

Cambian Learning Disabilities Limited







Cambian - The Fields

Inspection report

Spa Lane, Woodhouse,
Sheffield, S13 7PG
Tel: 0114 2691144
Website: www.cambiangroup.com

Date of inspection visit: June 15th 2015
Date of publication: 09/09/2015

Ratings

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

Overall summary

The Fields is registered to provide accommodation for people who require nursing or personal care. The home can accommodate up to 54 people who have learning and/ or physical disabilities. The home is divided into seven units, one of which provides nursing care. The home is situated in the Woodhouse area of Sheffield and benefits from access to local facilities.

It is a condition of registration with the Care Quality Commission that the home has a registered manager in place. There was a registered manager in place who was present on the day 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 2008 and associated Regulations about how the service is run.

Our last inspection was on 7th May 2014. The home was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on June 15th 2015 and was unannounced. This means the people who lived and worked at The Fields didn't know we were coming. On the day of our inspection there were 54 people living at the home.

Summary of findings

People told us they were happy living at the Fields. One person commented, “There are nice friendly people here, especially the staff, they are lovely and caring.”

We saw the staff were caring and compassionate. They clearly all knew the people who lived at the Fields and were able to understand and respond appropriately to their needs.

There were a wide range of activities available to people who lived at the Fields.

A relative told us they were kept informed and they found the registered manager “approachable and staff are fantastic.”

People were protected from abuse and the service followed adequate and effective safeguarding procedures.

There were thorough pre-employment checks completed for new staff to ensure people’s safety was promoted. Staff were supported to undertake training and had regular supervision for development and support.

There were good, regular quality-monitoring systems carried out at the service.

Whilst care plans contained some information on the individual’s needs and how these should be met, gaps in recordings meant full and accurate detail was not recorded or available to staff.

During our inspection, we found one breach of the Health and Social Care Act 2008 (regulated Activities) 2014, Regulation 9 Person Centred Care.

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.

Safe procedures for the administration of medicines were followed.

There were effective staff recruitment and selection procedures in place.

Staff were aware of whistleblowing and safeguarding procedures.

The drug fridge temperatures should be recorded daily, however the records were not fully completed

Good



Is the service effective?

The service was not always effective.

Some care plans had not been fully completed which meant up to date and accurate information was not available.

People were provided with access to relevant health professionals to support their health needs. People were supported to receive adequate nutrition and hydration.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Requires improvement



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People told us that the service was caring

Good



Is the service responsive?

The service was responsive.

Staff understood people's preferences and support needs.

A range of activities were provided for people.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

Staff told us the registered manager and other managers in the organisation were approachable and communication was good within the home. Staff reported improved training and support.

There were quality assurance and audit processes in place.

The service had a full range of policies and procedures available to staff.

Cambian - The Fields

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 took place on 15th June 2015 and was unannounced. The inspection team included two Adult Social Care Inspectors, one Inspection Manager and a Specialist Advisor. A Specialist Advisor is a professional with experience of working with people who use this type of care service. The Specialist Advisor was a registered Nurse with experience of working with adults with learning disabilities.

Prior to the inspection we also reviewed the information we held about the service and the registered provider. This included notification of any incidents which may impact on service delivery and any injuries or alleged abuse sustained by people living at The Fields. We also spoke with the local authority who shared some concerns with us about the

administration of medicines, particularly regarding PEG care. A PEG is a medical procedure in which a tube is passed into a person's stomach, most commonly done to provide an alternative means for feeding.

We spent time observing the daily life in the service including the care and support being delivered by all staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with six people living at The Fields, two relatives, eleven members of staff, including the registered manager, deputy manager, administrator and nurse. In addition we spoke with a further seven members of staff to ask them about their experiences of working at the Fields and what support and training they received.

We reviewed a wide range of records, including five people's care plans, two people's care plans relating to their health needs, medicine charts of all people on the nursing unit, six staff files and a number of records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People we spoke to said that they felt happy and safe at the Fields. One person told us they “like to live here,” another said that they were “happy here.”

