

Reading Borough Council

188 Whitley Wood Lane

Respite Care

Inspection report

188 Whitley Wood Lane
Reading
Berkshire
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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

188 Whitley Wood Lane Respite Care is a care home without nursing that provides a respite care service for up to six people at a time with learning disabilities or autistic spectrum disorder. People stay at the service for short periods, depending on an annual allocation of respite care nights. People and their carers are assessed for eligibility for respite care by Reading Borough Council. Once eligibility has been agreed, the number of nights per year are allocated depending on need. At the time of our inspection the service had 22 people in total who use the service for short term breaks throughout the year. Over the two days of our inspection there were four people staying for a short respite break, one stayed on both days and three others on the second day.

This inspection took place on 7 and 10 November 2017 and was announced. We gave the registered manager 48 hours' notice of our inspection as this is a small service and we needed to be sure staff would be available.

At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good and had continued to meet all the fundamental standards of quality and safety.

Why the service remained Good:

The staff team were caring and respectful and provided support in the way people preferred. People's rights to confidentiality, dignity and privacy were respected. People were enabled and encouraged to develop and maintain their independence wherever possible.

People received care and support that was personalised to meet their individual needs. People were able to continue their usual daily activities during their stay at the service. The service also provided access to the local community to enhance social activities. This meant people were able to access activities that took into account their individual interests and links with different communities.

Staff had a good understanding of how to keep people safe and protect them from abuse. Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been mostly taken to minimise those risks. We found some issues identified on a legionella risk assessment from May 2017 had not been actioned. The registered manager arranged for the outstanding work to be carried out by the end of November 2017.

Recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable. There were sufficient numbers of staff and medicines were stored and handled correctly.

People benefitted from a staff team that was well trained and supervised. We have made a recommendation that future ongoing staff training be updated in line with the latest best practice guidelines for social care staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice. People were supported to eat and drink enough and their health and social care needs were met.

People were relaxed and there was an open and inclusive atmosphere at the service. Staff were happy in their jobs and there was a good team spirit. Quality assurance systems were in place to monitor the quality of care being delivered and the running of the service.

Further information is in the detailed findings in the full report.

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 remains Good.	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 ●

188 Whitley Wood Lane Respite Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 and 10 November 2017. It was announced and was carried out by two inspectors on the first day and one inspector on the second day. We gave the registered manager 48 hours' notice of our inspection as this is a small service and we needed to be sure staff would be available.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with four people who use the service and five of their relatives over the telephone. We also spoke with the registered manager, two senior support workers and five support workers. We observed interactions between people who use the service and staff during the two days of our inspection. As part of the inspection we requested feedback from eight community professionals and received responses from three. We received additional feedback from seven members of the care staff team in the form of completed questionnaires.

We looked at four people's care plans, monitoring records and medication sheets, staff training records and the staff supervision log. Medicines administration, storage and handling were checked. We reviewed a number of other documents relating to the management of the service. For example, the electrical

equipment safety check certificates, gas safety certificate, electrical wiring certificate, fire risk assessment, fire safety checks, legionella risk assessment and the complaints, compliments and incidents records.

Is the service safe?

Our findings

The service continued to provide safe care and support to people.

People were protected from the risks of abuse. Relatives told us they felt their family members were safe when staying at the service. One relative commented, "We never have to worry." Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. We saw people were comfortable and at ease with the staff. One person commented, "I feel safe here."

People were protected from risks associated with their health and care provision. Staff assessed such risks and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with falling and epilepsy. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm. Community professionals thought the service and risks to individuals were managed so that people were protected. One professional commented, "The service completes and regularly reviews risk assessments to ensure the safety of individuals."

Personal and environmental risks to the safety of people, staff and visitors had been assessed and actions had been mostly taken to minimise those risks. We found some issues identified on a legionella risk assessment from May 2017 had not been actioned. The registered manager arranged for the outstanding work to be carried out by the end of November 2017. Before the end of our inspection the manager had taken steps towards developing and implementing a new monitoring process. The process was being developed to ensure that, in future, she was always aware of any recommendations for the premises that resulted from risk assessments or audits carried out by the provider or external contractors or professionals.

Safety checks of the premises were carried out regularly. For example, weekly hot water temperature checks, fire safety checks and fire equipment checks. The staff monitored general environmental risks, such as maintenance needs and fridge and freezer temperatures as part of their daily work. Emergency plans were in place and were followed. For example, emergency procedures in case of a fire or flood.

