

Cambian Asperger Syndrome Services Limited

Cambian Asperger

Syndrome Services Limited

- 14 Southwood Avenue

Inspection report

14 Southwood Avenue
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21 November 2016

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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

The inspection took place on 15 November and 21 November. Both visits were unannounced. It was carried out by a single inspector.

The service had a registered manager 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.

14 Southwood Avenue is a care home registered to provide accommodation and personal care for up to eight people diagnosed with autistic spectrum disorders and learning disabilities. Five people were living at the home at the time of our inspection. The registered manager explained that the home was a 38 week service meaning people who live there go back to their families during college holidays as the home closes during these times.

On the ground floor there was a communal kitchen, dining room, living room and games room. There was also a staff office, medical room and toilet. On the first floor there were four bedrooms and a communal bathroom. There were a further four bedrooms on the second floor. All bedrooms had a sink and a toilet, six of these had showers. Two people shared a bathroom.

Staff had a good understanding of the Mental Capacity Act and training records showed that they had received training in this. The home was starting to complete capacity assessments and record best interest decisions where appropriate.

We were told the food is good. There was an effective menu planning system in place for people who received meals from the service. Other people chose to be independent with their cooking. Food records we looked at did not show us how the service was supporting people with nutrition. The service was able to explain and show how they were. Capacity assessments were currently being completed to reflect this and evidence how people had been given appropriate support and information to make informed decisions. People told us cooking was important to them.

People were supported to access healthcare appointments as and when required and staff followed professional's advice when supporting people with ongoing care needs. An advocate visited the service on a regular basis and contact information was seen on the people's notice board.

People, relatives and staff told us that the service was safe. Staff were able to tell us how they would report and recognise signs of abuse and had received training in this.

Southwood Avenue had comprehensive risk management systems in place. There was a signing in and out book for people which referenced risk assessments relevant to the activity taking place.

Care files were in place which detailed the care and support people needed to remain safe whilst having control and making choices about how they chose to live their lives. Each person had an individual risk assessment in place which linked to their behaviour support plans. These ensured risks to people were managed and that people were protected.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines. Medicine administration records reviewed showed no gaps in the recording of medicines administered. People were being supported to manage their own medicines safely.

Staff had a good knowledge of people's support needs and received regular mandatory training as well as training specific to their roles for example, autism, positive behaviour support and incident report writing.

Staff told us they received regular supervisions which were carried out by management. We reviewed records which confirmed this.

People and relatives told us that staff were caring. We observed positive interactions between staff and people. This showed us that people felt comfortable with staff supporting them.

People had their care and support needs assessed before using the service and care packages reflected needs identified in these. Outcomes were set by people and outcome focused reviews took place. These evidenced that people were actively supported to work towards their individual goals and outcome areas. We saw that these were reviewed annually by the service with people, families and health professionals when available. A relative told us, "Review meetings are important and gives us an opportunity to raise concerns".

People, staff and relatives were encouraged to feedback through house meetings, one to one time with their keyworker and termly quality surveys. We found that feedback from people was listened to and improvements made in response. This told us that the service listened to people's experiences and concerns.

There was a system in place for recording complaints which captured the detail and evidenced steps taken to address them. We saw that there were no outstanding complaints. This demonstrated that the service was open to people's comments and acted promptly when concerns were raised.

People, their families and staff all told us they felt the service was well managed. They told us the registered manager, staff and the management team were all approachable, knowledgeable, that there was good communication and they were efficient. Staff had their own lead responsibilities and spoke enthusiastically about the positive teamwork and support they received.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner.

Quality monitoring visits and audits were completed by the management team. These included environment, medicines and safeguarding. There were also spot checks carried out by the management and additional audits completed by other registered managers from the other local Cambian services. This showed that there were a number of good monitoring systems in place to ensure safe quality care and support was provided to people.

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. There were sufficient staff available to meet people's assessed care and support needs.

People were at a reduced risk of harm because staff had completed safeguarding training and were able to tell us how they would recognise and report abuse.

