Cambian Whinfell School Limited

Cambian Dilston College- Scott Close

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?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on 22 June 2017.

This was the first inspection of Cambian Dilston College-Scott Close.

Cambian Whinfell School Limited is an independent organisation that provides residential care for young adults from 18 to 65 years with autism, severe learning difficulties, challenging behaviour and complex needs. Cambian Dilston College – Scott Close is part of the Cambian Group. They provide, within this location, accommodation and personal care for three individuals aged from 18years to 25 years. Nursing care is not provided.

People who live at the service are students at the college run by the organisation. They live in the service during term time and return home in the college holidays.

A registered manager was in place. 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 protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were robust recruitment processes being used when staff were employed.

Staff were aware of the whistle blowing procedure which was in place to report concerns and poor practice. There were enough staff available to provide individual care to people. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making approaches, when people were unable to make decisions themselves.

People were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. Information was made available in a format that helped people to understand if they did not read. This included a complaints procedure. People we spoke with said they knew how to complain.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff had developed good relationships with people, were caring in their approach and treated people with respect. Care was provided with patience and kindness. People were positive about the care provided.

People had food and drink to meet their needs. Menus were varied and staff were aware of people's likes and dislikes. People were assisted by staff to plan their menu, shop for the ingredients and cook their own food.

People were appropriately supported in maintaining their health and they received their medicines in a safe way. They were provided with opportunities to follow their interests and hobbies and they were introduced to new activities. They were supported to contribute and to be part of the local community.

A range of systems were in place to monitor and review the quality and effectiveness of the service. People had the opportunity to give their views about the service. There was regular consultation with people or family members and their views were used to improve the service.

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.

Systems were in place for people to receive their medicines in a safe way.

Staffing levels were sufficient to meet people's needs safely and flexibly and appropriate checks were carried out before staff began work with people.

People were protected from abuse as staff had received training with regard to safeguarding. Staff were able to identify any instances of possible abuse and would report it if it occurred.

Positive risk taking was encouraged as people were supported to take acceptable risks to help promote their independence.

Is the service effective?

Good

The service was effective.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

People's rights were protected because there was evidence of best interest decision making. This was required when decisions were made on behalf of people and when they were unable to give consent to their care and treatment.

People were supported to eat and drink according to their plan of care.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and they were

complimentary about the care and support staff provided.

A range of information and support was provided to help people be involved in daily decision making about their rights and care and support needs.

People's rights to privacy and dignity were respected and staff were patient and interacted well with people.

People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if required.

Is the service responsive?

Good

The service was responsive.

People received support in the way they wanted and needed because staff had guidance about how to deliver people's care. People were supported to live a fulfilled life, to contribute and be part of the local community. They were encouraged to take part in new activities and widen their hobbies and interests.

People had information in a format they may understand to help them complain. People were regularly made aware of the complaints procedure in case they needed to use it.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people who used the service were listened to.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided at the service.

The registered manager and provider monitored the quality of the service provided and introduced improvements to ensure that people received safe care that met their needs.

Cambian Dilston College- Scott Close

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 22 June 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams.

During the inspection we spoke with three people who lived at Scott Close, the registered manager, the accommodation manager, the head of care and two support workers. We observed care and support in communal areas and looked in the kitchen. We reviewed a range of records about people's care and how the home was managed. We looked at care records for three people, recruitment, training and induction records for two staff, one person's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service, the maintenance book, maintenance contracts and quality assurance audits the registered manager had completed.

Good

Is the service safe?

Our findings

People were positive about the care they received and told us they were safe with staff support. One person told us, "Yes, I'm safe here, staff are around." Another person commented, "The staff are here to help me."

The provider had procedures in place for safeguarding people and staff had a good understanding regarding safeguarding and knew how to report any concerns. They expressed confidence that the registered manager would respond to and address any concerns appropriately. They were able to describe various types of abuse and had received training related to safeguarding vulnerable adults. One support worker told us "If I had any concerns I'd report it straight away."

The head of care was aware of incidents that should be reported and authorities and regulators who should be contacted. They told us no safeguarding incidents had been raised. A log book was in place to record any safeguarding incidents that may need to be reported.

