

## Pennine Care NHS Foundation Trust

# Cambeck Close

### Inspection report

Cambeck Close  
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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

### About the service

Cambeck Close provides an overnight accommodation short break service for children and adults who live in Bury, who have a learning disability and complex healthcare needs and may have behaviour that challenges the service. The service provides personal and nursing care support for up to 3 children and 3 adults each night. Children and adults are accommodated separately in two three bedded adapted bungalows. At the time of our visit, 15 children and 17 adults were accessing the short breaks scheme and were allocated overnight stays throughout the year.

### People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** Cambeck Close is located in a residential area, within easy reach of local amenities. There were enough staff to meet people's care and support needs and support people to take part in inhouse activities of their choice. However, it was not always possible to support people to go out during their respite stay due to problems in recruiting additional staff. Staff were safely recruited and completed the training required to carry out their roles.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

**Right Care:** People received their medicines as prescribed. We have made a recommendation to ensure all current medicines advice is available for staff and the medicines policy reflects practices at the service. The home was clean throughout, however the décor was tired in places. Repairs had been reported but took the provider's estates department a long time to prioritise. A decorator was booked, and the WiFi was improved during our inspection. Staff used PPE appropriately.

People's needs were assessed before they had their first respite stay. Staff contacted people's families to ask if there had been any changes in people's needs since their last respite stay and care plans were updated accordingly. Reviews of people's needs were held, although some were behind schedule at the time of our inspection.

Care records identified people's preferences, support needs and potential risks. Guidance was provided to support staff to manage these risks. People received kind and compassionate care. Staff respected people's privacy and dignity. They understood and responded to people's individual needs.

Right Culture: People were comfortable with the staff team supporting them. People's cultural needs were being met. Staff provided feedback to people's families after each respite stay. Professionals said the service was responsive to requests for support and there was good communication with Cambeck Close. Staff enjoyed working at the service and felt listened to by the management team. A quality assurance system was in place. Actions were completed where any issues had been identified.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 30 November 2016).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Recommendations

We have made a recommendation for managing medicines in line with best practice guidelines.

#### Follow Up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Cambeck Close

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 2 inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Cambeck Close is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Cambeck Close is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a respite service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service. Some people using the service had limited verbal communication. We observed interactions between people and the support staff throughout our inspection. 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.

We spoke with 11 relatives and 9 members of staff including the registered manager, deputy manager, service manager, the provider's quality lead, support workers and team leaders. We also spoke with 4 local authority professionals who worked with the service.

We reviewed a range of records, including 6 people's care plans and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance, complaints and safeguarding were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People were supported to receive their medicines safely. Relatives said they were confident in the way medicines were administered and handled. One said, "They're better with her medication than we are! They're very correct. Sometimes we might forget something. They're always following up. They're on the ball enough to be on top of everything."
- Nurses transcribed people's medicines instructions onto medicines administration records (MARs) at the start of each respite stay. One medicine was being administered differently to the prescriber instructions on the tablet box. Permission to do this from a pharmacist or GP was not in the medicines file as good practice guidelines state. This permission was seen following the inspection and a copy placed in the person's current file.
- The service did not always follow their medicines policy for having 2 members of staff signing when controlled drugs were administered. On some occasions only the nurse was available to sign the controlled drug book. This did not have an impact on people receiving their medicines as prescribed. The registered manager had contacted the provider's pharmacist to review the medicines policy before our second visit.

We recommend the service follows best practice guidelines for having prescriber agreement on file for any changes in how medicines are administered from the instructions and the service's policy reflects the practice within the service.

- Nurses and the team leader were trained in the administration of medicines, and their competency to do so was checked annually. Other staff had been trained to administer emergency epilepsy rescue medicines so they could support people safely in the event they had a seizure.

### Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Staff contacted families before each respite stay to discuss any changes in people's needs. The risk assessments were updated, if required, after this call. One relative said, "There's never any problem with communication (with the service). They call all the time and check if there's been any changes" and another told us, "They always phone before a visit, 2 or 3 days before her stay, so they're prepared."
- Personal emergency evacuation plans (PEEPs) were generic and did not identify the support people needed to evacuate the building in the event of an emergency. Staff were able to describe the actions they would take if an evacuation was needed. The PEEPs for the people staying at Cambeck Close at our second visit had been updated.
- Where people may become anxious, positive behaviour support (PBS) plans were shared by the person's school or placement to maintain consistency. These identified strategies to de-escalate a situation and to

support people safely. Staff completed training in de-escalation.