People were at a reduced risk of harm because risk assessments and emergency plans were in place and up to date.

People were at a reduced risk of harm because medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained to give medicines.

Is the service effective?

Good 

The service was effective. People were supported to maintain healthy balanced diets. Information and support that was given to people to make informed decisions about what they eat were not always recorded.

Staff received training to give them the skills they required to carry out their roles.

Staff were supported and given opportunities for additional training and personal development.

People's choices were respected and staff understood the requirements of the Mental Capacity Act 2005. Capacity assessments were starting to be completed.

People were supported to access health care services as and when required.

Is the service caring?

Good 

The service was caring. People were supported to take responsibility for their living environment and participate in cooking their own meals.

Staff treated people in a dignified manner and had a good

understanding of the people they supported.

Staff empowered people to make decisions about how they liked to live their lives which people told us was important to them.

People were supported by staff that knew them well and spent time with them.

People were supported by staff who respected their privacy and dignity.

People were supported by staff that used person centred approaches to deliver the care and support they provided.

Is the service responsive?

Good ●

The service was responsive. People were supported by staff that recognised and responded promptly to their changing needs and behaviour.

People were supported to access the wider community both independently and accompanied when necessary.

A complaints procedure was in place. People and their families were aware of the complaints procedure and felt able to raise concerns with staff and management.

Is the service well-led?

Good ●

The service was well led. People, staff and relative told us the management were good and spoke positively about the care and support provided.

Regular quality audits were carried out to make sure the service was safe and quality meetings took place.

Staff had lead responsibilities which had a positive impact on the service and people who lived there.

Professional boundaries were established. A positive culture which was inclusive was well embedded.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and this was done in a timely manner.

Cambian Asperger Syndrome Services Limited - 14 Southwood Avenue

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 was planned to check 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.

The inspection took place on 15 November 2016 and was unannounced. The inspection continued on 21 November and was again unannounced. It was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

The provider completed a Provider Information Return (PIR). This 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 spoke with three people who use the service and three relatives. We met with the registered manager, assistant team manager and nominated individual. We discussed the service with eight staff. We walked around the building observing the safety and suitability of the environment and observing staff interactions with people and practice. We used these general observations to help us understand people's experience of living in the home.

We reviewed two people's care files, incident reports, medicines, policies, risk assessments, quality audits and the complaints log. We looked at two staff files, the recruitment process, staff meeting minutes, student

meeting minutes, training, supervision and appraisal records.

Is the service safe?

Our findings

People told us they felt safe at Southwood Avenue. One person said, "I'm really pleased to live here. It's safe and in a nice location". Another person told us, "I don't feel there is any danger here so I feel safe". Another person said, "Southwood is pretty good. I feel safe and like the freedom here in the house and out in the community".

A relative told us, "Southwood is safe for (name). They have supported them to understand and look after their own safety". Another relative said, "The service is fantastic and is ideal for (name). They have a good quality of life there". A staff member said, "It's a safe house for people. We have risk assessments in place. Hazards are locked away. Maintenance is reported. There is a door entry system and 24 hour staffing".

Staff were able to tell us how they would recognise if someone was being abused. For example, they told us that they would look for changes in behaviour, unexplained marks or money not adding up. Staff told us they would raise concerns with senior staff or management. Staff were aware of external agencies they could contact if they had concerns including the local authority safeguarding team and the Care Quality Commission. Staff told us that they had received safeguarding training and that it was regularly updated. We looked at the training records which confirmed this. There was a comprehensive local safeguarding and whistleblowing policy in place which were up to date. In addition to this we noted that information about keeping people safe was displayed on notice boards.

