

# Cambian Signpost Limited

# Clearbury

## 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

Clearbury provides residential care with therapeutic support for up to four people between the ages of 16 and 25 who are either profoundly deaf or who have significant hearing loss and complex needs. At the time of our inspection there were four people living at the service.

At the last inspection on 26 May and 5 June 2015 the service was rated Good overall. Safe was rated as Requires Improvement. Improvements were required in relation to the safe management of medicines. At this inspection we found improvements had been made. However we have made a recommendation to ensure good practice is maintained.

At this inspection we found the service remained Good overall.

Why the service is rated good:

People continued to receive a safe service. Staff knew their responsibilities to protect people from harm and abuse. Risks associated with people's care and support were assessed to help them to remain safe. People received their medicines safely; however we have made a recommendation to promote good practice. Sufficient staff were available at all times to meet people's needs. Staff were recruited safely to ensure staff were suitable to work with people.

People were cared for and supported by staff who had received training on how to support the person to meet their needs. The registered manager and management team had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink enough as to ensure they maintained a balanced diet and referrals to health and social care services was made when required.

People were supported by staff who knew them well and who were kind and compassionate. People's dignity and privacy was maintained and staff communicated with people in ways that were important to them. People were supported to develop and maintain their skills and were involved in decisions about their support where they could.

People received responsive and personalised care that was based on their needs, preferences and interests. Their support plans were focused on them as individuals and staff had up to date guidance about each person's preferences and support requirements. People had opportunities to take part in a variety of activities they enjoyed.

There was good management oversight of the service. The provider had systems in place to monitor and provide good care and these were reviewed on a regular basis. Records were well organised, up to date and stored confidentially.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Improvements had been made to ensure people's medicines were managed safely.

There were enough staff on duty to keep people safe and meet their needs. People were protected by the provider's recruitment procedures.

People were protected from avoidable risks. Staff understood safeguarding procedures and knew what action to take if they had concerns about abuse.

Good ●

### Is the service effective?

The service remains good.

Good ●

### Is the service caring?

The service remains good.

Good ●

### Is the service responsive?

The service remains good.

Good ●

### Is the service well-led?

The service remains good.

Good ●

# Clearbury

## 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 was a comprehensive inspection. It took place on 17 & 24 August 2017<sup>2017</sup> and was announced. We gave the provider 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure a member of the management team was present. The inspection team consisted of a British Sign Language interpreter and one adult social care inspector.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with three people receiving a service and five members of staff, including the deputy manager; regional manager and three care staff. The registered manager was on leave at the time of the inspection. We spent time talking with people and observing the interactions between them and staff. We reviewed two people's care files; three staff recruitment files, staff training records and a selection of policies, procedures and records relating to the management of the service. We also sought feedback from health and social care professionals to obtain their views of the service provided to people. We received feedback from six professionals, including two social workers; a community mental health nurse; a psychiatrist and an occupational therapist.

## Is the service safe?

### Our findings

At the last inspection improvements were needed to ensure the safe management of medicines. Medicines had been used outside of the correct sequence; there were no agreements in place for the use of homely medicines and some medicines had been transcribed incorrectly. At this inspection we found improvements had been made but we have made a recommendation to promote good practice.

The last medicines audit by the supplying pharmacist was completed in May 2017. This found good standards were maintained and no significant concerns were identified. Where recommendations had been made these had been addressed.

Medicines were stored and administered safely. Protocols were in place for the use of homely remedies. Homely remedies are over the counter medicines and lotions used to treat minor ailments; it is purchased over the counter and does not require a prescription.

The Medicines Administration Records (MAR) showed people had received their medicines as prescribed. However handwritten entries had been made to MARs by staff; these had not been dated or signed by two staff to confirm accuracy and accountability. Monthly audits of medicines administration records had been completed but had not identified the handwritten entries. Two people were prescribed medicines to use 'as required'; however there was no written guidance for staff to follow about when to use these medicines. Staff spoken with were aware of why and when to use these medicines and there was no concern that these medicines were not being correctly. The registered manager had protocols to use to guide staff and these were to be implemented as soon as possible.

There had been two medicines errors in the past 12 months. The errors had not caused harm to people using the service. Errors had been discussed with the GP and reported to the local safeguarding team. Competency checks and additional supervision were provided to staff to support safe practice.

Staff responsible for the management and administration of medicines had been trained and their practice monitored. During the inspection we saw staff's approach was calm and unrushed, ensuring people received the support and explanations they required.