Staff received training in responding to behaviours that challenge. The training provided used positive behaviour support approaches and plans. The focus of the training was on de-escalation to actively reduce risk and the need for restraint. Techniques to help people should they become anxious were documented in their care plans. We saw staff were quick to recognise and deal with any signs of anxiety people showed at an early stage. We saw people were comfortable with staff and reassured by any actions they took to help reduce their anxiety.

There had been no new staff employed since our last inspection. At that inspection we found the service had good recruitment processes in place to ensure staff employed were of good character. People could be confident that staff were checked for suitability before being allowed to work with them. The service

sometimes used agency staff but made sure they always used workers who knew and were known to the people using the service. We checked the information the service held about agency staff they used and found the agency had confirmed that all required recruitment checks had been completed.

Staffing levels were calculated based on the needs of the people staying at the service at any one time. Care staff and people who use the service worked together on meal preparation and laundry. Care staff carried out cleaning and the provider's maintenance team dealt with any necessary repairs. Staff told us there were usually enough staff at all times to do their job safely and efficiently. Community professionals thought the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs. One professional commented, "Staff numbers are increased when necessary to ensure service users are appropriately supported."

People's medicines were stored and administered safely. Only staff trained in administering medicines and assessed as competent were allowed to do so. Medicines administration records were up to date and had been completed by the staff administering the medicines. We saw that staff carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

People were protected from the risk of infection. The premises were clean and tidy. Staff had been trained in infection control and we saw they put their training into practise when working with people who use the service.

Systems were in place to ensure details of any accidents or incidents were recorded and reported to the registered manager. The registered manager looked into any accidents or incidents and took steps to prevent a recurrence if possible. Investigations and actions taken were recorded.

Is the service effective?

Our findings

The service continued to provide effective care and support to people.

People received effective care and support from staff who knew how they liked things done. Each care plan was based on a full assessment and demonstrated the person had been involved in drawing up their plan. This was confirmed by the relatives we spoke with. The care plans were kept under review and amended when changes occurred or new information came to light.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff felt they received the training they needed to enable them to meet people's needs, choices and preferences. The service provided training in topics they considered mandatory, such as fire awareness, manual handling, medicines and food hygiene. All mandatory training was up to date. We found staff received additional training in specialist areas, such as epilepsy and gastric tube feeding. This meant staff could provide better care to people who use the service. Relatives thought the staff had the training and skills they needed when providing support to their family members. Community professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented, "Staff are knowledgeable, proficient and have a wealth of experience to call upon."

The care staff team was made up of the registered manager, two senior support workers and six support workers. People and their relatives felt staff knew what they were doing when they provided support. Staff were encouraged to study for additional qualifications. Of the eight care staff, five held a National Vocational Qualification (NVQ) in care at level 3 and two held an NVQ level 4. One member of staff was working towards their level 3 qualification.

We noted the mandatory training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in emergency first aid every three years, whereas current best practice guidelines say first aid should be updated annually. Other topics recommended for social care staff were not included in the provider's training curriculum such as communication and recording and reporting.

We recommend that the provider bring the staff training provision in line with the current best practice guidance on ongoing training for social care staff.

Staff received formal supervision every six to eight weeks to discuss their work and how they felt about it. We saw staff had received annual appraisals of their work every year. Staff confirmed they had regular supervision and said they felt very well supported by their manager and the seniors. They felt they could go to the registered manager at any time if they had something they wanted to discuss.

Menus were planned in advance with input from people who use the service. When they stay at the service they are then able to choose their meals, either from the menu they had planned or from other food

available at the service. People told us they enjoyed the food at the service and could always choose something different from the menu. Staff regularly consulted with people on what type of food they preferred and ensured foods were available to meet peoples' diverse needs.

Community professionals felt the service worked well across organisations to deliver effective care, support and treatment. One commented, "In my experience the respite unit staff have attended schools, colleges and multi professionals meetings to gain a greater understanding of their service users' needs."

People were supported with their health care where needed when they stayed at the service. Usually this would involve telling their relatives if a problem occurred that may require a GP appointment. If there were any concerns that could not wait, the service would arrange for the person to receive the necessary professional input. Community professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional commented, "Staff ensure that GP details etc. stay up to date. They will support people to access healthcare services if necessary."

People benefitted from monitoring of the service that ensured the premises remained suitable for their needs. Recent audits of the premises had identified re-decoration work that needed to be carried out. At the time of our inspection the plan for the redecoration had not been drawn up. We saw that one person who uses the service had a diagnosis of early dementia. The registered manager was aware of the importance of the premises being as dementia friendly as possible in order to continue to meet the person's needs. For example, improving the internal lighting, introducing colour coordination to enable the person to distinguish things like toilets and light switches. Introducing dementia signage would also help the person to find their way around the premises. The registered manager planned to undertake an assessment of the premises and make changes where necessary to ensure the premises were as dementia friendly as possible.