Southwood Avenue had comprehensive risk management systems in place and staff had a good understanding of these. A staff member told us, "Risk assessments can be for anything; these identify hazards and assess scenarios so that we can put strategies in place to reduce the risks to people, staff and/or others". One system the service used was a signing in and out book for people. This was completed when people left and returned to the home during the day. It recorded the date and times people left, their destination, contact number and their estimated time of return whilst also recording their actual time of return. The record also referenced risk assessments which were relevant to the activity. Risk assessments covered a variety of activities for example, independent travel, unsupervised cycling, use of staff cars and lone working. People had been assessed by staff and judgements made as to whether people could participate in the associated tasks safely and competently and whether they could do these independently or with support. A relative told us that a few years ago their loved one found it hard to access the community due to anxiety and behaviour. They explained how the service had supported them to progress and gain confidence. We were told that this person can now access the community independently. This showed us that risks to people and the service were managed appropriately so that people were protected and their freedom was respected.

There was a business continuity plan in place which covered various scenarios from fire to accidents and dealing with media to missing persons. There was clear step by step guidance for staff to follow and contact details. This meant that staff had the information they needed to keep people and themselves safe should an emergency situation take place.

There were suitable numbers of staff to meet people's individual care and support needs. People's individual needs were assessed during the admission process and support hours provided to people according to their assessed needs. . A person said, "There are enough staff here. Staff are always willing to help. I have never had staff refuse to help me". A staff member told us, "There are enough staff here. There is a ratio of four people to one staff member and one to one support is provided when necessary. There may also be times when two staff may need to support people following an incident. There are always enough available". Another staff member said, "We are lucky to have enough staff here. People are able to go out individually with staff and as a group". We reviewed the rota and saw that it reflected the staff ratio we were told by the registered manager.

Recruitment was carried out safely. The staff files we reviewed had identification photos, details about recruitment which included application forms, employment history, job offers and contracts. There was a system which included evaluation through interviews and references from previous employment. These included checks from the Disclosure and Barring service (DBS) to ensure staff were safe to work with vulnerable adults.

Medicines were managed safely. Medicines were securely stored and only given by staff trained to give medicines. The medicines representative was taking steps to organise and update the storage facilities and paperwork. They told us, "I am currently re-organising the medication storage. It was kept in a tall thin cabinet but will be moved to this wider lower one to make it more accessible". We were also told that new signage was being created and were shown that the medicine file only contained the most up to date information and records. This made sure that information was readily available and easy to find. We saw that medicines were signed as given on the Medicine Administration Records (MAR) and were absent from their pharmacy packaging which indicated they had been given as prescribed. Medication audits took place regularly both by the medicines lead and the management. These audits looked at storage, stock and gaps in recording and/or missed doses.

Is the service effective?

Our findings

We saw that visual information and recipe books were available to people in relation to healthy eating and nutrition. The house menu showed that there was a variety of healthy food provided to those who were not independent with cooking their own meals. We saw that allergens were clearly identified on the menu and that alternative food options were available. People we spoke to said that cooking was important to them. A staff member told us, "We support people to maintain healthy diets; people here have capacity to make their own decisions about food they eat. We try to role model and give information behind why certain foods are good. We also have food monitoring in place". We reviewed two people's food monitoring records. These people were assessed as competent and independent in cooking so received their own food allowance to shop for ingredients and make meals of their choice. The records did not evidence that these people were maintaining healthy balanced diets. A relative said, "There appears to be a take away culture at times, (name) is not always encouraged to eat healthy meals. I have bought this up and think that it's getting better". The registered manager was able to show us how they were supporting people to understand the importance of nutrition and healthy living. We saw that people from Southwood who attended the Cambian Wing College received lessons as part of their curriculum which enabled them to learn more about takeaway food, obesity, diet and mood changes associated with too much caffeine. We discussed unwise decision making with the registered manager who told us they were looking into completing capacity assessments. These would evidence what information, education and support is provided by staff for the people to then be able to make their own informed decisions. The registered manager also told us that they were arranging for a nutritionist to come to the home and provide people with a nutritional workshop. This demonstrated that an effective approach was being used to support people with maintaining healthy balanced diets and ensuring that people with capacity had the required information to make informed decisions.