We recommend the service follows the NICE National Institute for Health and Care Excellence Guideline, Managing Medicines in Care Homes Published 14 March 2014

People said they felt safe living at Clearbury. Comments included, "I really like it here. I feel very safe here. It is a positive and friendly place..."; "I like it here. I do feel safe. No-one telling me what to do...we are all good and work together..." and "Yes (I am safe). I get on with staff and the others (in the house)." Professionals also described a safe service. One said, "There is never a problem with this service...I feel they provide a safe service..." Another said, "No concerns. This is a good service..."

People were protected from potential abuse and harm. Staff had completed training about how to keep

people safe and the relevant guidance about how to deal with suspected abuse was available to them. Staff had a good understanding of the signs of potential abuse and how to report this to protect people's safety. The registered manager was aware of their responsibilities and had informed the local authority safeguarding team and the Care Quality Commission (CQC) about potential safeguarding concerns.

People were protected against identified risks. The service had comprehensive risk assessments in place which covered people's needs. For example activities such as, accessing the community and on-line sites; making choices, self neglect; and certain behaviours. Risk assessments detailed what staff support was required to keep people safe and the management of risk ensured the least restrictive options were used. Due to one person's risk involving access to the internet, Wi-Fi access was limited to all people using the service. The regional manager recognised the restriction and impact on others at the service. They explained this was temporary until a separate Wi-Fi connection was installed for the other people at the service to use. This was to be completed within six weeks of the inspection.

There were sufficient staff to meet people's needs. People said staff were always available to speak with, to help them and support them with activities. Comments included, "I like the staff. They are good at supporting us..."; "The staff are brilliant. They help me with loads of stuff" and "The staff are friendly. They have time for us..." Some people required one to one support throughout the day and two to one support if out in the community and this was provided. Staff said there were enough staff to meet people's care needs and keep them safe.

Steps had been taken to ensure staff were suitable to deliver care and support before they started work. The registered manager had obtained the necessary information, for example reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Any gaps in employment histories had been explored with prospective staff and a clear explanation had been recorded.

There were effective systems in place to promote fire safety. Regular fire safety checks were completed. The provider had installed vibrating devices used to alert people with a sensory impairment to the risk of fire. People using the service had access to pictorial information and prompts about fire safety and they knew what to do in the event of an emergency. Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building.

## Is the service effective?

### Our findings

People said staff knew how to support them effectively. One person said, "Staff are good at supporting us. I love the staff..." Another said, "They (staff) all help me..."

People were supported by staff with the knowledge to meet their needs and preferences. Records confirmed staff had undertaken a variety of training linked to the needs of the people living at the service. For example, physical and mental health needs, including behavioural management; emerging personality disorders and learning disabilities. Staff were trained to use positive intervention techniques and behavioural support programmes to support people who may display challenging behaviour. The predominant language used by people at the service was British Sign Language (BSL). All staff had completed a BSL course and all staff could use BSL at some level. The provider had responded to staff's requests for additional support with 'electronic learning' by organising a BSL interpreter to assist staff with their learning and development.

New staff received induction training to ensure they had the skills, knowledge and confidence needed to undertake their role. Staff said they were supported in their role, understood their responsibilities and had regular supervision and team meetings. This meant they were informed of any changes within the service; they had opportunities to discuss their work and receive feedback about their performance.

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. People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's behaviour and their lack of capacity to make decisions and manage their emotions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, for suitability of placement. This demonstrated that staff worked in accordance with the MCA.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had liaised with appropriate professionals and made an application for a person who required this level of support to keep them safe.

People were supported to plan menus; shop for provisions and cook meals. People said they really enjoyed cooking. One said, "I can cook independently and staff make sure my diet is varied and healthy." Another explained, "I cook myself so the food is lovely and I get massive portions!" People's dietary preferences were recorded and understood by staff. For example one person required their food to be stored and prepared in line with their religious and cultural belief and this was fully respected.

People were supported to maintain good health. Their physical and mental health needs were assessed and people were supported to access health and medical services when necessary. Feedback from health was

very positive. They described good communication with the service and confirmed any recommendations made by them were carried out. Comments included, "They have done a lot of work with one person to help and support them...they (staff) are responsive to their needs"; "Staff are knowledgeable about (person) and are keen to learn and find new strategies...they are always willing to take advice" and "Staff understand service users' needs and advocate on their behalf."