Risk assessments were undertaken that were regularly reviewed and evaluated in order to keep people safe. They included risks specific to the person using the service and to the staff supporting them. These included environmental risks and any risks due to the health and support needs of the person such as for epilepsy and distressed behaviour. The risk assessments were also part of the person's support plan and there was a clear link between these plans and risk assessments. They both included clear instructions for staff to follow to reduce the chance of harm occurring. At the same time they gave guidance for staff to support people to take risks to help increase their independence. Examples in records included, '[Name] does not recognise the dangers of electricity and gas' and '[Name] is able to use knives with staff supervision.'

A system was in place for people to receive their medicines in a safe way. Medicines were appropriately stored and secured. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and felt they were sufficiently skilled to help people safely with their medicines.

There were sufficient staff with appropriate skills and knowledge to meet people's needs and to provide individual care. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service. As the service supported people to learn new skills and to become more independent in activities of daily living a person might over time require less staff support. Three people were supported by one support worker, whilst in the house, as people attended college during the day. One member of staff who slept in the house was available overnight. Staff had access to emergency contact numbers if they needed advice or help from senior staff during the night. One staff member commented, "If someone was unwell, and needed to go to hospital, I'd advise the on-call person so another member of staff could come to the house whilst the person was escorted."

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately

recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions, had been obtained before applicants were offered their job. Records of other checks were available and up to date. Application forms included full employment histories. Applicants had signed their application forms to confirm they did not have any previous convictions which would make them unsuitable to work with people who used the service.

Records showed that the provider had arrangements in place for the on-going maintenance of the building. Routine safety checks and repairs were carried out such as for checking the fire alarm and water temperatures. External contractors carried out regular inspections and servicing, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and this showed that these were dealt with promptly.

Good

Is the service effective?

Our findings

Staff were positive and enthusiastic about the opportunities for training. One staff member told us, "There are lots of opportunities for training, we do training in the college holidays." Another staff member commented, "There are opportunities for personal development. We can also discuss training at our supervision."

Staff told us when they began work at the service they completed an induction and they had the opportunity to shadow a more experienced member of staff. This made sure they had the basic knowledge needed to begin work. People received care from staff who had specific training in supporting people with learning disabilities. The staff training records showed staff were kept up-to-date with safe working practices.

There was an on-going training programme in place to make sure staff had the skills and knowledge to support people. Training courses included food awareness, diabetes, dysphagia (swallowing difficulties), epilepsy, advocacy awareness, person centred awareness, positive risk taking and autism spectrum condition so staff were clear about how to meet each person's individual needs. The head of care told us positive behaviour support training was planned so staff would have an understanding of behaviour that may be described as challenging. The staff training matrix also showed sensory awareness and sexuality and relationship training were planned for staff. New staff completed a comprehensive induction training programme which included all the essential training. They were then enrolled onto training towards a national care qualification.

Staff received regular supervision from the management team, to discuss their work performance and training needs. One staff member told us, "I have supervision every three months." Staff told us they could also approach the registered manager and other managers at any time to discuss any issues. They also said they received an annual appraisal to review their work performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and staff were aware of the deprivation of liberty safeguards and they knew the processes to follow if they considered a person's normal freedoms and rights were being significantly restricted. We were informed by the head of care no people were currently subject to such restrictions.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions if required, being made in people's best interests.

People's nutritional needs were assessed. People's care records included nutrition care plans and these provided guidance for staff to ensure people were provided with the appropriate support. For example, one care plan stated, '[Name] can make a sandwich but needs prompting.' The head of care told us no person had any specialist nutritional needs. People were involved in menu planning, food shopping and preparing drinks, snacks and meals. One person told us, "We plan the menu every Sunday for the week."

People were supported by staff to have their healthcare needs met. People's care records showed that people had access to GPs, occupational therapist, speech and language therapist team, district nurses and other personnel. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met. Care plans reflected the advice and guidance provided by external professionals.

People's needs were discussed and communicated at staff handover sessions when staff changed duty, at the beginning and end of each shift. This was so staff were aware of risks and the current state of health and well-being of people. There was also a handover record and communication book that provided information about people, as well as the daily care entries in people's individual records.

