

Cambian Asperger Syndrome Services Limited

# Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue

## Inspection report

14 Southwood Avenue  
Southbourne  
Bournemouth  
Dorset  
BH6 3QA

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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

Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue is a residential care home providing personal care to eight young people with Autistic Spectrum Condition aged 16 to 25 years old. The service can support up to eight people. At the time of the inspection eight people were living at the home.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### People's experience of using this service and what we found

There were enough staff on duty. However, the service had a number of vacancies and agency staff were supporting the staff team. The service had not yet explored people's preferences and choices in relation to end of life care. The registered manager recognised the importance of this in case of sudden death. The service told us work had started on this following the inspection.

People told us they were happy and felt safe. Relatives said that staff had a good understanding of their loved ones needs and preferences. Risks had been identified and measures put in place to keep people safe from harm. Medicines were managed safely and administered by trained staff.

Staff listened to what people wanted and acted quickly to support them to achieve their goals and outcomes. Staff offered people solutions to aid their independence and develop their skills.

Staff were well trained and skilled. They worked with people to overcome challenges and promote their independence. The emphasis of support was towards inclusion and enabling people to learn essential life skills. Equality, Diversity and Human Rights (EDHR) were promoted and understood by staff.

People, professionals and their families described the staff as caring, kind and friendly and the atmosphere of the home as relaxed and engaging. 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.

People received pre-admission assessments and effective person-centred support. The service was responsive to people's current and changing needs. Regular reviews took place which ensured people were at the centre of their support.

Leadership was visible and promoted good teamwork. People, professionals and staff spoke highly about the management and staff had a clear understanding of their roles and responsibilities.

Checks of safety and quality were made to ensure people were protected. Work to continuously improve the service was noted and the registered manager was keen to make changes that would impact positively on people's lives.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 13 January 2017).

Why we inspected

This was a planned inspection based on the rating at the last comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue

## **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 Care Act 2014.

### Inspection team

This inspection was completed by one inspector.

### Service and service type

Southwood Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and met with one relative. We discussed how the service ran with the registered manager, deputy team manager and head of care. We met with five staff including seniors and support workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality audits and feedback questionnaires.

We walked around the building and observed care practice and interactions between support staff and people.

After the inspection

We looked at training data and policies. We spoke with one professional who regularly visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing levels; Learning lessons when things go wrong

- There were enough staff on duty. However, the service had a number of vacancies and agency staff were supporting the staff team. This meant that some of the staff working did not always have the necessary skills to meet people's needs eg; driving licence. People's comments included; "There aren't enough full time staff at the moment. Lack of drivers too which can reduce our opportunity to go out" and, "There is a lot of agency used at night".
- The registered manager explained that they were currently recruiting new staff, had interviews arranged and was waiting for some newly appointed staff's pre-employment checks to come back.
- The registered manager recognised the need for drivers and was working with the provider to advertise for drivers as a requirement.
- The registered manager responded appropriately when accidents or incidents occurred. There was an effective system in place which meant these were reviewed, analysed and used as a learning opportunity.
- Learning was shared with staff during supervisions, handovers and staff meetings.

Assessing risk, safety monitoring and management

- Risk assessments were in place which gave clear measures for staff to follow to reduce the risk of harm. Assessments covered areas such as; anxiety, internet safety and community access.
- We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge the service. A person said, "I sometimes get angry and frustrated. Staff sit with me and talk me through it".
- Physical interventions were very occasionally used by staff with some people living at the home. These involved re-directing people to positive activities. Staff had received appropriate training and confirmed that interventions were only used as a last resort or if the person put themselves or others at significant risk. Interventions had been individually risk assessed and clear recording and analysis took place following all incidents.
- Staff took part in debrief meetings with management following behavioural incidents which were recorded. The meetings enabled staff to reflect on the incident and discuss events before the incident occurred, actions taken and any learning.
- Regular fire and health and safety checks were completed by the home. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.
- Annual safety checks were completed by external professionals such as gas safety and portable appliances.