We looked at how medicines were managed and administered to people living at the service. We saw the clinic room on the nursing unit was clean. The cupboards in the room were clearly labelled with their contents and they were not overstocked. This made items easy to find. The key to the clinic room was held by the nurse in charge. The nurse in charge also held the keys to the drug trolley, drug fridge and drug cupboards, including the key for the controlled drugs cabinet. Some prescribed medicines are controlled under the Misuse of Drugs legislation and these are often referred to as controlled drugs (CD). We looked at the CD register and found it was fully completed and stock balances were accurate.

We saw the drug fridge contained appropriate items and was not overstocked. The drug fridge temperatures should be recorded daily to ensure medicines are safely stored. However, we found the records were not fully completed. There were six missing records in February, four in March, ten in April and one in May. The record for June was fully completed up to and including the date of the inspection. The temperatures that were recorded showed the temperature was within the acceptable range.

We saw the temperature readings for the clinic room were also within the acceptable range. This meant the specialist feeds and food supplements were safely stored in the clinic room. These were clearly labelled for individual residents and all stock was in date.

We looked at records about medicines. The home had its medicine charts in a separate file; at the front of each chart was a current photograph of the person to support safe administration. We saw medicines not contained in the blister pack were clearly labelled. Where PRN (as and when needed) medicines were prescribed there were protocols attached to the MAR (medication administration record) chart indicating when it should be used, dose and frequency required. This meant the service ensured medicines were managed so that people received them safely.

We observed staff administering some of the medicines. Medicines were given to each person in an individual

medicine pot and they were offered a drink. The process was not rushed. Explanation was given to each person as to what they were taking and what it was for. People were given plenty of time to safely take their medicines.

We spoke with the registered manager and staff who described staffing levels in the home. We were told there were usually one nurse, three senior carers and twenty care assistants per shift. In addition the service employed three domestic assistants, two maintenance workers, one laundry assistant, five kitchen staff, one full time and one part time activity coordinators, two drivers, one clinical nurse lead and two administrative staff, as well as the registered manager and deputy manager. There were three administrative staff employed at the time of our inspection and the service was carrying two nurse vacancies.

Most staff told us they felt staffing levels were sufficient and that additional support would be provided if requested. One person living at The Fields told us they “would like things done straight away, especially going to the toilet, but this doesn’t always happen.” We shared this information with the registered manager who agreed to speak to the person about this concern. Another person told us “sometimes short staffed and can be difficult sometimes to go out.”

Staff we spoke with confirmed they had been provided with safeguarding training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistleblowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the most senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe.

We saw that a policy on safeguarding people was available so that staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew that

Is the service safe?

these policies were available to them. Information gathered from the local authority and from notifications received showed that safeguarding protocols were followed to keep people safe.

We looked at six staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This showed that recruitment procedures in the home helped to keep people safe.

We looked at five people's care plans and saw that each plan contained risk assessments that identified the risk and the actions required of staff to minimise these risks.

The service had a clear policy and procedure on safeguarding people's finances. The administrator explained that each person had an individual amount of money kept at the home that they could access. We checked the financial records for three people and found the records clear and up to date.

Is the service effective?

Our findings

We looked at five people's care records. We found one person's record did not provide clear and full details relating to health management. The plan did not stipulate the requirement to rotate the person's catheter for safety and good management. The nurse spoken with was able to clearly explain the procedure to us and agreed that this should be clearly stated in the care plan. One other record checked showed that this information was clearly recorded.

Two PEG care monitoring charts had missing records since April 2015. The daily records for activities of daily living, eating and drinking had numerous missing entries from December 2014 onwards. This meant it wasn't clear whether the person had received support in line with their care plan.

On one file we saw the person had a record of being weighed monthly, however the actual date was not recorded, only the month. This meant that the timescales between the person being weighed was unclear.

The missing records and gaps in recording of dates is of concern as these are essential to identify fluctuations in a person's health and well-being, in turn this enables staff to take action to avoid any deterioration.

These examples demonstrate a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Person-centred care.

