

Cambian Asperger Syndrome Services Limited

Cambian Asperger Syndrome Services Limited - 18 Kings Park Road

Inspection report

18 Kings Park Road
Boscombe
Bournemouth
Dorset
BH7 7AE

Tel: 01202729911
Website: www.cambiagroup.com

Date of inspection visit:
28 March 2019
02 April 2019

Date of publication:
05 June 2019

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: 18 Kings Park Road is a care home registered to provide accommodation and personal care for up to nine people diagnosed with autistic spectrum disorders. There were four people living at the home during the inspection.

People's experience of using this service:

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because the service was registered for nine people and the current guidance implemented in 2017 reflects that smaller numbers of people living together have much better experiences and achieve better outcomes. It would be highly unlikely that we would register this model of service now when considering applications for services for people with autism. The provider was actively exploring how it could best achieve the principles of registering the right support within its services. People told us they much preferred living at the home with just four people living there.

People we met were happy and relaxed. People told us they were happy living at the service. They consistently told us how they were listened to and treated with exceptional kindness and respect. We received overwhelmingly positive feedback on how staff were supportive and went the extra mile to get the care and support just right for people.

Risks to people's health, safety and wellbeing were assessed and management plans were put in place to ensure these were reduced as much as possible.

People were supported to make choices and staff supported people in the least restrictive way as possible. Staff were very aware of the legislation to protect people's rights in making decisions.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. People had become much more independent and were involved in all aspects of decision making about their lives.

Staff were provided with the training, supervision and support they needed to care for and support people well.

The service was responsive to people's changing support needs and staff adapted levels of support to the individual's needs at the time.

There was strong leadership at the service and people and staff spoke highly of the registered manager. There was a positive culture at the service where staff felt listened to and supported. There was a strong drive to continuously improve the service for people. Staff told us they were proud of the achievements of

people living at the service.

The registered manager and provider had robust quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. There was strong open culture that focused on learning lessons and finding different ways of making improvements for people.

Rating at last inspection: At the last inspection the service was rated good (report published September 2016). The service has improved in 'how well led the service is?' and the service remains 'good' overall.

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Cambian Asperger Syndrome Services Limited - 18 Kings Park Road

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One adult social care inspector carried out the inspection.

Service and service type: 18 Kings Park Road is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager registered with the Care Quality Commission. This means 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: The first day of inspection was unannounced and the second visit was in the afternoon and evening to spend time with people who lived at the service.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us, called a provider information return (PIR), to give some key information about the service, what the service

does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with three of the four people who used the service and spent time with them. We also spoke with a person, who was visiting, who used to live at the service before moving on to a supported living setting.

We spoke with eight members of staff including the registered manager and the head of the Cambian Wing College, who was responsible for managing all of the local services.

We reviewed a range of records. This included one person's care records, medication records, and records relating to the management of the home. Following the inspection, the registered manager sent us information relating to staff training, incident analysis, support planning information, staff and peoples debrief information and the service's improvement plans. We also received feedback from one health care professional and three relatives.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had a good understanding of how they could report any worries or concerns they had about their safety.
- Staff fully understood their role in protecting people from abuse. All staff had received training on the safeguarding of adults and children.
- The registered manager and staff team had a good knowledge of safeguarding and had raised issues with the local authority and the police when concerns had been identified.
- Harassment, discrimination and bullying were challenged and staff supported individuals to understand the need for respect for others in the home and in the community. Pictorial information was available to support some people's understanding.

Assessing risk, safety monitoring and management

- Risk assessments were robust and captured the unique risks people faced from and to others, towards themselves, and any relevant risk history. It was clear from risk assessments, how staff could help mitigate risks, and how to de-escalate a situation if a person became upset or distressed.
- People told us they and their parents (where the person was under 18) were fully involved in developing their risk management plans. People fully understood the need for any positive behaviour support plans and told us staff supported them in line with their plans.
- People told us that following any incidents where they had become anxious or upset they had the opportunity to have a debrief with staff and discuss how they had felt during the incident.
- The environment was risk assessed and health and safety checks were completed to assess if the home environment was safe for people to live in. Maintenance issues were dealt with promptly.

Staffing and recruitment

- The service was fully staffed and people told us they knew all the staff well that supported them. They told us there were always enough staff on duty to support them.
- The service had robust recruitment procedures in place at the last inspection. There had not been any changes in the processes since the last inspection so we did not look at staff recruitment records.

