

# Cambian Learning Disabilities Limited

## Fairways

### Inspection report

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#### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Good



#### Overall summary

This inspection took place on the 29 July 2015 and was unannounced.

Fairways Residential Home is registered to provide personalised care and accommodation for up to eight people with a learning disability.

There was a manager who had recently been appointed in April 2015. The manager told us they had recently submitted their application to register with the Care Quality Commission (CQC). 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 were supported to access a range of community activities. However, further work was needed to provide

# Summary of findings

people with adequate social stimulation whilst within the service and explore other opportunities for improved social inclusion and activities which promoted their independence.

People's needs were assessed and support plans gave guidance to staff on how people were to be supported. However, we were not assured that sufficient steps had been taken to adequately assess people's nutritional and hydration needs. Support plans contained very little information about how staff should meet people's needs in relation to their nutritional and hydration needs including providing them with sufficient amounts of food and drink. Staff had not received training in how to assess and monitor people at risk of malnutrition.

The manager and staff demonstrated a good knowledge of their roles and responsibilities with regards to the Mental Capacity Act 2005 and the steps to take to enable people's best interest to be assessed if they lacked capacity to consent to their care and treatment.

Staff demonstrated a good knowledge of the needs of people and had been trained in a range of relevant subjects to support them to provide safe, effective and responsive care to people.

There were sufficient numbers of staff to meet people's needs. Staffing levels were flexible to provide for people's changing needs and provide support for them with their social and leisure interests where one to one support was required.

The provider had systems in place to assess the quality and safety of the service. Where shortfalls were identified, the provider had produced action plans with timescales. This showed that the provider responded to protect people and ensure their health, welfare and safety needs were met.

We found breaches of regulations which related to the insufficient safe systems when recruiting staff and meeting people's nutritional and hydration needs. You can see what action we have told the provider to take at the back of this report.

# 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 not consistently safe because the provider did not operate a safe and effective system when recruiting new staff in accordance with their policy.

Accidents and incidents were recorded, analysed and management action plans put in place to keep people safe.

There were systems in place to manage people's medicines and people were supported to take their medicines as prescribed.

**Requires Improvement**



### Is the service effective?

The service was not consistently effective because the nutritional and hydration needs of people had not been adequately assessed. Staff had not received training in how to recognise and assess people at risk of malnutrition.

Staff received specific training based on people's individual needs and understood their complex mental and physical health conditions, including learning disability and the management of distressed behaviours.

People had access to a range of healthcare professionals and received annual health checks.

**Requires Improvement**



### Is the service caring?

The service was caring as people were treated with respect, kindness and supported provided in a dignified manner.

People had their right to privacy respected. Staff treated people with dignity.

**Good**



### Is the service responsive?

The service was not consistently responsive as we were not assured that people's relatives had regularly been involved in review of their relatives care.

Staffing levels supported people to access a range of activities on a one to one basis within the community. However, there were limited activities taking place within the service and opportunities for people to be supported with activities which would enable them to gain improved independence skills.

People had access to advocacy support services.

**Requires Improvement**



### Is the service well-led?

The service was well-led because there was an open and transparent culture where there was a desire to work towards continuous improvement of the service.

**Good**



# Summary of findings

There were a range of quality and safety monitoring systems in place. The provider had taken steps to analyse accidents and incidents and had put action plans in place to mitigate risks to people's safety.

# Fairways

## 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 the 29 July 2015 and was unannounced.

This inspection team consisted of one inspector and one expert by experience who has had previous experience of supporting people with a learning disability. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we reviewed the information we held about the service. We looked at statutory notifications the manager had sent us and information received from relatives and other agencies involved in people's care. A statutory notification is information about important events which the service is required to send us by law.

People living at the service were unable to verbally communicate with us to tell us their experiences of how they were cared for and supported because of their complex needs. We observed care and support being delivered throughout the day in communal areas and we observed how people were supported to eat and drink at lunch time.