We looked at six staff files. They showed all staff had an initial induction at the beginning of their employment. The service used an online E-learning programme which included twelve mandatory training modules. All staff were expected to undertake each module. This was monitored carefully and appropriate action was taken if staff were falling behind with their training.

Following two recent visits (May 2015) from the Local Authority and Clinical Commissioning Group the service was working to develop a clinical training matrix for nursing staff as well as E-learning. We saw evidence that staff attended practical classroom training sessions. This meant that the home were taking steps to ensure staff received appropriate support and training to enable them to carry out their duties.

Staff told us that they now have regular supervision and appraisals. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. There was evidence of supervision taking place in the last two months on the six staff files we saw. Five of the six showed regular supervision had taken place prior to this. This meant the staff were adequately supported to carry out their roles and responsibilities.

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 interest. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. DoLS are part of this legislation and ensures that where a person without capacity may be deprived of their liberty that the least restrictive option to keep them as safe as possible is taken.

Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed that they had been provided with training in MCA and DoLS, and could describe what these meant in practice. This meant that staff had relevant knowledge of procedures to follow in line with legislation. The registered manager informed us that where needed DoLS had been referred to the Local Authority and they were in the process of submitting further applications in line with guidance. We saw evidence of applications which had been made and authorisation which were in place during our inspection.

We saw viewed the care record of two people in relation to their health needs. Both demonstrated that other professionals were involved in their care in response to fluctuations in physical care needs. This included reference to GP, chiropodist and optician. Both people's notes also contained a record of visits and reviews on a monthly basis by a specialist nurse.

One person told us, "The food is okay and I help myself to a drink when I want one." Another person told us they "like the food, always a choice."

During our observations we saw breakfast time was flexible and individual to people's preferences.

Is the service effective?

People were provided with drinks and snacks of their choice and staff clearly knew people's preferences. The menus we saw were nutritionally balanced, and alternatives were always available.

During our observations at lunchtime we saw a person was given a drink mixed with a food supplement, however this food supplement was clearly labelled as being prescribed to a different person. We brought this to the attention of the registered manager on the day. She assured us staff were fully aware not to do this, even when more than one person is prescribed the same supplement and staff would be reminded about this. We also saw a person having to wait twenty minutes before they could be supported to eat

their meal. The meal was then cold. We brought this to the attention of the registered manager who agreed that this was not acceptable practice. We were assured that steps would be taken ensure people do not receive food which is not at an appropriate temperature.

We spoke with two members of kitchen staff who told us there were no restrictions on what food they could order and prepare for people living at The Fields. The kitchen staff sourced food locally where possible and fresh fruit was taken to each of the units every day. They were aware of people's specific dietary requirements. This included people with allergies, diabetes and those requiring soft meals.

Is the service caring?

Our findings

During our observations we saw that staff were caring in their interactions with people, they knew people well and adapted their approach accordingly. All staff on duty communicated with people effectively and used different ways of enhancing that communication by touch, ensuring they were at eye level with people who were seated, and altering the tone of their voice appropriately.

We heard and observed staff seeking consent to interventions where people required support with personal care. Staff were observed to knock on doors and wait before entering. Staff were discrete when people needed assistance.

We saw staff reassuring a person who was anxious and distressed. They managed the situation calmly and sensitively and the person responded positively to this.

Staff were heard to warmly welcome visitors to the home and have a positive rapport with them.

People were supported to maintain their independence as much as possible. One member of staff told us they “involve people in their own care, ensure likes and dislikes and personal preferences are recorded.”

We saw the home was clean, bedrooms were very personalised to individual taste which people were involved in choosing. Bathrooms were shared and although we did see one without paper towels for hand drying, we told the registered manager this so she could take immediate action.

We did not see or hear staff discussing any personal information openly or compromising privacy, and overall staff treated people with respect. We did witness a member of staff talking about ‘doing’ care to [name of person] rather than supporting the person to care for themselves as far possible. We told the registered manager about this. She accepted the point we were making and would remind staff about appropriate use of language and respecting people’s dignity.

