# Cambian Education Services Limited

# Squirrels

## Inspection report

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## Ratings

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

## Overall summary

At the time of our inspection Squirrels did not have a registered manager. However the manager was in the process of applying for their registration with 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 and associated Regulations about how the service is run.

Squirrels is a service for up to nine young people who may have autistic spectrum disorders, severe learning disabilities, and associated challenging behaviours. At the time of our inspection nine people were using the service.

Senior staff did not display good knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# Summary of findings

Staff understood the needs of people and care was provided with kindness and compassion. Relatives and health care professionals told us they were happy with the care and described the service as good.

People were supported to take part in activities they had chosen. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines.

Staff were appropriately trained and skilled to deliver safe care. They all received a thorough induction before they started work and fully understood their responsibilities to report any concerns of possible abuse.

Staff received training in mental health, learning disabilities, understanding autism and to care for people who display behaviours that may challenge others.

The provider had appropriate systems in place to recruit staff and to monitor their performance.

The provider had employed skilled staff and took steps to make sure care was based on local and national best practice. Information regarding diagnosed conditions was documented in people's care plans and risks to health and wellbeing were discussed daily during staff meetings. Staff consistently told us they communicated risks associated with people health and behaviours frequently.

The manager assessed and monitored the quality of care provided involving people, relatives and professionals. Each person and every relative told us they were regularly asked for feedback and were encouraged to voice their opinions about the quality of care provided. Records showed care plans had been reviewed regularly and people's support was personalised and tailored to their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. We observed people's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Referrals to health care professionals were made quickly when people became unwell. Each health care professional told us the staff were responsive to people's changing health needs.

Staff spoke with people in a friendly and respectful manner. The service was personalised and relatives told us the culture of the home was supportive, understanding and active.

Care plans were reviewed regularly and people's support was personalised and tailored to their individual needs.

Management responded to complaints in a timely manner.

# 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?**

Good

The service was safe. Staff could identify the different signs of abuse and knew the correct procedures to follow should they suspect someone was being abused. Staff had undertaken training in safeguarding adults. Risk assessments were carried out and plans were in place to minimise people experiencing harm.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medications safely.

**Is the service effective?**

Good

The service was effective. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). People's freedom was not unlawfully restricted as the provider had good checks in place to assess and monitor people's capacity to make decisions. The provider had effective arrangements in place to ensure people's liberty was not restricted without authorisation from the local authority.

The provider assessed people's dietary needs and delivered effective care to people requiring assistance to eat and drink. Referrals to health care professionals happened when needed when staff felt people became unwell.

Staff had received effective training and on-going development to support them in their role. They had a good induction and on-going development that related to people's needs.

**Is the service caring?**

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals and relatives told us Squirrels provided good care. Care plans were personalised and contained detail about people's hobbies and interests.

**Is the service responsive?**

Good

The service was responsive. Staff communicated with professionals to make sure people's health care needs were properly addressed and regularly reviewed.

# Summary of findings

Staff responded appropriately to people's changing needs. Records associated with people's health were updated quickly to provide accurate information to meet people's needs.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issues raised were dealt with in good time.

**Is the service well-led?**

**Requires improvement** 

The service was not always well led. Senior staff did not display good knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager and the provider had good relationships with healthcare professionals. People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

Senior staff and management were approachable and took any concerns raised seriously.

# Squirrels

**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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 July 2015 and was unannounced.

The inspection was conducted by one inspector.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the manager, deputy manager, three support workers, two relatives and three healthcare professionals.

We pathway tracked two care plans for people who lived in the home . This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care. We looked at staff duty rosters, staff recruitment files, the homes safeguarding policy, incident records, safeguarding records, staff training records, internal quality assurance audits, medication records, staff feedback records and support and supervision records. We also observed interactions between staff and people.

We last inspected the home on 14 May 2013 where no concerns were identified.

Good

# Is the service safe?

## Our findings

Relatives and healthcare professionals told us the service provided safe care. One relative said: "It is not an easy place to work. Sometimes it can be hard for staff to deal with people there but they do a great job to calm them down". A healthcare professional said: "The staff keep people safe because they have good procedures in place".