The premises were clean and tidy, and homely. People were encouraged and supported to personalise their private bedrooms and they had their personal effects around them. Carpets in the communal lounge and hallways and stairs were stained and looked dirty. However, the deputy manager and regional manager confirmed carpets for these areas were to be ordered within a few weeks of the inspection. Since the last inspection new flooring had been fitted in the kitchen and dining room.

## Is the service caring?

### Our findings

People received support that was compassionate and kind. The atmosphere at the service was friendly and relaxed. During the inspection we saw lively discussions about the plans for the day and laughter and jokes shared between staff and people living at the service. People described the positive relationships they had developed with staff. One person said, "I love the staff. I like living here and want to stay..." Another said, "Staff understand me...they are kind...they are my friends..." A third person said, "I get on with all the staff. My best relationship is with deaf staff. They understand and listen...all staff are respectful and help me..."

Staff provided a caring and supportive environment for people who lived at the service. Staff interacted with people in a respectful manner. Our observations showed staff to be kind, interested and caring. They were good humoured and friendly in their approach. One person said, "(Staff name) is silly and funny. He is very good..." Healthcare professionals said the care provided at the service was very good and that staff always looked at doing what was best for each person using the service. One said, "They have work a lot with (one person). They have a good relationship with (person) and ensure they are safe. (Person) engages well with staff and seems happy with the support." Another said, "Staff are very person centred. Deaf staff provide a good role model for people. It is a very good service."

People's individual needs and preferences were respected. One person required the storage and preparation of their food to be in line with their cultural and religious beliefs and this was respected. Separate storage was available for the person to use. They told us they were happy with the arrangements.

Staff communicated well with people using British Sign Language. People were actively involved in making decisions about their care and support. They had been involved in their care planning and attended care plan reviews. People were asked how they wanted to spend their time, what activities they wanted to do and what they wanted to eat. People said there were no unnecessary restrictions put on them. One professional said, "The service listens to people and acts on their wishes and concerns".

Staff knew people well and promoted their independence and choice. People told us about the opportunities provided to develop their independence and daily living skills. For example, one person explained staff were teaching them to cook; to do their washing and to manage a budget. They added, "There is always something new to learn. The staff are good at supporting us..." Another person explained they were enabled to do their own shopping but weren't able to manage their own budget. They said, "I put my food in the trolley and staff pay, so I am not getting that experience (of paying and dealing with money)." We passed these comments on to staff to consider how to develop the person's independence with managing money.

Where people may require additional support to make complex decisions, information on advocacy services was available. An advocate is a lay person who can support people to speak up for themselves. An advocate had been used recently to assist one person with making decisions.

People were supported to maintain relationships with their friends and families. Some people regularly

visited family members, some with the support of staff. People had developed friendships within the service and outside at college and clubs. They told us they all got on well. One person said, "We all get on in the house. I know when to give someone space..." Another said, "I like everyone. We are friends here..."

People's private and sensitive information was stored securely and only available to those authorised to view it. Computer records were password protected to make sure that people's confidential information was handled safely.

## Is the service responsive?

### Our findings

People received a responsive service, with personalised care and support, which was based on their needs; their preferences and things that were important to them. One professional said, "This is a unique and wonderful provision..."

Before people moved to the service a detailed assessment of their needs was carried out. Information was gathered about all aspects of the person's preferences and support needs. This ensured the service could meet individual needs and provided an opportunity for people to find out about the service and make an informed choice about whether they wished to live there.

Comprehensive support plans were in place, which reflected people's needs and preferences. They contained up to date information for staff to follow. Where people may display challenging behaviour, positive behavioural support plans were in place. Staff had a good understanding of people's support requirements and preferences and they offered their support in ways that people responded well to. People's care and support was routinely reviewed with them.

Staff displayed empathy and care for one person who was experiencing mental health issues. Their care records contained detailed information about how to support them. Records of regular one to one support with the person showed a high level of engagement with staff, with staff listening to their concerns and worries and offering advice and reassurance. A health professional explained, "The staff are monitoring (person) and are very responsive to (person's) needs."

Some people had moved from children's services to Clearbury. Staff ensured transitions to the service were managed as sensitively as possible. They had worked closely with people, professionals and families (where appropriate) to ensure the transition to the service was managed in the best way possible.

People were able to participate in a broad range of suitable activities in line with their interests and preferences. For example, during the inspection a fishing trip and a trip to the cinema (with subtitles) had been organised. Some people attended college; they were also supported to spend time in the local community using local facilities in order to develop new skills and to socialise.

