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 who could speak with us told us that they felt safe in the home and said the staff were nice and good at their jobs.

The focus of the service was on promoting people's rights and independence. People followed activities that they enjoyed and were given opportunities to gain new skills and to increase their independence.

Support was planned and provided to take account of each person's needs, interests and preferences. People received personalised care that took account of their abilities as well as their needs.

There were enough staff to support people. The staff treated people in a kind and caring way and knew people well. They knew how people communicated their wishes and gave people choices in a way they could understand.

The staff were trained and supported to ensure they had the skills and knowledge to support individuals and to protect their safety and rights.

Hazards to people's safety had been identified and people were protected from abuse and avoidable harm.

The registered manager set high standards and was knowledgeable about how to support people who had complex needs. They understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's rights were protected because there were no restrictions on their liberty unless an appropriate authorisation was in place.

The registered manager and registered provider had good systems in place to oversee the quality of the

service. People were supported to express their views and were included in how the service was provided.

## 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.

People were protected from abuse and avoidable harm.

There were enough staff to provide people with the support they needed.

Medicines were handled safely and people received their medicines as their doctors had prescribed.

### Is the service effective?

Good ●

The service was effective.

The staff knew people well and had the skills and knowledge to provide the support they needed.

People enjoyed the meals provided in the home.

The registered manager was knowledgeable about the Mental Capacity Act 2005 and people's rights were protected.

People were supported to access appropriate health care services.

### Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care and supported to express their views.

Staff were kind and caring and treated people with respect.

People's independence and dignity were promoted.

### Is the service responsive?

Good ●

The service was responsive.

People were included in planning and agreeing to the support they received. They received personalised care that took account of their abilities as well as their needs.

Activities were provided to take account of people's preferences.

The registered provider had a procedure for receiving and managing complaints about the service.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager was very knowledgeable about how to support people who had complex needs.

People who lived in the home knew the registered manager well and were comfortable with her.

The registered manager set high standards and provided a positive role model to staff in the home.

The registered provider and registered manager monitored the quality of the service.

# Cambian Whinfell Shap Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 July 2016. We gave the provider 48 hours' notice of our visit to the service because the location was a care home for younger adults who are often out during the day and we needed to be sure that someone would be in.

The inspection was carried out by one adult social care inspector.

There were four people living in the home when we carried out our inspection. Some people who lived in the home could not easily share their views with us. During the inspection we spoke with three people who lived in the home, five care staff and the registered manager. We observed how staff interacted with people and looked at the care records for two people. We also looked at records that related to how the home was managed.

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 the information we held about the service, including the information in the PIR, before we visited the home. We also contacted the local health and social care commissioning teams to obtain their views of the home.

# Is the service safe?

## Our findings

People who could speak with us told us they felt safe in the home. We saw that people who lived in the home were relaxed and comfortable around the staff who were supporting them. No one looked anxious around any of the staff who were on duty during our inspection.

All the staff we spoke with said they were confident people were safe and protected from the risk of abuse. They understood their responsibility to protect people and that some people could be vulnerable because they could not easily tell someone if they had any concerns.

All the staff told us that they knew how to report concerns about the behaviour or practice of other staff members. They told us that, if they had any concerns, they would speak to the senior staff member on duty. All of the staff said they had no concerns about the practice or actions of other staff members. They told us that they knew people in the home well and would be able to identify through their behaviour and body language if a person was upset or afraid and would report this. People were protected against the risk of abuse because the staff employed understood their responsibility to report concerns.

Thorough risk assessments had been completed to identify and manage hazards to people's safety. The staff we spoke with knew how individuals might be at risk of harm and the actions to take to maintain the safety of the people they were supporting. We saw that the possible risks to people when accessing the local community had been considered and plans put in place so that staff knew how to support individuals to remain safe. The staff read the risk assessments before supporting individuals to access the local community and signed to record they had done so. This helped to ensure the staff had information about how to keep each individual safe while allowing people to attend activities they enjoyed in their community.

There were enough staff employed to provide people with the support they needed. We saw that people were able to follow a range of activities they enjoyed because staffing levels had been arranged to support this.

Safe systems were followed when new staff were employed. New employees provided evidence of their good character and were checked against Disclosure and Barring Service records to ensure they had not been barred from working in care services. The checks required by law had been carried out for new staff. People who used the service and their families could be confident staff had been checked to ensure they were suitable to work in the home.