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place. Examples of these included physical, sexual, psychological, financial, neglect and discriminatory abuse. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff told us they would not hesitate to contact CQC or the local authority if they felt abuse took place. Staff had received training in safeguarding people from abuse.

Staff were knowledgeable about how to protect people who displayed behaviours that challenge others and explained the risks associated with people's care. People's risk assessments were detailed and contained strategies for staff to follow should behaviours become challenging. Staff responded appropriately to particular behaviours and followed the guidance detailed in people's plans. Notifications received showed the provider had alerted the local authority safeguarding team and other professionals when necessary, such as an assistant psychiatrist. Care reviews showed incident records were used to monitor and identify any patterns or triggers in people's communication or behaviour changes.

The manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. They told us the amount of staff on duty was dictated by the care needs of people. Each person received one to one support. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. Records showed staff had received training in understanding people's mental health needs, learning disabilities, autism and Pica. People with pica disorder compulsively eat items that have no nutritional value which could lead to serious consequences such as poisoning. The manager told us they had the option to increase staffing levels if the needs of people changed.

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part of the pre-employment checks. Records showed staff were required to complete a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CD are medicines which may be misused and there are specific ways in which they must be stored and recorded. People told us they were satisfied with the support they received with their medication needs and said frequent medication reviews took place. Relatives told us their family members received pain relieving medicines when required and documentation stated reasons for the administration and dosage given. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly. People's medication was reviewed regularly. For example, a medication review took place on 13 July 2015. A support worker said: "The diazepam was discontinued and lorazepam was prescribed". Any changes in people's medication were documented in the staff communication book and discussed during staff handover meetings. Records showed covert medicines were administered based on best interest decisions and in line with the MCA.

Arrangements were in place to protect people if there was an emergency. The registered manager had developed Personal Emergency Evacuation Plans (PEEP) for people and these were kept in an accessible place. The emergency plans included important information about people such as their communication and mobility needs. This gave details of the safest way to support a person to evacuate

Good

# Is the service safe?

the building in the event of an emergency, for example fire. These had been recently updated to remain relevant and accurate. The fire risk assessment and fire equipment tests were up to date and staff were trained in fire safety.

Good

# Is the service effective?

## Our findings

Relatives and healthcare professionals told us staff provided effective care and were well trained to meet people's needs. A relative said: "The staff know what they are doing, I am sure about that". A healthcare professional said: "The staff are fully trained and equipped to look after people in the right way".

Staff received an effective induction. Records showed each member of staff had undertaken an induction into their role. Staff told us the induction and ongoing training provided them with valuable skills to communicate with people who had limited verbal communication skills. We observed staff interacting effectively with one person. Support workers used sign language, hand gestures, tone of voice and facial expressions to provide reassurance and understanding. Ongoing learning and development was discussed and reviewed during staff supervision. For example, one supervision record described the need for additional medication training. The staff member told us they had undertaken the training quickly after it had been requested. Staff had regular supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Support workers consistently told us they felt supported in their role and had access to help from their manager and their senior when they needed it. One support worker said: "We can go and speak to the managers anytime, we have an open door policy here and the manager is enthusiastic to offer support when needed".

Senior staff had conducted competency checks to ensure support staff were appropriately skilled to meet people's needs. For example, observing moving and handling practice and administering medicines. Staff received training specific to people's needs. This included strategies for crisis intervention and prevention (SCIP). SCIP aims to support staff to identify triggers and recognise early behavioural indicators, so that non-physical interventions can be used to prevent a crisis from occurring. Other training included management of actual and potential aggression (MAPA). MAPA training enables staff to safely disengage from situations that present risks to themselves, the person receiving care, or others. Where interventions or MAPA techniques had been applied, staff had completed documentation such as body maps, daily care notes, incident records and reported any concerns to the local authority safeguarding team. This ensured staff were working with other professionals to minimise the risks and maintain people's wellbeing.