- Regular health and safety checks were completed, and all equipment serviced in line with legal guidelines.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm. Relatives said people were safe when on a respite stay at Cambeck Close. A relative said, "We can feel safe when he's here" and another told us, "I know my children are safe. Every single time they've been there, touch wood, there's been no problems."
- Staff knew how to report any safeguarding concerns. All staff completed training in safeguarding vulnerable adults. They were confident any concerns would be acted upon by the registered manager.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. The service had reduced the number of respite nights offered to people due to issues recruiting new staff. This meant the nights that were offered had enough staff on duty to meet people's assessed needs.
- A relative said, "More days of respite for ourselves would be good, but that's staffing issues which has nothing to do with the quality of care they provide" and another told us, "It's regular staff, that's the lovely thing about it, they know her so well."
- Staff were safely recruited, with all pre-employment checks completed before a new member of staff starting work.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong. A system was in place to review all incidents and identify any changes that could be made to reduce the likelihood of a reoccurrence.
- All incidents were recorded and reviewed by the registered manager. These were entered onto the provider's incident reporting system and checked by the quality lead. Reports could be requested for example for each person supported, staff on duty, time of day of incidents so any emerging patterns could be identified.
- The registered manager summarised all incidents as part of a monthly service report which was discussed at the monthly operational meeting.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean throughout, although handover records were not always fully completed to show the cleaning tasks had been completed. Staff wore appropriate PPE.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in Care Homes

- Due to the nature of the respite service, there were not many visitors to the service. Families were able to drop people off and pick them up. They could spend time with people at the service if they wanted to.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

- People's individual needs were not always met by the adaption, design and decoration of the premises. In some bedrooms, the beds had to be against radiators. This had been reported by the service. The building looked tired in places, and repairs were not always completed in a timely way. A further request for re-decoration was made following our first inspection visit and a decorator had been booked.
- The registered manager and quality lead reported and escalated repairs that were needed. The building was part of the Pennine Care NHS Foundation Trust hospital's estate department and repairs had to be processed through them which took time to complete. Jobs at Cambeck Close were not always prioritised by the estates department.
- For example, the internet connection for the bungalows was poor. This impacted some people who used the service whose communication aid needed an internet connection to operate and others who used streaming services as part of their anxiety reduction strategies. On our second visit to Cambeck Close, a new modem had been installed to resolve this issue.

Staff support: induction, training, skills and experience

- Staff received the training and support to carry out their role. Training compliance was high. The registered manager monitored when training was due to be refreshed. A member of staff said, "We get offered a lot of training and can ask for more and they will provide it."
- Training was completed to meet people's individual needs, for example epilepsy rescue medication and positive behavioural support (PBS).
- Regular staff supervisions and team meetings were held. Staff said they were able to voice any ideas or concerns they had and felt they were listened to. One support worker said, "I feel very supported, I have regular supervisions and this is different than how it used to be."
- The staff had completed their first group clinical supervision with a nurse from the community learning disability team. This was to enable staff to discuss people, incidents, reflect on their practice and ask for specialist advice as needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain their fluid and nutrition intake. People's nutritional needs were identified in their support plans.
- Where people were at risk of choking, the advice and guidance provided by the speech and language team (SALT) was obtained from people's families. The most up to date SALT advice for 1 person was not in their paper files, although staff were aware of the person's nutritional needs. This was put in place during the inspection.

- Meals were planned depending on who was staying at the time. The food people liked was recorded and they were offered a choice of meals.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes. Information about people's support needs was gathered from professionals working with the person, families and schools or day centres the person attended.
- Before each respite stay, staff contacted people's families to ask if there had been any changes in people's support needs or medicines. Care plans were updated where required.
- New people accessing Cambeck Close initially visited with their families, before visiting for tea and building up to an overnight stay. A professional who had worked with Cambeck Close said, "The transition (for 1 person) took some time. Staff were extremely patient and person-centred working at their pace together with their relative."

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- The service worked with a range of professionals, including social workers, the learning disability team, college and day centre staff to ensure people's support needs were known and current before a respite stay. A professional working with the service said, "I have always found them approachable and receptive."

Supporting people to live healthier lives, access healthcare services and support