Staff who handled medicines had been trained to do so safely. We saw that medicines were stored securely to prevent their misuse and to protect people who may have been at risks of taking the medicines accidentally. Clear and accurate records were kept of medicines that people had been given. People received their medicines as they needed and as their doctor had prescribed.

The home had a range of equipment to detect and fight fires. Each person had a personal evacuation plan to guide staff on how to support them if they needed to evacuate the home in an emergency. The registered

manager and care staff completed checks on the safety of the premises and equipment. These helped to protect people and ensure they were provided with a safe environment to live in.

# Is the service effective?

## Our findings

People who could speak with us told us that the staff in the home were "nice". We asked people if the staff were good at their jobs and they told us they were.

We saw that the staff knew people well and supported them to lead active lives as part of their local community. They knew how people liked their support to be provided and gave people assistance in a way that took account of their wishes.

The staff we spoke with told us that they had received training to give them the skills and knowledge to support people who lived in the home. They told us that all new staff completed thorough induction training before working as an active member of the staff team.

The registered manager had good systems in place to ensure that the staff were competent to provide the support individuals required. The registered manager or deputy manager had carried out formal observations of staff working with individuals to assess how they provided people's care.

Due to their complex needs, some people who lived in the home were not able to make important decisions about their lives. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager of the home had a very thorough understanding of their responsibility to protect the rights of the people who lived in the home. They were knowledgeable and the MCA and DoLS and how these applied to individuals who lived in the home. Where the registered manager had assessed that an individual needed to be deprived of their liberty, to ensure their safety, they had made appropriate applications to the local authority for authorisation to do so.

We saw that, where people had a DoLS authorised, the appropriate documents were in their personal records. The DoLS were only used to ensure the safety of the individual and we saw that people were given choices about their lives and the decisions they made were respected.

One person had expressed a wish to make a major change to their life. We saw that the registered manager and staff in the home were supporting the individual to plan for this change and had respected their

decision.

Some people who lived in the home could not easily express their views and wishes. People used a range of ways to communicate and these were identified clearly in their care records. We saw that the staff knew how each individual communicated and gave people the time and support they needed to make and to express their choices about their lives. People made choices about their lives and their rights were respected.

Two people we spoke with told us they enjoyed the meals provided in the home. We spoke with one person who was going out for a meal with a member of the care staff. They told us they did this each week and enjoyed it.

People were included in planning the meals provided. They were given advice and guidance on healthy foods and had a choice of meals and drinks. Throughout our inspection we saw that people were provided with a choice of hot and cold drinks. People were encouraged to drink enough to maintain their health and the staff understood why this was important.

South Lakeland District Council had assessed the food hygiene rating for the home as five stars, very good. This was the highest award that the council could give. People could be confident food was stored and prepared safely.

The records we looked at showed that people were supported by a range of health care services. These included local GPs and dentists and specialist services such as Learning Disability services and specialist psychiatry services. People were supported to access appropriate health care services to maintain their health and support their wellbeing.

# Is the service caring?

## Our findings

People who could speak with us told us that they liked the staff who worked in the home. They told us the staff were "nice" and one person said, "I like [named staff member]."

We saw that people who could not easily express their views were comfortable and relaxed with the registered manager and staff on duty.

The staff knew the individuals they were supporting well and treated people in a kind, caring and friendly way. They knew the things that were important to people in their daily lives and supported people to express their wishes about their lives in the home.

Some people used specialist communication methods to support them to express their views. We saw that the staff on duty knew how to communicate with people and took time to give them explanations and guidance as they needed.

The registered manager and care staff had identified times when individuals could experience increased anxiety. They ensured people were given timely information, as they needed, to reduce their anxiety and promote their wellbeing. The staff also knew how activities could support people to control their own anxiety and ensured people were able to engage in those that they found therapeutic. People were given timely support, reassurance and guidance to help them to feel happy and content in the home.

We saw that throughout our inspection all the staff on duty spoke to people in a kind and respectful way. When we spoke with staff about individuals who lived in the home the staff consistently spoke in a respectful manner. People were treated with respect and their dignity was promoted.

We saw that the staff on duty respected people's right to privacy. They knocked on the doors to people's bedrooms and only entered with their consent.

The focus of the service was to promote people's independence. We saw that support was planned to give people opportunities to develop skills and greater independence. Support was very individualised, focused on each person, their abilities, needs and preferences. People were involved in daily tasks as far as they were able, with support as they required. They were involved in planning and preparing their meals and looking after their own rooms and property, as far as they were able.