Systems and processes to safeguard people from the risk of abuse including recruitment

- People, relatives, professionals and staff were confident people were safe. For example, external doors were secure, policies were in place and care plans were clear.
- People's comments included; "I definitely feel safe, I have my own room and the external door has a key pad" and, "I feel safe here with staff. I trust them all". A relative said, "[Person's name] has been very safe at the home".
- Staff could tell us signs of abuse and who they would report concerns to both internal and external to the home.
- There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts, investigations and logged outcomes and learning.
- Relatives, professionals and staff said they had no safeguarding concerns and would feel confident to use the whistleblowing policy should they need to. A health care professional said, "We have no safeguarding concerns. The management seem very open and transparent".
- The provider operated a safe recruitment process. Recruitment checks were in place and demonstrated that people employed were safe to work with vulnerable adults, had satisfactory skills and the knowledge needed to care for people.

#### Using medicines safely

- The service had implemented safe systems and processes which meant people received their medicines in line with best practice.
- The service had safe arrangements for the ordering and disposal of medicines. However, we found two topical creams which were not being used anymore kept in the medicine cupboard. The registered manager removed these and arranged for their disposal.
- Medicines were stored securely. There was a dedicated medical room. Daily temperature checks were completed, and records were up to date.
- The staff that were responsible for the administration of medicines, were all trained and had their competency assessed.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine Administration Records (MAR) were completed and audited appropriately by the medicine lead and management team.

#### Preventing and controlling infection

- The home was visibly clean and odour free. There was a domestic team, infection control policy and cleaning schedule to ensure that risks to people, staff and visitors from infection were minimised.
- Staff had received infection control training and understood their responsibilities in this area. A staff member told us, "We regularly wash our hands, use different colour mops and chopping boards".
- There were hand washing facilities throughout the home and staff had access to personal protective equipment (PPE) such as disposable gloves and aprons. We observed staff wearing these during the inspection.
- People were supported to participate in keeping their home and rooms clean to minimise the risks of the spread of infection.
- The service ensured a high level of hygiene was maintained and checks were completed. Regular infection control audits were completed by the management and were up to date. A relative told us, "The home is always clean, tidy and homely".



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- A person recently moved to the home from another service. We were told that the move had been quick and could have been planned better. The person had settled well into the home. The registered manager told us they had learned from this and there was now clear guidelines to follow when people transition from services..
- One person who was leaving the service told us how they had progressed since living at Southwood Avenue. The person said, "My best achievement is gaining self-confidence and learning how to come out of my shell".
- A relative said, "Before [person's name] lived here they would spend all their time in their room. Since being here they go out every day, go for walks, camping and a holiday in Germany. [Name] is a different person!".
- People's needs, and choices were assessed, and care, treatment and support were provided to achieve effective outcomes. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes.

Staff support: induction, training, skills and experience

- Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A staff member told us, "Training is good. It really helps us deliver the care we need to". A professional said, "Staff seem professional in their role".
- There was a clear induction programme for new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- New staff confirmed that the induction process was effective. A staff member told us, "A good induction. Four weeks of shadow shifts and care files have been useful. I have had regular probation meeting which has helped my learning".
- The registered manager told us staff received annual appraisals and regular 1:1 meetings. Staff told us that they felt supported and could request supervision or just approach the management team should they need to.

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

- People told us they enjoyed the food at Southwood Avenue and some liked preparing meals. One person told us, "Food is often nice. I enjoy roasts and fish and chips".
- Staff understood people's dietary needs and ensured that these were met. Where nutritional needs had been assessed clear guidelines were in place.

- Staff took the lead in preparing and cooking meals with people's support when they chose to. A person said, "We have opportunity to cook. Recently I have been helping staff to cook".
- People took part in choosing meals in weekly house meetings. The menu was displayed in the kitchen area.
- Staff told us that alternative dishes were made available should people prefer something different on the day.
- The food shop was completed weekly by staff whilst people were at educational services. We discussed this with people who said, "I'd like to be part of the food shop". Another person told us, "We go to the local shops here". Staff told us they would look at involving people more going forwards.