During our inspection we spoke with two relatives on the telephone, a visiting professional, the manager, the regional area manager, one senior support worker and two support staff.

We reviewed three people's care plans and checked records as to how they were cared for and supported. We reviewed three staff files to check staff had been recruited, trained and supported to deliver care and support appropriate to people's needs. We reviewed management records of the checks the manager and provider had carried out to ensure themselves that people received a quality and safe service. This included a review of records in relation to the management of people's medicines.

# Is the service safe?

## Our findings

The provider did not operate a safe and effective recruitment system when assessing whether an applicant is of good character whilst having regard for the requirements of the law. A review of staff recruitment files showed us that gaps in employment had not been identified. One person's file indicated that the information they provided on their application form with references to start and end dates in previous employment did not match with the dates provided by their previous employer reference. When we discussed this with the manager they were unaware of this discrepancy which meant the provider had not taken action to identify gaps with the employee as is required by law.

Disclosure and barring (DBS) checks had been carried out for all staff and were reviewed prior to their starting work at the service. However, we found that where one person at interview had declared that they did not have any previous convictions, the DBS disclosure had disclosed a previous conviction for assault. We discussed this with the manager and regional area manager. The regional area manager told us that where previous convictions had been identified manager's were required to complete a 'management decision making risk assessment'. They also confirmed that the required risk assessment had not been carried out in accordance with the provider's recruitment policy. A previous employer reference had also not been obtained and no written explanation which would identify the reasons for the extensive gap in this person's employment. This meant that people who used the service could not be assured that action had been taken to check that newly appointed staff had been assessed as safe to support them with their care and treatment.

### **This demonstrated a breach of Regulation 19(1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.**

Relatives told us that they had no concerns about the safety and welfare of their relatives who lived at the service. They told us they could speak with the manager or staff if they were concerned about anything and they were confident their concerns would be taken seriously and acted on. For example, one relative told us, "I think [my relative] is safe and I think I would know if they were not happy there. They have lived at the home for some years now and we have not been concerned."

Medicines were stored securely in metal cabinets secured to the wall. There was a system in place for the receipt and disposal of medicines. Staff had been provided with training before they handled medicines and maintained appropriate records to show when medicines had been given to people, which provided an audit trail. A check of stock against administration records indicated that people had received their medicines as prescribed. However, we observed one member of staff administering medicines using their hands to transfer tablets from a monitored dosage system into medicine pots. This presented a risk to people and staff of cross infection. We discussed this with the manager who told us they would take action to ensure that all staff understood the need to administer medicines in line with their policy on the safe handling of medicines.

Risks to people had been assessed and risk assessments developed. Risk assessments included areas such as de-escalating distressed behaviour to situations or others safely and appropriately. There were also risk assessments with regards to supporting people with community based activities such as swimming, road safety and horse riding. The provider had also carried out comprehensive risk assessments in relation to the environment. These provided guidance for staff as action they needed to take in order to reduce or eliminate the risk of harm.

The provider had developed safeguarding policies and procedures which provided staff with guidance in response to allegations of suspected abuse and steps for staff to take to protect people from the risk of harm. Support staff told us they had received training and demonstrated their understanding of the provider's whistleblowing policy and what action they would be required to take and how to make referrals directly to the local safeguarding authority if they ever had concerns about people's safety. There were records which evidenced that action had been taken by the manager to refer people to the local safeguarding authority in line with local protocols. This demonstrated that they understood that safeguarding concerns should be raised in a timely manner and demonstrated their knowledge of the process to follow when they had identified risks to people's welfare and safety.

Risk assessments provided information for staff on how to safely support people. For example, with the administration of their medicines, when supporting people with their personal care and when going out into the

## Is the service safe?

community. There was also detailed guidance for staff in how to respond safely and appropriately to incidents where people may present with distressed reactions to situations and others.

Accidents and incidents were recorded, analysed and management action plans put in place to keep people safe. This involved the manager submitting a monthly log of all incidents and accidents to the provider. This assured us that there were systems in place to monitor trends so that action was planned to reduce the likelihood of any reoccurrence.