The staff knew the tasks that people could carry out for themselves and the areas of their support where they needed assistance. We saw people were given the time they required to carry out tasks themselves. Where people required prompting or guidance to assist them to carry out tasks, the staff ensured this was provided.

A specialist national independent advocacy service visited the home regularly to support people to express their views and to advocate on the behalf of people who required support. Advocates are people who are

independent of the service and who can help people to make decisions about their lives or support people to express their wishes.

We also found that the care staff in the home were committed to promoting people's rights and welfare. All of the staff we spoke with said they would be confident raising any concerns on behalf of individuals who lived in the home. There were robust systems in place to ensure people were supported to express their views.

# Is the service responsive?

## Our findings

We asked people if they were included in planning and agreeing the support they received and they told us that they were. One person told us, "I tell the staff".

Each person who lived in the home had a comprehensive and detailed care plan. People who were able to do so had signed to show they agreed to their care plans.

The care plans showed that people, and those who knew them well, had been asked about the support they wanted, their preferences about their care and lives and their goals for the future.

The care plans were very detailed and gave staff information about the support people needed, how they communicated their needs and wishes and how they wanted to be supported.

One person had expressed a wish to make a major change to their life. We saw their care records showed how the registered manager and staff were supporting them in planning for this.

The care plans were in a variety of formats to make them accessible to the individual.

We saw that, where people required this, they also had information available in their rooms to guide them on the day's planned activities.

During our inspection we saw that the staff consistently gave people choices about their lives and care and respected the decisions they made. People made choices about their lives and were included in agreeing to the support they required.

People told us, and we also saw, that they followed a range of activities that they enjoyed. We saw that people were provided with opportunities to access their local community and to follow interests of their choice. The staff in the home knew the activities people enjoyed and joined in with them as people wanted.

Support was planned and provided to take account of each person's needs, interests and preferences. We saw that people received personalised care that took account of their abilities as well as their needs. All the staff we spoke with showed that they understood that this was essential to promote people's wellbeing.

Where people had complex needs, the registered manager had taken specialist advice about activities they could enjoy and that supported their wellbeing.

The registered provider had a procedure for receiving and responding to complaints. The registered manager had not received any complaints about the service provided and no concerns had been raised with us. People who we spoke with told us that, if they were unhappy about their care, they would speak to a member of the care staff.

All the staff we spoke with were aware that people who lived in the home may not be able or confident to make to make a formal complaint on their own. They told us that if they were aware of a concern regarding an individual's support, they would be confident raising this on their behalf.

## Is the service well-led?

### Our findings

Two people who could speak with us told us that the registered manager was "nice". We asked if the registered manager was good at her job and they told us that she was. We saw that people in the home knew the registered manager well and were comfortable with her.

The registered manager was very knowledgeable about how to support people who had complex needs. She had developed methods for giving each person opportunities and support to express their views about the service they received.

Meetings were held with people who lived in the home to discuss how the service was provided and to gather their views. People were also given opportunities to share their views individually with a staff member who knew them well, this helped to ensure people could share their experience and views of their care. The registered manager had also given people a survey to complete to share their views about the care they received. We saw that the completed surveys were positive about the service provided.

People who lived in the home were included in how the service was provided. They made choices about their own lives and were included in planning and preparing their own meals, as far as they were able. People had also been supported to choose the décor for their own bedrooms and were choosing furniture and décor for the communal areas in the home.

Throughout our inspection we saw that people were given choices. People were placed at the centre of their care and the choices they made were respected.

The staff employed in the home were also given opportunities to express their views about the quality of the service. Regular staff meetings were held where any concerns or ideas for further improving the service could be discussed.

All of the staff we spoke with told us that this was a good service. They said the registered manager set high standards and provided a positive role model to staff in the home.

The focus of the service was to promote people's independence and to protect their rights. All the staff we spoke with showed that they were aware of this aim. We saw that all the staff supported people in a manner that respected their choices and independence.

The registered provider and registered manager had good systems to monitor the quality of the service. The registered manager carried out regular checks on the quality and safety of the service and took action where areas required attention.

The registered provider had arranged for an "independent visitor" to visit the home regularly and to report on the quality of the service. We saw reports that the independent visitor had completed and the actions taken to improve the service following their visits.

One of the registered provider's senior managers also carried out their own visits to the home to inspect the quality of the service. This helped the provider to maintain oversight of the service provided.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. The registered manager of the service had informed CQC of significant events as required. This meant that we could check appropriate action had been taken.