Each person had agreed a weekly activity plan which included information about their chosen routines and activities. Activities were tailored to the individual and included shopping; cooking; domestic chores; visits to local places of interest (the gym for instance); swimming or following interests such as photography. People said they enjoyed the activities. One person especially enjoyed regular visits to the young people's deaf club, where they had an opportunity to meet peers and develop friendships outside of the service.

People were also supported with their plans for the future. One person explained they wanted to find a job. Staff had encouraged and supported the person. Another person planned to live more independently in the future and described the ways staff supported this ambition. The person was very happy with the support from staff to help develop their daily living skills. They explained staff helped them to manage chores, and

they planned to learn to drive. They said, "Staff help me with lots of things. This gives me confidence..."

The service had policies and procedures in place for receiving and dealing with complaints and concerns. The complaints procedure was also available in an easy read print and pictures format. People using the service said they would speak with staff about any worries or concerns and felt confident any issues would be listened to and addressed. The service had received three complaints in the past 12 months. Complaints had been responded to, discussed with the people concerned and resolved.

## Is the service well-led?

### Our findings

There was a suitably qualified and experienced registered manager in post, although they were not present during the inspection as they were on leave. 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.

The registered manager was supported by a deputy manager and area manager; both were present at the inspection. The deputy manager understood their responsibilities in terms of the day to day management of the service and the procedures in place for reporting any adverse events to the Care Quality Commission (CQC) and other organisations such as the local authority safeguarding team.

People expressed confidence in the management team and knew both the registered manager and deputy manager. One person said, "I like (the registered manager and deputy). You can talk to them..." One professional said, "We need more specialist services like this one. It is a scares resource..."

There were clear lines of responsibility and accountability within the service. The registered manager and deputy manager ensured they were kept informed and updated of all the activities within the service. Staff were clear about their responsibilities and confirmed they were encouraged to discuss any concerns or problems with the registered manager or deputy manager. Staff felt communication was generally good with handovers for each shift to up-date staff about any changes. One staff member told us, "If you have a challenging day you can approach the manager and talk through what has happened. It is lovely to chat and get things off your chest..." Another said, "This is a good place to work...I love it. You can speak with the manager or staff about anything. I am not expected to do things I don't feel confident to do..." The provider had introduced an employee of the month scheme to recognise staff's hard work and good practice.

The service had a positive culture that was person-centred, open, inclusive and empowering. It had a well-developed understanding of equality, diversity and human rights and put these into practice. For example, individual cultural and religious requirements were recognised and planned for. Advocacy services were used where necessary to support people when making decisions. Care and support was personalised and met people's individual needs, aspirations and preferences. For example, supporting people to develop independent living skills.

There was an effective quality monitoring system in place. People and staff had opportunities to contribute their views about the service. Regular house meetings were held to discuss issues such as food, activities and any proposed changes. One to one meetings were also held with people to get their feedback regularly about 'what was going well' and 'what wasn't going well'. People said they felt involved and were confident to raise any issues they had. One person said, "We can chat about anything...things that need doing; things we might like to do..."

Annual satisfaction surveys were given to people and staff to complete to enable to give their feedback

about the service. These had been completed in July 2017, just a couple of weeks prior to the inspection. The deputy manager was reviewing responses and aimed to hold one to one discussions with people about any suggestions they might have made. Staff surveys had raised the issue of stained carpets and this work was in hand, as replacements being organised.

The provider employed an independent consultant, who used British Sign Language to visit the service regular to undertake an audit of the service and to speak with people using the service. Their reports looked at all aspects of the service and made recommendations for the provider for improvements. Action plans were in place where improvements were required and these were reviewed to make sure action was taken. For example, improvements to the physical environment with the replacement of carpets and the additional support needed for deaf staff with their continued learning. Regular audits were also carried which included health and safety checks and audits to ensure people lived in a safe environment.

Where incidents or accidents had occurred, the registered manager analysed these and took action to change to address. For example following an incident with one person, staffing arrangements were reviewed. Following medicines errors staff were supported with additional training and support. This showed the service was learning from incidents and striving to continually improve the service.

Staff maintained good records for each person that provided important information about their needs and the care and support they received. Records were kept secure and confidential.

The service worked in partnership with other key organisations to foster strong networks and links. People were encouraged to attend outside recreational activities in the local area, such as clubs and activity centres. The service liaised with these organisations to keep up to date with people's progress and interests. People also benefitted from the good relationships established with health and social care professionals.