People and their relatives told us there was sufficient staff available to meet people's needs. Staffing levels had been calculated according to people's dependency levels. Staff and the provider told us they avoided the use of agency staff to ensure consistency of care through a number of staff who worked on an as and when needed basis to cover vacant shifts. We observed there to be sufficient staff available to meet people's needs on the day of our visit.

# Is the service effective?

## Our findings

We observed there to be a lack of drinks available to people throughout the day and people were reliant on staff to offer drinks and snacks. Drinks and snacks were provided at set times during the day for everyone but there was little evidence that these were provided according to people's individual assessed needs, wishes and preferences. On several occasions we saw one person ask for an apple but this was not provided.

Support plans we reviewed contained a limited amount of information which would provide staff with guidance in supporting people's nutritional and hydration support needs. We observed the lunch time meal. Staff told us that the lunch time meal had been chosen on the basis of what people liked. There was no alternative choice available and no choice of drinks offered to people during the meal and drinks were simply put before people.

One person who was observed to be physically active throughout the day and slender in build appeared to remain hungry after their meal, scraping their plate persistently with their fork. No additional food was offered. We discussed this with the manager who told us that this person would continue to eat no matter how much food they were offered. We looked to see if this was guidance provided to staff within their support plan. We found there to be very little guidance for staff in how to support this person's nutritional and hydration needs other than to ensure they ate five portions of fruit and vegetables daily and their choice of alcoholic beverage with a description of the maximum amount they should be allowed to consume. Weight records showed us that this person had lost 5kg of weight within the last four month period. There were no malnutrition risk assessments in place which would identify any risk in relation to this weight loss and no referrals made for specialist advice. The manager told us that staff had not received training in understanding how to use malnutrition screening risk assessment tools. We were therefore not assured that steps had been taken to adequately assess people's nutritional and hydration needs.

**This demonstrated a breach of Regulation 14(1)(4)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.**

People received care from staff who had good knowledge of the people they cared for and had the skills to carry out their roles and responsibilities effectively. Relatives spoke positively about the service provided and the conduct of staff. One relative told us, "The staff appear to be trained and know how to care for people as they should."

The manager told us that new staff completed an induction training programme. This included a range of e-learning training and new staff were assessed to ensure they met required standards before they could safely work unsupervised. This was confirmed from discussion with staff and a review of training records. Staff had received specific training based on people's individual needs and understanding of their complex mental and physical health conditions, including learning disability and the management of distressed behaviours. Work was in progress to ensure that all newly appointed staff were supported in line with the requirements of the Care Certificate for social care staff.

Staff were in the main positive about the training they received and told us the training was, "extensive training around people's safety" and "We don't do any restraint here as we have learnt good skills in safe techniques to de-escalate any behaviour safely." Staff gave good examples of preventative strategies used to promote people's safety and wellbeing. However, staff also told us that the majority of the training they received was e-learning which they found was less effective than face to face training.

Staff told us they received regular opportunities for one to one supervision with the manager every four to eight weeks and records confirmed this. Staff described the benefits of being provided with this support and how these meetings enabled them to discuss their work performance and plan for their training and development needs.

Records and discussions with staff showed us that people had regular access to healthcare professionals, such as GP's, speech and language therapists, chiropodists and dentists. Annual health checks had been carried out and people diagnosed with diabetes had their health monitored by the service and supported by community nursing staff. Staff were aware of people's underlying health conditions such as diabetes and lactose intolerance. The



## Is the service effective?

manager told us they had good support from the local GP surgery and support from community nursing staff as well as chiropody and optician services which visited the service.

People had health action plans. These are recommended for all people with learning disabilities to redress health inequalities and aim to support people with access to healthcare professionals. This showed us that plans were in place for promoting good health for the people using the service. In addition a hospital passport had been developed for each person which contained detailed information about individuals care and communication needs to provide guidance for healthcare staff within a hospital setting. The regional area manager told us that when people were admitted to hospital staff from the service would support the person day and night for a period of up to three days. This helped to provide continuity of care and alleviate people's distress at being in an unfamiliar environment.