People who had been identified as being at risk malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. Food and fluid intake was monitored and recorded. Care plans included assessments from the Speech and Language Therapist (SALT) and gave clear instructions on how to assist the person with eating. Speech and language therapists assess and treat speech, language and communication problems in people of all ages to help them better communicate. They also work with people who have eating and swallowing problems.

People were provided with choice about what they wanted to eat and relatives told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times and they were supported to eat safely. People were encouraged to make decisions about what they had to eat and drink. Communication aids such as pictures, symbols and words were displayed on various boards in the dining area. We frequently observed support staff being taken to the boards whilst people pointed towards their chosen snack, meal or drink.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were knowledgeable about the people's safeguards and accurately described the content of each person's DoLS authorisation. One support worker said: "They (people) can't go out in the community on their own because they have been assessed as unsafe on their own". Documentation showed each person had been referred to the local authority for assessment.

Decisions made in people's best interests were properly assessed. Support workers told us some people using the service did not have capacity to make some decisions. One

Good

# Is the service effective?

support worker said: “We need to help people to make the right decisions because they can’t understand what we are saying and they can’t retain the information”. Relatives and healthcare professionals were involved in making decisions about people’s care. Staff were knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA) The MCA contains five key principles that must be followed when assessing people’s capacity to make decisions. These principles were applied. An advocate told us the service had good arrangements in place to gain consent from people and that best interest decisions were regularly reviewed.

People were referred to healthcare services quickly when needed. Staff regularly made contact with, psychiatrists, GP’s and the speech and language therapist to discuss specific behaviours and health needs. A healthcare document showed one person saw their GP on three occasions from the 11 July 2015 to 21 July 2015. Other appointments such as visiting the optician were also recorded.

Good

# Is the service caring?

## Our findings

Relatives and healthcare professionals told us the staff were caring. One relative said: “You can’t do this job if you don’t care, the staff are wonderful, kind and thoughtful. They are really committed”. A healthcare professional said: “Each time I have visited the home the staff have always been respectful and engaging with people”.

The atmosphere was lively; there were many occasions during the day where staff and people engaged in conversation and laughter. Staff spoke with people in a friendly and courteous manner, this included communicating by signing, using hand gestures, pictures and symbols. A support worker said: “It is hard work here but we do it because we really care about them”. Records showed staff supported people to access the community regularly. One person was supported to the shops whilst another person went for a drive with a member of staff.

Staff spoke gently with people, smiled, encouraged and provided reassurance when helping to deliver care. Staff consistently supported people in a calm and friendly manner. Healthcare professionals told us staff were caring and tried to promote a friendly and supportive environment. One healthcare professional told us each time they visited Squirrels people were being supported to access the community, take part in activities such as playing games with staff or playing games in the garden.

Staff knew people well and were able to tell us about them in detail, such as their care needs, birthdays, preferences, life histories and what they liked to do. They spoke sensitively and enthusiastically about the people they supported. Staff told us people’s interests included horse riding, swimming and football. Care notes showed people had been supported to take part in or attend their chosen activities. Relatives confirmed this. A relative said: “Each time I come round to visit he is always doing what he wants to do” and “The staff plan on the day what activities he is going to do because he chops and changes his mind a lot. Nothing is fixed in stone really”.

Staff promoted dignity and people were treated with kindness and compassion. We consistently observed positive interactions between staff and people. For example, we saw one member of staff helping someone to eat. The staff member positioned themselves close to the person and maintained eye contact; they fed the person slowly and waited until they were ready for the next mouthful of food. The staff member was smiling, spoke calmly and was mindful of the person’s dignity. We observed another member of staff interacting with someone who had become anxious about going for a drive in the car. The member of staff listened to the person, calmly provided reassurance, used redirection techniques and spoke with the person about their interests.