Good

Is the service caring?

Our findings

During the inspection there was a happy, relaxed and pleasant atmosphere in the service. People moved around the home as they wanted. Staff interacted well with people, sitting with them and spending time with them. Camaraderie was observed amongst the people who used the service and they were supportive and caring of each other. People told us they enjoyed living at the service for the two years whilst they were at college. One person commented "I'm sad as I'll be leaving here in July." Another person told us, "It's great news, I've got funding to stay here for another year, I'm very lucky." All people told us they were well looked after by staff. One person commented, "Staff are very good and kind."

We observed people were supported by staff who were kind, caring and respectful. People appeared comfortable with the staff who supported them. People told us they were happy with the care and support they received. Staff were patient in their interactions with people and took time to listen and observe people's verbal and non-verbal communication.

Staff were given training in person centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

People told us they were involved and staff kept them up to date with any changes in their care and support. Information was made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication. One staff member told us, "I use makaton (sign language) with [Name]." A variety of information was available in an accessible format and this included the complaints procedure, advocacy, bullying, taking medicines, healthy living and the information guide given to people when they started to use the service. All people's records advised staff how to communicate with the person. For example, one person's care plan stated, '[Name] uses makaton signing and a touch voice output communication aid to express their needs.'

People were encouraged to make choices about their day to day lives. Care records detailed how people could be supported to make decisions. For example, one record included, 'Give [Name] clear choices and options to choose from.' Record also provided guidance for staff about people's choices in daily living such as rising and retiring routine, what to eat and what to wear. Examples included, '[Name] likes trendy clothes, they need help to select clothes that are appropriate and trendy' and 'At the weekend [Name] likes to have a lie in.'

People's privacy and dignity was respected. Staff knocked on the door as they entered people's bedrooms. They could give us examples of how they respected people's dignity. Staff told us they respected people's dignity as people were able to choose their clothing and staff assisted people, where necessary, to make sure that clothing promoted people's dignity. Care records also showed people's privacy was respected. For example, one record stated, '[Name] is able to join in conversation but at other times they prefer their own company.'

People told us they were involved and they said they were listened to. We saw people attended some training courses such as advocacy and confidence building as part of their education at college. Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates can represent the views of people who are not able to express their wishes. The head of care told us a formal advocacy service was available and it would be used if required.

Good

Is the service responsive?

Our findings

People said they were supported to follow their interests and hobbies. They were positive about the opportunities for activities and outings. They all said they went out and spent time in the community. One person told us, "I like going out for meals." Another said, "I go to discos." Other comments included, "I like camping" and "I enjoy shopping." People told us they were supported to attend college or day placements and evening classes. One person said, "We go to a club on Thursday night." Another commented, "I like going to the pub." People told us they enjoyed trips and meals out in the local community. Trips out included to Souter Lighthouse, Beamish open air museum, the coast, Metro Centre and the cinema.

People studied an educational curriculum and gained qualifications in numeracy and literacy and other subjects at college. They also studied for the Duke of Edinburgh awards at the different levels. Two of the people who lived at Scott Close had achieved the bronze and silver award.

People were supported to be independent and to gain daily living skills and educational qualifications. An annual black tie awards event took place with people who use the service to celebrate their achievements whilst at college. They enjoyed a dinner dance as part of the evening and awards were distributed to people for achievement and diligence.

Staff at the service provided learning support at college during the day. Likewise staff from college supported students with educational tasks in their home environment. On the day of inspection people were at home for the day as it was independent skills day. People were supported to become independent and to be as involved as possible in all aspects of daily living. This included choosing their menus and grocery shopping. They were involved in preparing meals with the support and supervision of staff. Everyone was involved in household tasks such as cleaning and laundry. Later in the day the speech and language therapist visited to carry out a communication session with people and a learning support worker from college carried out a group task about safety awareness.