Polices were in place in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS provide legal safeguards for people who may not have the mental capacity to make decisions regarding their care and treatment. Staff and the manager demonstrated their understanding of their roles and responsibilities with regards to the MCA. People's capacity to make decisions about their everyday lives had been assessed. Where required by law the manager had applied for authorisation to the local safeguarding authority where people's freedom of movement had been restricted and where people had their medicines administered covertly. This assured us that action had been taken to determine appropriate assessment by those qualified to do so when considering people's best interests when planning their care treatment and support.

# Is the service caring?

## Our findings

Communication between staff and people was sensitive and respectful. We saw people being cared for and supported with consideration and staff calm and professional in their manner, which valued people as individuals. However, we noted that staff referred to people as 'patients'. Whilst this description may be appropriate within a hospital setting we questioned whether this was appropriate within a residential care home setting.

People's dignity was considered and protected by staff when entering rooms and when supporting with personal care. Care staff were observed to speak sensitively and discreetly to people about their personal care needs. Where people had difficulty communicating verbally to staff, staff recognised changes in body language and demeanour. Staff maintained appropriate interactions with people.

One member of staff described their role as 'dignity champion' for the service. They told us this involved working with staff from other learning disability services, sharing of ideas to promote people's dignity. For example, working with the team to increase staff awareness when supporting people with their personal care needs and upgrading bedrooms to create a more personalised personal space for people.

People were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. For example, one person did not like to wear shoes but had a preference for wearing slippers in a particular colour and this was respected by staff.

Professionals we spoke with told us that staff supported people to be involved in day to day decisions about their care and support regardless, of the limitations in people's ability to verbally communicate. One professional told us they had been working with staff to encourage them with ideas to provide more in the way of pictorial prompts and signage to increase people's ability to communicate their choice, wishes and preferences. The manager told us they recognised that more work was needed to achieve this aim.

The manager and staff followed the principles of privacy in relation to maintaining and storing records. There were arrangements in place to store people's care records, which included confidential information and medical histories. There were policies and procedures to protect people's confidentiality. Care records were stored securely and the room used to store records kept secure. Staff demonstrated a good understanding of privacy and confidentiality and had received guidance and training.

# Is the service responsive?

## Our findings

One relative told us, “I think they are responsive to [my relative’s] needs, I have not had any concerns.” Another told us, “I wish they would be a bit more proactive in updating me about what [my relative] has been doing and any changes in their health and wellbeing. I have to take the initiative to call the staff and find out but it is never the other way around.”

Each person had assigned a keyworker who was responsible for reviewing their needs and care records. Care and support plans reflected people’s current care and support needs and those we reviewed fully reflected what staff told us. For example, staff told us about people who could not fully express their needs verbally but who showed distinctive behaviours if they needed support with aspects of their personal care. This was documented in records and guidance for staff in responding was clear. Care and support plans were regularly reviewed. Group keyworker meetings took place on a monthly basis. However, we were not assured that people’s relatives had been involved in review of their relatives care and support plans and only involved in reviewing care when annual reviews had been organised by the local authority.

Staffing levels supported people to access a range of activities on a one to one basis within the community. For example, people had access to activities such as horse riding, bowling, swimming, cinema and pub lunches. However, we observed there to be very little in the way of activities taking place within the service and opportunities for people to be supported with activities which would enable them to gain improved independence skills.

We saw that people sat around or walked around the building or garden with very little to do and occupy them. The weekly activity schedule on the notice board stated that on the day of our inspection a music session was scheduled along with arts and crafts session. We saw musical instruments laid out on a table as well as some paper and pens but no actual organised sessions took place. The manager told us that people had access to and were encouraged to be involved in tending a vegetable garden within the grounds of the service. However, we found that the gate to this area was padlocked, was overgrown with weeds and there was very little in the way of vegetables growing. There was a sensory room located within an outbuilding within the garden. We observed one person access this room throughout the day of our inspection. People did not attend day services or social clubs organised locally for people with learning disabilities.