Using medicines safely

- Medicines continued to be safely managed.

- Staff were trained and deemed competent before they administered medicines, and regular checks ensured people received their medicines safely. People said they received their medicines when they needed them.
- Where safe to do so, people were encouraged to manage their own medicines. This promoted people's independence.

Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections.
- The service employed a staff member to clean and maintain the house. The house was very clean and free from odours. Some people helped and were encouraged with the cleaning of their bedrooms.

Learning lessons when things go wrong

- Accidents and incidents were recorded and responded to appropriately and lessons learned. The registered manager had oversight of these, and with the provider, monitored them for any trends or patterns.
- Following multiple incidents with two people who had previously lived at the service there had been lots of lessons learnt. There was now a very proactive approach that included a full review of the initial assessments of people to ensure their compatibility with other people living in the house and to make sure they could be offered a suitable placement. A behaviour support lead had been appointed and there was also new system for reviewing and communicating any slight changes in people's behaviour or mood both at the service and at college. This proactive approach had started to see a significant reduction in incidents where people were anxious or upset because staff were able to support people at a much earlier stage.

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

Good: 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

- The service applied the principles and values of Registering the Right Support and other best practice guidance. This ensured that people who used the service had a life that achieved the best possible outcomes for them including control, choice and independence. However, the provider and registered manager also recognised that the size of the service did not support all of the principles of the guidance. The provider and local services were looking at how they could best meet these principles.
- People told us they preferred living in the house with less people. One person said, "It's great at the moment it's quiet and calm" and another person said, "It's much less chaotic".
- Thorough and detailed assessments of people's support needs were carried out by the service and these were developed with relevant professionals and regularly reviewed and improved.
- Assessments were unique to each person and contained information and guidance specific to each person's needs and wishes. The service was holistic in its approach to the assessment, planning and delivering support. People told us they had been fully involved and listened to. People's parents had also been involved where young people were under 18.
- People were supported to be themselves and given access to information and support to live their lives as they chose. This included them being provided with support to consider all aspects of their gender, sexual orientation and disability.

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 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. No one living at the service was subject to any restrictions of their liberty.

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

- Staff continued to have a good understanding of the MCA and when the principles should be applied. These principles were the starting point for all support decisions for people. All the people currently living at the service had the capacity to give their consent. They told us they had signed their support plans to show their agreement.

- People told us their consent was sought in relation to all aspects of their life. Where people were under the age of 18 staff worked with the young person and their parents in relation to any decisions that needed to be made. One person told us staff always sought their consent about what information they could share with their parents. People signed a consent form if they wanted ongoing parental involvement beyond the age of 18.

Staff support: induction, training, skills and experience

- People were very well supported by staff who had completed a range of training that was developed and delivered to take into account each person as a unique individual, respecting their characteristics and focusing on what is important to them in their lives. The service used best practice autism specific approaches. Staff training was also developed and delivered around people's individual needs.

- Staff skills were matched with people's individual's needs. For example, Polish staff were specifically recruited to support a Polish speaking person.

- Staff knew people extremely well and how to best meet their needs. They used the training they had received to support people to have a good quality of life.

- Following feedback from staff that staff supervisions did not always focus on their wellbeing and personal development. The provider had reviewed the format used and had recently introduced a new supervision format that focused in the needs of both the service and the staff member. Staff gave us positive feedback about the new format and said they felt very well supported by their line managers.

Supporting people to live healthier lives, access healthcare services and support;; Staff working with other agencies to provide consistent, effective, timely care

- Staff received training from a specialist healthcare team prior to one person moving in so they were able to meet and support them with their specific needs.

- A healthcare professional was extremely positive about how one person's needs were being met by the service. The person had subsequently recovered from their condition and the person was managing their anxieties around their condition. The healthcare professional told us the service was very effective at arranging multi agency meetings and ensuring good communications so the person's care plan was followed by all professionals. This included the service updating those professionals who were not able to attend meetings.

- People told us staff supported them to manage their health if they wanted them to. One person had been able to keep their local GP which was important to them.

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

- People were fully involved and helped to be in control of planning, shopping for their own meals, drinks and snacks. Complex dietary needs linked to autism had been well-managed to support people to maintain a healthy diet and weight. One person chose to shop and prepare all of their meals with staff supervision. They told us they really enjoyed cooking and they were trying new healthy meals from a recipe book staff had brought them. The other people shopped for and prepared their own meals once a week and were encouraged to work alongside staff to prepare and cook their meals the rest of the time.