Records showed pre-admission information had been provided by relatives and people who were to use the service. Assessments were carried out to identify people's support needs and they included information about their educational status, medical conditions, dietary requirements and their daily lives. Support plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, behaviour support, mobility and communication needs. They provided a description of the steps staff should take to meet the person's needs. For example, a personal hygiene plan stated, 'Fully independent when shaving with an electric razor.' Another recorded, '[Name] needs reminding to check clothing is clean and suitable for use/activities.' Support plans were also available that provided instructions for staff to help people learn new skills and become more independent in aspects of daily living whatever their need. For example, the objective in one care record stated, 'To enable [Name] to live as independently as possible, taking into account possible risks and strategies to overcome them.'

People's care records were up to date and personal to the individual. They contained information about people's likes, dislikes and preferred routines. Examples in records included, '[Name] likes drama and

dancing', 'Likes Robin Williams and Harry Potter' and '[Name] sleeps well and needs someone to knock on their door in the morning to prompt them to get up.'

Staff at the service responded to people's changing needs and arranged care in line with people's current needs and choices. People were involved in weekly meetings and menus and activities for the following week were discussed and the running of the household. Monthly meetings took place to review their care and support needs and aspirations. Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

Staff from the college transition team were responsible for co-ordinating reviews with all relevant people, including social workers and Scott Close staff to help prepare students when they were preparing to leave college. Regular reviews took place during people's placements at college and then in the second year, so that plans could be put in place for each student's transition from the college environment back into the community at the end of their time at college. This ensured that there was a holistic approach to supporting students to transition from the college back into the community. The transition plans covered all areas of their lives, from the care and support they would need, to their future goals and aspirations. We were informed of the plans for two of the people who were leaving college and Scott Close.

People said they knew how to complain. A copy of the complaints procedure was displayed and written in a way to help them understand if they did not read. A record of complaints was maintained. No complaints had been received since the service was registered. People told us they could talk to staff if they were worried and raise any concerns.

Good

Is the service well-led?

Our findings

A registered manager was in place. They had registered with the CQC in 2016. The registered manager understood their role and responsibilities to ensure notifiable incidents such as safeguarding and serious injuries were reported to the appropriate authorities and independent investigations were carried out.

The registered manager, the head of care and the accommodation manager assisted us with the inspection. Records we requested were produced promptly and we were able to access the care records we required. The management team were able to highlight their priorities for the future of the service and were open to working with us in a co-operative and transparent way.

The registered manager promoted amongst staff an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making. Staff received a company handbook when they started to work at the service to make them aware of conditions of service. They were also made aware of the rights of people with learning disabilities and their right to live an "ordinary life."

The culture promoted person centred care, for each individual to receive care in the way they wanted. Information was available in alternative forms other than the written word if people who used the service did not read. There was evidence from observation and talking to staff that people were encouraged to retain control in their life and be involved in daily decision making.

The atmosphere in the service was relaxed and friendly. The registered manager was enthusiastic and had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. Staff said they felt well-supported. One staff member told us, "The manager is very approachable." Another staff member said," [Name] is very supportive." A third member of staff commented, "We work well as a staff team."

Staff told us staff meetings took place every three months and minutes of meetings were available for staff who were unable to attend. Staff meeting minutes showed topics discussed included health and safety, resident well being, safeguarding, lead responsibilities for staff, staff performance, complaints and incident reporting. Staff meetings kept staff updated with any changes and to discuss any issues. Staff meetings also discussed any incidents that may have taken place. Reflective practice took place with staff to look at 'lessons learned' to reduce the likelihood of the same incident being repeated.

Auditing and governance processes took place within the service to check the quality of care provided and to keep people safe. A quality assurance programme included daily, weekly, monthly and quarterly audits. All audits showed the action that had been taken as a result of previous audits. They included finances, health and safety, infection control, training, care provision, personnel documentation, training and accidents and incidents. Visits were carried out by a representative from head office or a peer auditor who checked the environment, spoke to people and the staff and checked a sample of records regarding the standards in the service. They also audited and monitored the results of the audits carried out by the registered manager to ensure they had acted upon the results of their audits.

Feedback was sought from people through meetings and surveys. Feedback from staff was sought in the same way, through regular staff meetings and an annual survey. The results of a recent survey had been compiled and showed that all people who responded were happy with the service and where areas of improvement were identified an action plan was completed to show action that was to be taken to improve outcomes for people.