Staff were knowledgeable of people's needs and received regular training which related to their roles and responsibilities. We reviewed the training record which showed that staff had received training in topics such as safeguarding, fire safety, information governance and first aid. We saw that staff had also received training in topics which were specific to the people they were supporting such as managing actual and potential aggression (MAPA), positive behaviour support and autism. A person said, "If I get upset I know I can always speak to staff, they understand me". A relative told us, "There is a good mix of experienced staff that are very skilled at what they do". A staff member told us, "Training is offered and received by all staff here. I have just done a refresher in safeguarding. Training is important; it's good to keep up to date with changes and new approaches".

New staff completed an induction programme which involved training and shadow working followed by competency tests. We saw that relevant new staff were working towards or had completed the care certificate or common induction standards. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training or experience. A staff member told us, "I have received a good induction into Southwood. Everyone is approachable and supportive. I have had time to build relationships with people and understand their needs". This told us that people were supported by staff who had the skills and knowledge to carry out their role.

Staff received regular supervisions with management and an annual appraisal. Staff told us supervision was useful to them. A staff member told us, "My supervisions are regular and I benefit from them. Targets are put in place for us to work towards".

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.

Staff had a good understanding of the Mental Capacity Act and worked within the principles of this. A staff member said, "MCA underpins the work we do here at Southwood. Each person is individual. It's about supporting people to make the right decisions". Another staff member told us, "We follow the principles by firstly assuming that everyone has capacity". We noted that people and or families had signed care plans and consent forms for example personal care, use of photographs and sharing information. A person told us, "I have access to my care file if I want it. I have signed consent to my care and support too". We reviewed this person's file and saw that this was signed and up to date. This demonstrated that consent was sought by people and or their families where appropriate.

We saw that the home had old capacity assessment templates on file and raised this with the registered manager who removed these and replaced them with the most up to date versions. We found that there were two forms one covering day to day decisions and another covering more significant decisions. We asked if any assessments had been completed for people who were administering their own medicines. We were told that these had not been completed but would be in response to our discussion. We found that these had been completed on day two of our inspection and discussed with staff in a meeting. This demonstrated an effective response by the registered manager.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). At the time of inspection no one from the home was subject to DoLS.

People were supported to access health care services. and there was a therapy team established within Cambian which included an occupational therapist, speech and language therapist, holistic therapist, psychiatrist, clinical psychologist and assistant psychologists. We reviewed records and saw that people had recently been supported to see GP's and dentists. People who needed an independent representative to speak on their behalf had access to an advocacy service. We noted that there were information and contact details for this service on people's notice boards and that an advocate regularly visited the home to talk to people.

Is the service caring?

Our findings

People, relatives and staff all told us that Southwood Avenue was a caring home. A person said, "Staff have shown empathy at times when I need emotional support. I have found this effective". The person went onto say, "Staff show genuine interest, there's a good relationship between people and staff". Another person told us, "Staff are caring, they sometimes go out of their way to be nice like take time to chat before leaving". A relative told us, "Staff do a great job". Another relative said, "Staff are caring. (Name) is always happy to return to the home".

A staff member told us, "I'm caring. I like to see people achieve. I listen, I remember and make sure people are happy". Another staff member said, "I genuinely care for people in a way that I would want to be cared for. I listen to people, give them structure and care about their needs". We observed staff on several occasions having positive interactions with people and heard banter and laughter at times which told us people felt relaxed and comfortable in staffs company.

The service promoted independence to the people who lived there. We observed on several occasions staff supporting people with life skill tasks for example; laundry and cooking. We also observed people independently cooking and saw that people had their own identified shelves in a communal fridge. A person said, "I cook independently and like to cook for others who live here. I did that recently. People enjoyed it and I liked doing it". A staff member told us, "I work with people to develop their life skills. I use verbal and visual prompts to support them to do tasks such as their own laundry". This was good evidence of empowerment, active involvement and how the service promoted people's choices and independence within their own living environment.

People were actively involved in the planning and review of their care and support. A relative told us, "We attend (name) annual review meetings. These are useful. (Name) attends these too". A person said, "I have review meetings. I like to attend these and I can choose who comes". Another person told us, "I'm involved in planning my care and reviewing it. I'm always able to chat about and access my file if I want to and have before". We were told that a person wanted to do work experience at a butchers as a goal. We found that the staff had worked with the person to secure this. We also found that two people had an interest in bush craft and attended this weekly. One person now taught this to others at Cambian Wing College. A staff member said we always put people's needs and interests first". This demonstrated that people were actively involved in planning and making decisions about their care and support.