People had access to an advocate who visited the service for two hours on a weekly basis. They told us they had supported the service to plan more activities for people than had previously been available. They also told us that they had not been aware that anyone had ever progressed from the service to more independent living and considered that this was not part of the purpose of the service given the complex needs of people.

We asked the manager how they dealt with complaints. They told us the provider had a complaints policy and procedure which was followed. They also told us they had only received one complaint within the last year when one person using the service entered the property of a neighbouring household. We saw that this was documented. Both relatives we spoke with told us they had no concerns about the service and would speak with the manager if they had any complaints.

# Is the service well-led?

## Our findings

The service had a manager in place who had recently been employed since April 2015. The manager told us they had recently submitted their application to be registered with the Care Quality Commission (CQC) and were currently waiting to be invited for their fitness to be registered interview. The manager was open in recognising the key challenges for improving the service and was supported with weekly visits from their regional area manager.

All staff and relative's we spoke with told us the manager was approachable and proactive in looking to improve the service that people received. Staff told us they had confidence in the manager's ability to take the service forward and that the manager was proactive and supportive in responding to ideas and suggestions.

Staff received regular opportunities for supervision, annual appraisals and staff meetings. Staff meeting minutes showed that these were in the main task focussed with little in the way of team planning for improvement of the service. We discussed this with the manager and regional area manager. The regional area manager told us that there was an organisational agenda which would be used for future staff meetings which would be more focused on areas such as safeguarding and planning for continuous improvement of the service. Keyworker meetings were held monthly where the needs of people were discussed and care planning reviewed. These recorded targets to be achieved and were reviewed at following meetings

The manager and regional area manager told us that surveys had recently been sent to relatives to assess their views regarding the quality of the service received. They said that they had not received any response from any of the relatives surveyed. We asked if surveys had been sent to health and social care professional to gather their views

regarding the quality of the service provided. The regional area manager told us they had not but that they would consider this as another option in gathering people's views in assessing the quality of the service provided for the future.

There were effective systems in place to monitor and check the quality and safety of the service. These included comprehensive monthly health and safety checks, monitoring the management of medicines, support plans and infection control monitoring. The manager produced a monthly report with actions for the provider. This enabled the provider to analyse accidents and incidents as well as monitoring the wellbeing of the service and identify where action was needed to prevent a reoccurrence and mitigate risks to people's welfare and safety.

The provider had a system in place to monitor and learn from incidents, accidents, compliments, concerns and complaints. Concerns and complaints received had been logged. Records viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken.

There were systems in place for recording accidents and incidents. We reviewed these and found that the provider monitored and analysed these to look for emerging trends with action plans to prevent reoccurrence.

Shortfalls identified at this inspection were discussed with the manager and regional area manager. Throughout the inspection the manager and regional area manager were open and responsive with acknowledgement of the areas which required improvement. The regional area manager told us they were committed to supporting the new manager in their role with identified key challenges with identified actions required to drive towards continuous improvement of the service.

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	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs</p> <p><b>Regulation 14(1)(4)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</b></p> <p><b>Meeting nutritional and hydration needs</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have sufficient systems in place to ensure that the nutritional and hydration needs of people had been individually assessed. The risks of malnutrition had not been adequately risk assessed and identified with action plans in place to mitigate the risk.</p> <p><b>Regulation 14(1)(4)(a) of the Health and Social Care Act 2008 (Regulated Activities) 2014.</b></p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Fit and proper persons employed</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not take steps to ensure that gaps in employment had been identified and inconsistencies in information provided addressed. Action had not been taken in accordance with the provider's recruitment policy to check that newly appointed staff had been assessed as safe to provide support to people.</p>

This section is primarily information for the provider

## Action we have told the provider to take

**Regulation 19(1)(a)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.**