Good

# Is the service responsive?

## Our findings

Relatives and healthcare professionals told us staff were responsive to people's needs. One relative said: "It is the people in the home that lead what they do so the staff have to be responsive and they are". A healthcare professional said: "Anytime I call the home to find out how someone is doing I am always pleased to hear how proactive the staff and managers have been"

Care records contained detailed information about people's health and social care needs. These were individualised and relevant to the person. Records gave clear guidance to staff on how best to support people, for example a person's daily routine was broken down and clearly described so staff were able to support people to complete their routine in the way that they wanted. Staff felt the care plans were informative and provided clear guidance in how to support people.

Care plans were up dated and reviewed on regular basis to ensure they reflected people's changing needs. A review of one person's care dated 6 March 2015 included input from the deputy manager, the activities coordinator, an assistant psychologist, a speech and language therapist, an occupational health therapist, a social worker and the person's parents. Their care plans were updated to reflect the recommendations provided by healthcare professionals. A relative said: "We are highly involved in all aspect of my sons care. The staff keep us up to date with everything that goes on". Care plans recorded people's specific behaviours. For example, one document listed punching, kicking, biting, throwing objects and shouting as behaviours that challenged others. There were robust strategies in place to identify the possibility of these behaviours happening, support techniques to be used and guidance on what should be recorded and reported once interventions had been used.

Care plans of each person living at the service had daily records which were used to record what they had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. People were able to take part in a range of activities which suited their individual needs. On the day of the inspection all of the people who lived at the service were taking part in various individual activities.

People were being supported to play football, rugby, trampolining and participate in gardening. Within the home people could socialise in the communal areas, in the garden or their room. People were protected from the risk of social isolation because the service supported them to have a presence in the local community and access local amenities. For example, people regularly walked to the local shop, visited the garden centre, went swimming and attended horse riding. Photographs of people who had participated in these activities were located on the wall in the dining area to be used as aids for people to communicate their chosen future activities.

The organisation had a complaints procedure which provided information on how to make a complaint. An easy read version was also available for people which used written and pictorial symbols so that it was presented in a more meaningful way. The policy outlined the timescales within which complaints would be acknowledged, investigated and responded to. It also included contact details for the Care Quality Commission, the local social services department, the police and the health ombudsman so people were able to take their grievance further if they wished. A relative said: "I have never had a reason to complain but if I had to I would know what to do". Records of one complaint showed the manager met with the complainant to discuss their concerns and made some practical changes to reduce noise in the community.

Requires improvement

# Is the service well-led?

## Our findings

Management and staff did not display good knowledge of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and could not tell us how our new approach to inspecting services had changed from April 2015. They were not aware that the legislation relating to health and social care had changed since April 2015. The manager and deputy manager recognised the need to improve their knowledge and told us further training for themselves and their staff would be arranged. One senior member of staff said: "If there was an area we needed to improve I thought it would have been around that".

Staff, relatives and healthcare professionals told us the service was well-led. One support worker told us they had confidence in the registered manager and said: "I have a lot of respect for her; she leads by example and is prepared to get involved and help us". Another member of staff said: "If we need help they give us it". A healthcare professional said: "The manager and senior staff are excellent; they work hard and are knowledgeable about the people there".

The manager was able to demonstrate their understanding of people's individual needs, knew their relatives and were familiar with the strengths and needs of the staff team. The service had a system to manage and report accidents and incidents. All incidents were recorded by support staff and reviewed by one of the management team. Care records were amended following any incidents if they had an impact on the support provided to people using the service.

Staff were complimentary about the registered manager and told us they could access support when needed. One support worker said: "The senior staff are good, if we have any problems they always help us and they have been here a long time so they have a lot of knowledge". Another support worker said: "There is strong leadership here and they deal with any issues head on."

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Relatives told us people were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

As part of the registered manager's drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. An infection control audit dated 1 July 2015 stated: "There is no specific sink for hand washing in the kitchen". An audit relating to hand hygiene on 19 June 2015 stated: "Nail extensions need to go". These improvements had been made.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

Staff were actively involved in improving the service and were clear about their responsibilities. One support worker said: "All the staff know who does what. We help people to go out in the community and to keep safe and the manager's help with the paperwork and training". Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. One support worker said: "We meet regularly and talk about how people are getting on".