We were told that families and friends were able to visit people in their home. The home was a 38 week service which meant that people went back to their families in the college holidays. People were also supported to spend time with their family in-between the holidays. Staff had regular contact with families and provided them with updates on people's progress and development. We found that family and friends who were important to people were identified in their care files.

People's privacy and dignity was respected by staff. People had locks on their doors and held their own keys. Communal toilets and bathrooms had locks on them. People's individual records were kept securely in

locked cabinets within the staff and/or manager's office to ensure sensitive information was kept confidential.

Is the service responsive?

Our findings

Southwood Avenue was responsive to people's changing care and support needs. Each person had an individual risk assessment which reflected guidance to staff from their behaviour support plans. These plans ensured that staff had the information required to respond appropriately to behaviours presented by people which may challenge the service. Behaviour support plans identified proactive strategies for example, how to prevent behaviours from occurring as well as active and reactive strategies which detailed what staff must do when behaviours start and how to support people to manage this. Following behavioural outbursts there was also information reflecting relapse prevention approaches which told staff how to prevent it from reoccurring. We found that these plans were comprehensive and effective. Staff told us that they found them very useful when responding to people in certain circumstances. A person told us, "If we get upset or angry staff are good at calming us down". We were told that a person had asked if their medicine could be administered at a time that was more convenient for them and fitted into their routine. We found that a meeting was arranged with the psychologist and the team. A protocol was put in place and shared with the team. We saw that this protocol was in their medication file. This demonstrated how people received personalised care which was responsive to their needs and wishes.

People's likes, dislikes, interests and hobbies were recorded in their care files. Activities were available to people for example, we saw an activities board which listed opportunities such as sea fishing, cinema, running club, gym and outdoor education centre details. A person told us, "I like the location of the house. It's near the beach and sea. I get on with my house mates and we do group activities". A family member said, "(name) is interested and enjoys going fishing. They are able to go down to the sea front and do it". A person said, "I like to do laser quest and bowling. I get to do this". The home had a games room for the people which had a TV, DVD player, games console and projector for people to use at their leisure. We found that activities were regularly discussed in student meetings. A person told us, "I am offered the opportunity to do a lot of activities. I recently visited a friend in Bournemouth. We went out to eat". We observed a staff member organising running club that evening and supporting another person to the gym on day two. This demonstrated that the home provided opportunities which were responsive to people's interests, hobbies, social and learning needs.

There was an effective comprehensive admissions process in place for people who were thinking about living at Southwood Avenue. The process was led by the transition manager and covered a three month period where daily reports were completed and a three month review took place. New people's placement plans covered people's individual needs, their levels of independence and the support people required. We found that people were fully involved in these and advocates were arranged as and when appropriate. Findings during the period enabled the service to reflect their care, support and staffing needs in care packages which were then discussed with the person's social worker and taken to a commissioning panel. The registered manager told us that any new admissions were discussed with the people during house meetings. Southwood supported people to move onto more independent supported living placements.

A staff member told us, "We all have an open approach and people seem able to come and see us, there's always an open door. Student meetings take place once a week". We reviewed the meetings file and saw

that they took place regularly. These were attended by most of the people who lived at Southwood Avenue. A person said, "Student meetings are quite useful to discuss ideas and ask for things". A staff member said, "Student meetings are important. They are an opportunity to discuss issues and maintenance for example". We noted whilst reading recent meeting minutes that a sink was reported as being blocked and that a person had expressed an interest in cooking for their house mates. We found that the person had cooked for the house and that the sink was now unblocked. This demonstrated that people were listened to and that the service learnt from people's feedback and experiences.