- Due to the nature of the respite service, staff did not support people with routine medical appointments.
- People's medical needs were known. A pain plan had been introduced to identify how a person would communicate they were in pain or unwell. A RESTORE2 assessment was completed when people arrived for a respite stay. RESTORE2 is a physical deterioration and escalation tool used to recognise when a person's health may be deteriorating.
- Body maps were used at the start and end of each stay to check and record any skin integrity issues, for example, bruises.
- A 'hospital passport' document was used to provide a brief overview of people's support needs in the event they were admitted to hospital.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. Where needed, a new DoLS authorisation was submitted to the local authority each time a person had a respite stay.
- Best interest decisions were recorded in people's care plans and involved people's family. Relevant professionals were also involved when possible, however many people did not have an allocated social worker to consult for the best interest decision.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well supported. Staff knew people and their needs. We observed and heard positive interactions between people and support staff. People were relaxed with the members of staff. A relative said, "They are very, very kind and caring. I go away not worrying about anything."
- We observed staff engaging with 1 teenager in a way more suitable for a younger child. We discussed this with the registered manager who explained this person liked staff to be loud and upbeat. They said they would discuss with the staff team around age-appropriate language as this person moved towards being an adult.
- People's cultural and religious needs and wishes were recorded. People were supported with any cultural dietary needs they had. Where appropriate, religious services or prayers could be streamed to the television so people could participate in observing their faith. A relative said, "They stick to our culture, it's a Halal diet and the staff are all aware of that."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and make decisions about their care. People were supported to make choices about their respite stays. A relative said, "They (members of staff) listen to her, and they speak to her so kindly."
- People's families were also involved in decisions about the support people needed during their respite visit. Feedback was given following each visit about how people had been during the respite stay and what they had been doing. A relative said, "They talk to us about how he's slept and what he's eaten, what time he woke up. It's a brief synopsis of his stay."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Support workers explained how they maintained people's privacy and dignity whilst supporting them. When people wanted some time on their own, this was respected.
- Care records included what people were able to do for themselves and where they needed some support. Support workers encouraged people to be involved in their own care. A relative said, "They have a great attention to detail, and they always make sure everything is in place for everything [Name] needs."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Good. This meant people's needs were met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported as individuals, in line with their needs and preferences. Person centred plans identified people's support needs and provided guidance for staff on how to meet these needs. A relative said, "[Name] is absolutely at the centre of the care when he stays here" and a professional told us, "They tailor their support to each child."
- Before each respite stay a member of staff contacted the person's family to discuss any changes in their needs since their last stay. Staff read people's care plans as part of setting up the service for each person's respite stay, to remind themselves of people's needs and preferences. A relative said, "They're happy to work with families. They value your opinion on things."
- The service also used guidance from other professionals, for example the speech and language team (SALT), diabetes nurse or epilepsy nurse. People's families or school provided this information as it was updated.
- Formal reviews with people's families, had not always been held within the planned 12 months. At the time of our inspection, dates for these reviews were in the process of being arranged. A relative said, "I've reviewed [Name's] needs with the nurse and another member of staff. Normally what they do is we go through it twice a year."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard. People's communication needs were understood. People's communication plans from school or day centre were shared with Cambeck Close to ensure consistency. Care records contained information about how people communicated, and the support they needed to do so.
- We observed good use of communication aids during the inspection, including an electronic tablet and picture communication cards. However we also observed 1 person not being given sufficient time to process information from staff before being asked another question. We discussed this with the registered manager, who said they would follow this up with the staff team.
- The registered manager was developing accessible information about Cambeck Close, including the use of photographs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests and take part in activities that were relevant to them. Staff arranged a range of activities within the bungalows depending on each person's preferences. This included arts and crafts, sensory items, baking and playing in the large garden. A relative said, "[Name] will often come back home with some things they've made" and another told us, "They will think about things ahead and clearly have planned for person coming in. I know [Name] will be occupied and not just sat in front of the TV."
- The current staffing levels meant people could not go out much during their respite stay, although people were supported to continue to attend school or a day centre during their respite stay if applicable.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- Families felt able to raise any concerns they had directly with the staff or nurses. There had not been any formal complaints for Cambeck Close in the last 12 months. A relative said, "I can discuss things with Cambeck and look for a way forward."

End of life care and support

- The service provided short respite stays and did not support people who were approaching the end of their lives.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

- A quality assurance system was in place, including regular audits for medicines, health and safety, care plans and reviews of any incidents. Issues were identified and actions completed. However, some care plans had not been reviewed within a year. The registered manager and service manager were aware of this, and reviews were in the process of being planned for those that were overdue.
- A monthly report for the service was written for the provider's operational and quality meeting. This included any incidents or accidents, audit outcomes, staff training and supervisions completed. This enabled learning to be shared across teams in the provider's learning disability hub.
- The service was in the process of reviewing the paperwork completed by staff to ensure it was relevant and there was no duplication.
- The provider's quality lead had oversight of the audits and used a tracker to ensure they had been completed as scheduled.
- An action plan was written in response to our findings on the first day of the inspection. We saw these actions were underway or completed by the second visit, with input from the provider's central teams where relevant, for example estates and pharmacy departments.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive and open culture at the service. People and staff were involved in the running of the service. The provider had systems to provide person-centred care that achieved good outcomes for people.
- People we observed were comfortable with the staff team supporting them. Feedback from families was positive, with the only drawback being the reduction in the number of respite stays available for people due to the issues in recruiting suitable staff.
- Staff were positive about working at the service. Recent changes in the management of the service had been well received, with staff feeling listened to and changes made when they made suggestions.
- Staff felt well supported by the management team and said the registered and deputy managers were approachable. A support worker said, "[Registered manager] will listen and think about what we say. They will come back to us and explain things to us."
- Professionals working with the service were positive about the service offered by Cambeck Close. One said, "They tailor their support to each child and ensure efficient communication with social care through regular emails after every visit or a phone call if something is urgent."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery. The new registered manager was being supported by the provider's service manager and quality lead as they developed into their role.
- Due to the recruitment issues previously noted, including for learning disability nurses, either the registered or deputy manager had to be on shift whenever people were staying at Cambeck Close. This meant the management team had not had the opportunity to have much time to focus on their management roles. This was recognised by the service and recruitment was ongoing.

Working in partnership with others

- The staff team worked in partnership with families and a range of professionals, including schools and local authority social workers. A professional said, "They have always been really responsive to requests for support."
- The deputy and registered managers attended school, medical and local authority meetings concerning people using the respite service where relevant.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibilities under the duty of candour. They had policies in place to ensure they were open and transparent when things went wrong.