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

- Since the last inspection the kitchen had been refurbished and the communal areas decorated. We saw the shared toilets, bath and shower rooms were well maintained.
- People told us they were happy with their bedrooms and they could have them how they wanted. However, they did not want to show us them and we respected this.

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

Good: 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

- Staff spoke of people with fondness and genuine concern for their wellbeing and happiness. They were so proud of people's achievements and progress.
- People were relaxed in the company of staff. We observed positive interactions between people and staff. People chatted, smiled, laughed and actively sought the company of staff.
- One person told us they had a good relationship with one member of staff and they felt comfortable phoning them if they were feeling anxious at college. They said the staff member always reassured them and they were then able to get on with their day at college.
- People were supported with relationships that were important to them. This included maintaining contact with family and friends and supporting people to visit them and have them to visit the house. During the inspection people had friends over to visit and other people were going out to visit friends.
- People were supported with a debrief following any behavioural incidents. This focused on positive support and using a social behavioural mapping tool to look at how the person could manage things differently the next time.
- One parent fed back '[person] has been so well supported and happy there we felt it was the right decision for them to join the residential team and wow what a team. From day one all members of staff have offered [name] so much support and nurturing while [they have] settled in. They have gone above and beyond in understanding [person's] issues. They always seem to listen to them and support them in making choices something they find hard to do.'

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

- People were able to make day to day decisions about their care and support. They felt comfortable asking staff for support and guidance when they had any important decisions to make. People's views were listened to and acted on. For example, one person requested a specific staff member as their key worker.
- People wrote their own care plans so that staff could follow their own guidance on how they wished to be supported and cared for. People also made changes to their behaviour support plans. This was following any crisis debriefs with staff, where they looked at what staff could learn and do better to support them at these times.
- People and parents (where appropriate) had been involved in care and support planning and had been given the opportunity to share information about their life history, important relationships, likes, dislikes and preferences. Support plans took into account people's disability, age, gender, sexual relationships, religion and cultural needs.
- People's parents fed back that the communication between the service and them was 'excellent' and they

were always kept in the loop with the person's permission.

- Staff offered people support with things, and decisions they may find difficult to make, but also respected the people's rights to do things on their own. Staff were very proud of people when they made decisions about things themselves which demonstrated their commitment to promoting independence.