We observed information on display around the home in picture and written format including information on advocacy services and activities available to people. We saw a ‘service user guide’ was readily available and in picture format making it clearer to understand.

The registered manager told us they used an advocacy service to make sure all people living at The Fields were consulted about what was happening in their home, this included meal options. We saw the minutes from one of these meetings and a further meeting was taking place on the day of our inspection. An advocate is a person who would support and speak up for a person who doesn’t have any family members or friends that can act on their behalf.

The Fields had two dignity and respect champions and two bullying and harassment champions. Their names and photographs were clearly displayed so people knew who to talk to if they wanted to raise any issues.

Is the service responsive?

Our findings

People living at The Fields told us they had unit meetings on their unit every two weeks. We saw the notes from one of these meetings where activities, including a forthcoming holiday were discussed. This demonstrated that people had an opportunity to talk about any changes they would like to make to their home or any activities they would like support to participate in.

A staff handover meeting happened every day. Staff told us that this was a useful and supportive meeting. A daily meeting between staff finishing a shift and those starting the next shift means that information is shared to ensure continuity of care.

We saw evidence of lots of activities taking place. Some people attended a day centre on site that was also managed by the registered provider. We found there was a day trip happening on the day of the inspection and there was a holiday planned for early July. There were regular trips out organised, for example to Meadowhall, (a large shopping and entertainment complex in Sheffield) and further afield to the seaside at Cleethorpes. People told us they also liked the activities available within the home such as exercise sessions, bingo and spending time in the sensory garden. The service had recently secured another driver which meant there was one available every day. This meant each unit could offer one trip out a week in addition to planned activities.

We asked the registered manager how they encouraged feedback about the service who told us they asked people and staff for complaints and compliments and these were used to identify areas requiring improvement. There was a 'comments, concerns, suggestions book' in the reception area for anyone to complete. Staff and residents told us they could always raise any worries or concerns with the managers and action would be taken. However, there was a lack of information regarding the details of any complaints and any action taken as a result. This is good practice and would enable The Fields to evidence better that they routinely listened and learned from people's experiences, concerns and complaints. The registered manager agreed she would start to record this information.

We saw five care plans which and they all contained a lot of information about the person's needs, likes and dislikes. This meant information was available for staff to provide personalised care and support. These care plans were written in the first person, yet the information was written in a very professional manner and was a similar style in all the care plans we saw. The care plans weren't signed. This showed that the person the care plan related to may not have been as fully involved as possible in creating their own care plan.

Is the service well-led?

Our findings

There was a registered manager in place at the home who had been in post for approximately eighteen months. Staff, relatives and professionals spoke positively about the registered manager. One person who lived at the home told us, “[Name] is good, approachable.” During our inspection we observed the registered manager and deputy manager spend time around the home and interact positively with the people who lived there.

Staff were equally as positive about the registered manager and one staff member told us they were, “well supported by managers. They are good and deal with issues immediately.” Another told us they had worked at the service for over eighteen years and “it’s better than it’s ever been for people.” Someone else told us that they loved their job and they “felt proud to work here.”

We found that a staff survey was undertaken every year to obtain and act on staff’s views. We saw the results of the last two surveys undertaken. However, we did not see any plans as to what action was taken in response to them. We spoke with the manager about this and she agreed this was something that would be recorded in future.

The home had policies and procedures in place which covered all aspects of the service, including privacy and dignity. The policies and procedures were up to date. This meant any changes in current practices were reflected in the home’s policies. Staff told us policies and procedures were available for them to read.

The service also undertook regular audits, this is where regular checks are made to ensure good practice is maintained and action is taken if standards are slipping. We saw that a daily health and safety check was undertaken, as well as a monthly one. Medication and infection audits were also seen and they happened regularly and were up to date. Care plan audits needed to be more thorough.

The registered manager was aware of her obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this. The service had provided a higher number than expected of notifications regarding injuries to people. However, some of these incidents were minor and in all cases it was recorded that appropriate action had been taken.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Gaps in care plans meant full and accurate detail was not recorded or available to staff.