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

- People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. Recent health visits included; GP and social worker.
- A health professional said, "Staff know why I am visiting when I am here. I was talking to the practice nurse yesterday who is also very complimentary about this home".
- People told us they felt well supported to appointments. One person had been supported to the GP on the morning of our inspection.
- Information was recorded ready to be shared with other agencies if people needed to access other services such as hospitals.

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

- People told us that they liked their home. One person said, "The general environment is relaxed and homely. I like my bedroom too". A relative said, "It's a nice environment. Very homely".
- There was a communal living area, break out room, separate dining room and kitchen. People liked sharing space with each other and enjoyed activities and video games together. Bedrooms were split across two floors which were accessed via stairs.
- People's rooms were painted and decorated in the way they chose. One person, "We were involved in choosing soft furnishings, sofa's and this nautical theme".

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People at Southwood Avenue were living with an asperger syndrome or autism, which affected their ability to make some decisions about their care and support.
- Mental capacity assessments and best interest paperwork was in place for some areas such as personal care, unwise meal choices, medicine and finance.
- Assessments and, where appropriate, best interest decisions had not been completed for herbal medicine. We discussed this with the registered manager who told us they would discuss this with the person's circle of

support.

- Staff showed a good understanding of the MCA and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions.
- Staff told us how they supported people to make decisions about their care and support. People confirmed that staff asked them before supporting them in tasks or with personal care.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, professionals and relatives told us staff were kind and caring. People's comments included; "All the staff are wonderful and always try their best to help us all" and, "I really like [staff members name] who really helps me. They know me well and always supports me when I am anxious". Relatives and professionals' comments included; "Staff are fabulous and very professional" and, "Staff are kind and caring. I have no concerns there at all".
- People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy.
- Training records showed that all staff had received training in equality and diversity. A staff member told us, "One person's religion restricts them from eating some foods, we respect this even if they choose to have it now and again".
- The registered manager told us that they had received several compliments. We read some that were recorded. One from a family read; "We are so happy with work done with [name]. We can already see a noticeable difference in their attitude and behaviour, thank you".

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

- People were able to express their needs and choices and staff understood their way of communicating. A person told us, "Staff respect my choices and decisions which is important to me and helps me build trust in them". A staff member said, "We give people options to support them to make informed decisions at times".
- People and relatives were pleased with the care people received. One person said, "I would absolutely recommend Southwood Avenue, their care and support are amazing". A relative told us, "We are really happy with the care [name] receives" and, "It has been a fabulous benefit to [name]. They have come on leaps and bounds".
- Where needed the home sought external professional help to support decision making for people such as advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A person said, "Staff talk to me privately. They take me into a private room".
- A staff member said, "During personal care we close doors and curtains. We always talk people through tasks like washing and dressing".
- Promoting independence was important to staff who supported people to live fulfilled lives. A person said,

"My independence is important to me. A lot is done to support me and others with this. Since living here, I have grown up and learnt a lot. I have also achieved all my targets".

- Upon our arrival at the service we were greeted by a person who welcomed us into their home and made a coffee for us. The person said to a staff member, "Don't worry [staff name] I have got this". This showed that people were supported to accept visitors and felt comfortable to take the lead in their home.
- Staff told us that some times people liked things done for them. Staff used approaches which encouraged people to engage and do things for themselves. This helped people gain confidence which promoted their independence.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

- People's end of life wishes had not been explored by the service.
- We discussed this with the registered manager and deputy team manager who both understood the importance of capturing people's preferences and choices in relation to end of life care because a sudden death may occur.
- We were told that they would start to complete a template which would record preferences relating to people's protected characteristics such as culture and spiritual needs.

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

- Throughout the inspection we observed a positive and inclusive culture at the service. Person centred care, involving people and using creative approaches were embedded and normal practice for staff.
- Care plans were personalised and updated in response to people's changing needs.
- People's likes, dislikes and preferences were known and led to the delivery of personalised care. Staff used this information to care for people in the way they wanted.
- Staff explained how they put people at the centre of their care and involved their relatives in the planning of their care and support. The registered manager told us that regular review meetings took place with the local authorities, families and people.
- A person said, "I am key to my review meetings and always attend. They are structured well, and I am always asked for my opinions and views. They always celebrate my success". A relative told us, "I attend the review meetings. These are always centred around [name] and focus on where they are now and where their next goals are".