Respecting and promoting people's privacy, dignity and independence

- Since the last inspection there had been a change in focus on promoting people's independence in all aspects of their lives. People were encouraged to set realistic goals to work towards. For example, one person was working towards independently travelling and another person was asking staff to step back so they could complete their food shopping on their own. People told us staff supported them to move their goals on at their own pace.
- A relative fed back, 'Staff at KPR have worked very hard to develop and improve [persons] life skills and independence. The way in which they have developed and taught these "soft skills" is exemplary, they use almost every opportunity to work on improving life skills and this is done in such a way that [person] rarely realises that he is being "taught".'
- One person who had previously lived at the service told us, "They really helped me with moving on. When I first came here I couldn't even cook pasta". The person was now living semi-independently and had a part time job. They attributed being able to do this to the support that they received whilst living at the service.
- People were supported and encouraged by staff to respect themselves and other people. Staff provided people with guidance and support about how to respect and understand others if this was needed.
- People told us staff always respected their privacy and dignity. They also knew there were house rules in relation to alcohol and smoking and possible room searches. People were included in making the house rules and that these were reviewed in house meetings. People knew these were conditions of living in the house and did not have any issues with these rules.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There was a strong, visible and person-centred culture that was built on positive relationships with people. The service helped people to express their views so that staff and others understood their preferences, wishes and choices, and helped put them into action.
- Support plans were regularly reviewed and analysed for effectiveness and to set new goals that were achievable. The service was introducing a new person-centred care planning system that focused on people's strengths and abilities.
- People told us staff were very skilled about supporting them to identify and set realistic and achievable goals and outcomes.
- The support people had received resulted in some people's lives changing beyond all recognition. For example, one person told us when they first moved into the house they had been withdrawn, unwell and did not engage with anyone. They were now working fulltime in health and social care and studying to complete a vocational qualification. They told us they could not have achieved this without the support of the staff at the service.
- People had opportunities to be occupied during the day and they either worked or attended college. Some people liked to lead active lives and planned different leisure opportunities with staff such as choir, swimming, walking and going on day trips. Other people chose to spend time gaming and having quiet time after their day at work or college.
- The service was also part of a social hub initiative which was developed in response to people wanting more opportunities to socialise in groups with other people in other houses linked to the college. ● Information was available in a variety of formats to meet the communication needs of those people using the service.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and had been given access to an easy read complaint's procedure.
- Complaints had been dealt with appropriately by the registered manager and used as an opportunity to improve the service. Any relevant learning was shared in team meetings and staff supervisions.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection the service required improvement as to how well led it was. The registered manager had been registered since March 2018 and there had been significant improvements in how well-led the service was that have had a positive impact on both people and the staff team.
- The registered manager and management team had a highly effective oversight of what was happening in the service, and when asked any questions they were able to respond immediately, demonstrating an in-depth knowledge in all areas.
- There was a clear management structure and staff were aware of their roles and responsibilities. Staff told us the representative of the provider was also very approachable and visible in the service.
- All staff fed back the great sense of teamwork and the strong focus on personalised care and support for people. Staff told us they worked as a team under the leadership of the registered manager. One staff member who had worked at the service for a number of years told us, "I'm included in everything and I'm now treated as part of the team", another member of staff said, "We are listened to and can feed into any changes that are happening", and third member of staff said, "[registered manager] is amazing it was the most easiest transition into a new job I've ever done".
- Staff told us there was a very open, no blame and learning culture at the service. For example, there had been a full provider level review following the service supporting two people with very complex and challenging needs. Staff told us they were well supported and they had been provided with ongoing support and debriefs through the time the service supported these people. As a result of the review a new admission procedure was implemented, and the learning had also been shared with commissioners of services to prevent any reoccurrences.
- New systems and missing person's documentation were quickly introduced after working with the police service to understand what information they needed. This was following a number of incidents of people going missing from the service.
- Team meetings were always used as a learning opportunity. For example, safeguarding quizzes and case studies were completed to check staff's knowledge around any current safeguarding trends.
- There were extremely robust quality monitoring systems that that been introduced which focused on improving outcomes for people who used the service. This included the assessment of the service against CQC's five key questions.
- The registered manager reviewed outstanding reports for similar services and analysed these with the staff team to identify areas of outstanding practice that could be adapted and applied to the service and have a positive impact on the people living there.
- The registered manager attended local partners in care forums,

and met with other registered managers, to share and learn from other's good practice. This helped to make sure people received support and care in line with up to date best practice guidelines

- The service had launched an employee of the month who could be nominated by people and or other staff.

Engaging and involving people using the service, the public and staff; Working in partnership with others

- People's views were sought via their individual reviews and house meetings. People told us they had a voice, and they felt like they mattered.
- Two of the young people were representatives on the 'student council' that met half termly. This forum acted as people's voice both at the service and the college. They set their own agendas and organised things across the college and the homes. For example, they had organised a whole group trip to Harry Potter World themselves.
- People said the house meetings were a way to talk about areas that affected them all and discuss new ideas for activities and menus. There was a very personalised approach to these meetings respecting that some people felt uncomfortable talking with others. The facilitator of the meeting would meet with people separately to discuss the meeting agenda. Suggestions from people were responded to and put into action. For example, people were planning a day trip to a theme park.
- People's and family member's views were also sought via surveys that focused on the five key questions that CQC asks. Where anyone expressed any dissatisfaction, worries or concerns in the surveys these were followed up and addressed.
- Staff told us they were involved and valued. They said they now had lead roles. For example, one staff member was responsible for organising activities with people and another was responsible for menu planning with them.
- The service worked in close partnership with the Cambian Wing College and the professionals and therapy team based there. There was a now proactive working relationship with people receiving support from professionals in the house as well as at college.
- The service had taken part in different workshops that focused on improving people and staff's understanding of keeping safe. For example, the staff and people had taken part in a safeguarding project looking at 'county lines' which term used when drug gangs from big cities expand their operations to smaller towns, often using violence to drive out local dealers and exploiting children and vulnerable people to sell drugs.
- There was a multi agency approach to safeguarding with the registered manager proactively working with safeguarding boards, the police and safeguarding teams. This has meant the agencies have a better understanding of each other and the needs of the people living at the service. Which has resulted in a much smoother process when completing safeguarding referrals.
- Feedback from a professional working with the service was all positive. They told us the home was well led, good at communicating people's needs and acting promptly.
- Feedback from parents included how professional the staff and the service was whilst remaining 'relaxed' and 'homely'.