People, staff and relatives were all able to tell us who they would go to if they had a complaint or concern. We noted that there was information available to people regarding the complaints procedure which included contact details. For example, we saw that there were leaflets which were titled, 'is everything all right? If not, read this leaflet. These gave people the information, a space to write down their concern/s and a free post envelope to return it to a key contact for Cambian. This demonstrated an open culture where people were supported and encouraged to raise concerns and/or complaints should they have any.

People and relatives told us that they felt able to raise any concerns or complaints with the staff or management team. They were confident that any issue would be managed appropriately and responded to promptly. We found that there was a complaints system in place at Southwood Avenue which captured the nature of complaints and steps taken to resolve them. Southwood had received three complaints within the past 12 months which had all be resolved. For example, one complaint made was regarding house opening times at the start of term. We found that the service had responded to this positively and now open the Sunday before terms start. We noted that there were no complaints in progress or outstanding actions to be taken.

The registered manager showed us a compliments log that was also completed as and when positive feedback was received from people, families and professionals. We noted that one family member had written, "it's been a bumpy ride but (name) got there in the end. We couldn't have done it without you". A professional had written, "I want to compliment you on your staff. It makes such a difference to come into the house and be put at ease".

Is the service well-led?

Our findings

The registered manager had embedded an open culture within Southwood Avenue. We observed the manager on several occasions supporting and having conversations with people. Staff had additional responsibilities within the home for example, medicines, menu's and weights and heights. We spoke to the lead staff for these areas who demonstrated a good understanding of their roles and were able to explain to us the systems and recording processes they used to ensure people were supported in an inclusive and empowering way. A staff member said, "The management is good at getting staff together and they promote a positive working environment. They both work care shifts too".

People, relatives and staff were very complimentary about the management team at Southwood. A person said, "The registered manager is good, very approachable, willing to negotiate and discuss things". Another person told us, "The registered manager has done very well as a manager over the last year". A relative said, "The manager is great, they have got a good relationship with my loved one and us. They always do their best for us and listen". A staff member told us, "Southwood is led well by the management. The registered manager has an open door policy. They are always approachable and we are listened to. If I have something that needs to be done then it is. Things are actioned quickly which gives me confidence that I'm listened to". These comments told us that professional boundaries were established and positive leadership and good management took place at the service.

Staff meetings were held weekly. Like people's meetings, agendas are put up prior to the meeting so that all staff have the opportunity to add discussion topics. This showed us that staff were actively encouraged to be involved in raising topics for discussion. We read that meetings regularly covered areas such as; actions from previous meeting, medicines, safeguarding, people and training. We reviewed the last meeting minutes. This meeting took place following day one of our inspection. We found that areas discussed with the management team had been discussed with the staff. For example, the use of capacity assessments and the changes to medicines which the medicines lead was working on.

We reviewed incident report records and saw that staff debriefs took place following situations when people had displayed behaviours which challenged staff and the service. The assistant team manager told us that they felt debriefs were important for both people and staff. We were told that these are an opportunity to discuss behaviour support plans, reflect on the incident, think about what was behind behaviour and agree if approaches need reviewing. The management used an online incident reporting system which captured details and enabled the registered manager to quality monitor and analyse the information to identify any reoccurring trends.

We read the Cambian mission statement which was to actively enable people to achieve their best however it is defined for them or by them. Staff told us that they supported this and promoted it. We observed staff fulfilling the statement on several occasions throughout the inspection. For example; work experience opportunities, enrolling in external colleges and life skills. One person told us, "I was supported to choose a college course or A levels and was given the information. I chose to do A levels". Another person said, "I would like to do an IT tech job, staff have helped me write a CV".

This service completed a number of quality audits which were comprehensive and covered a variety of areas such as premises, safeguarding, medicines and a daily controlled drugs audit. In addition to these registered managers from the different local Cambian services take it in turns to audit each other's services. This auditing process gave an opportunity for an impartial review of systems and practice to take place and offered people and staff the opportunity to feedback to someone from outside of the home. We saw that the nominated individual also completed regular provider audits. This showed us that there were a number of effective quality monitoring systems in place to ensure the provision of care and support delivered was of best practice and high quality.

The service had made statutory notifications to us as required. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.