### Supporting people to develop and maintain relationships to avoid social isolation;

- People were supported to access the community and participate in activities which matched their hobbies and interests and were reflected in individual support plans. Throughout the inspection we observed people being supported to access the community either via foot or through use of the home's vehicle.
- It was one person's birthday on the day of inspection. They were going fishing in the morning and then had a party arranged with others from the home in the afternoon.
- Staff considered how barriers due to disability and complex behaviour impacted on people's ability to take part and enjoy activities open to everyone.
- Staff were creative in their approach when supporting people to make decisions about activities they wished to participate in.
- People were supported to develop and maintain relationships to avoid social isolation. This included contact with those important to them including family, friends and other people living at the home. For

example, staff supported people to use the phone and tablets to call and video-call relatives. We observed one person speaking to their relative during the end of the inspection.

- A person had been supported to start driving lessons and told us, "Staff helped me find a teacher. I now organise lessons myself. This has helped with building my confidence and given me more access to the community".

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that people's identified information and communication needs were met. Copies of information and procedures were also available in easy read format. For example, safeguarding and complaints.

#### Improving care quality in response to complaints or concerns

- The registered manager told us that they welcomed complaints and said, "I see complaints as positive. They are a learning opportunity".
- The service had a complaints procedure in place; this captured the nature of complaints, steps taken to resolve these and the outcome. At the time of our inspection there were no live complaints.
- We found that complaints had been fully investigated, outcomes discussed with the complainant and where necessary improvements made. For example, one person had complained about the internet speed and requested that they arrange to have their own provider set up a line in their room. This had been arranged to the satisfaction of the person.
- The registered manager told us that they were also looking at the speed of the internet to the home with the provider as others had also raised concerns including staff.
- People and relatives told us they knew how to raise concerns and make complaints. Relatives and professionals told us they had no complaints and felt concerns would be listened to and acted upon.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a person-centred culture and had a passion for inclusion and making a difference to people. One staff said, "There is definitely a positive culture here".
- On several occasions during the inspection we observed people and staff approaching the registered manager and having positive open discussions.
- Staff, people, relatives and professionals were positive about the management of the home. . People's comments included; "The registered manager is a really good manager. They work with us, are always approachable and make time for us" and, "The registered manager is good. One of the best!". A relative said, "The registered manager is very helpful, approachable and always sorts any issues out".
- Staff comments included, "The registered manager and deputy team manager are good. We can always go to them with a problem and they are interested in our suggestions" and, "The registered manager is cool! Always helpful and gives good advice".
- A professional told us, "The registered manager has always been approachable and seems very organised".

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 registered manager understood the requirements of duty of candour. The registered manager said, "Duty of candour is about being open and transparent following issues or concerns. Issues may include medicine errors. It is also about apologising and holding our hands up".

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Managers and staff were clear about their roles and responsibilities. Duties were clearly detailed in staff job descriptions which were included in personnel files. Staff also had additional lead roles for example, medicines and mental health lead.
- Staff told us they felt supported, valued and listened to by the management team. A staff member told us, "We are listened to and so are the people who live here. It's like one big extended family".
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.
- The provider, head of care, registered manager and deputy team manager demonstrated a commitment to



ensuring the service was safe and of high quality.

- Regular checks were completed by the registered manager and deputy team manager to make sure people were safe and that they were happy with the service they received.
- Regular areas audited included; care files, staff supervision and personnel records, health and safety and an environmental walk around.
- Regular staff meetings took place which gave staff an opportunity to discuss topics, follow up on actions set in previous meetings and discuss the people they were supporting. The registered manager told us that reflective learning was a set agenda item and took place in these meetings.

Working in partnership with others

- Southwood Avenue worked in partnership with other agencies to provide good care and treatment to people. At the time of inspection, the service was working closely with the Bournemouth and Poole college and a local nutritional team.
- Professionals fed back positively about partnership working with the home. A professional said, "Partnership work is really good. We are kept informed and information is available".
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.