People's rights to make their own decisions were protected. Throughout our inspection we saw staff asking for consent and permission from people before providing any assistance. Staff received training in the Mental Capacity Act 2005 (MCA) and were clear on how it should be reflected in their day to day work. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that conditions on authorisations to deprive a person of their liberty were being met. The registered manager had a system in place to ensure that annual reviews of any DoLS applications were made to the funding authorities for the required assessments and authorisations. One community professional told us, "The registered manager is very involved with the Deprivation of Liberty Safeguards (DoLS) process. She demonstrates a good understanding and can recognise when service users require support from the legal framework DoLS offers. The registered manager is quick to address and comply with any recommendations that are applied to an authorisation and also submits further authorisation requests within a reasonable time frame in the lead up to an authorisation expiring."

Is the service caring?

Our findings

188 Whitley Wood Lane Respite Service continued to provide a caring service.

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. People were comfortable with staff and were confident in their dealings with them. Relatives said staff were caring when they supported their family members. One relative added, "Always, they love her. They know her so well. She loves it. The staff are brilliant with her." Other comments made about staff by relatives included, "Very caring, very good.", "Friendly and chatty.", "Staff are always helpful and very polite.", "I trust them.", "Staff are very cheerful." and "We are very pleased with everyone. A service we would recommend."

People's wellbeing was protected and all interactions observed between staff and people staying at the service were caring, friendly and respectful. Staff listened to them and acted on what they said. Staff were knowledgeable about each person and what they liked to do. People and their relatives were involved in their annual reviews. Relatives said staff knew how their family members liked things done and confirmed they were involved in planning their care.

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

People's rights to privacy and dignity were supported. People and their relatives felt staff knew how they liked things done and confirmed staff were polite and nice to them. People and their relatives said people enjoyed their time at the service when they stayed for a respite break. Relatives told us, "[Name] is always very happy there." and "He is always keen to go. He absolutely loves it up there."

Community professionals thought the service was successful in developing positive caring relationships with people. They also thought staff promoted and respected people's privacy and dignity. One professional told us, "Staff respond to people in a positive and caring way." Another said, "I have every confidence that service users are treated with respect and dignity from the positive feedback [I get] from service users."

People's care plans focused on what they could do and how staff could help them to maintain their independence and protect their safety wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan and support as necessary. The care plans were drawn up with people, using input from their relatives, health and social care professionals and from the staff members' knowledge from working with them in the service. People's equality and diversity needs were identified and set out in their care plans. We saw staff were respectful of people's cultural and spiritual needs.

People's right to confidentiality was protected. All personal records were kept in the office and were not left

in public areas of the service.

Is the service responsive?

Our findings

The service continued to provide responsive care and support to people.

People received support that was individualised to their personal preferences, needs and cultural identities. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. This was confirmed by the people and relatives we spoke with.

Community professionals thought the service provided personalised care that was responsive to people's needs. One community professional told us, "I have made referrals for respite care for service users with a variety of differing needs and cultural preferences. Staff make every effort to consider and incorporate service users' needs prior to their arrival."

Information was provided, including in accessible formats, to help people understand the care available to them. The registered manager was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service was in the process of documenting the communication needs of people in a way that meets the criteria of the standard.

People had access to a busy activity schedule. Most people continued with their usual daytime activities such as going to day centres during the week. At other times everyone kept busy with activities they enjoyed, either inside or outside the service. People could choose what they wanted to do and were also able to try out new activities when identified.

People were involved in the local community and visited local shops and other venues. Where possible the service provided access to local events to enhance social activities for all people to get involved with. This took into account their individual interests and links with different communities. We saw staff worked with people to support them to meet their goals.

People and/or their relatives knew what to do and who they would talk to if they had any concerns. Staff were aware of the provider's complaints procedure and knew what to do if anyone raised a concern. There had been no formal complaints made about the service provision since our last inspection and no one had contacted us with concerns. When asked if they felt the service listened and acted on what they said, all relatives answered "yes". We saw a comment on a survey form from one relative that said, "Staff are very understanding of [Name's] needs and ways. If I do have a problem we all discuss it and things are resolved."

Is the service well-led?

Our findings

The service continued to be well-led.

The service had a registered manager. 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. All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.

People who use the service, their relatives and community professionals all felt the service was well-led. Staff also felt the service was managed well. Community professionals said the service demonstrated good management and leadership. One professional commented, "The manager sets the high professional standard to which the respite care unit is viewed."

The provider carried out an annual survey of people who use the service. The annual survey for 2017 had been completed in June. All responses received from people who use the service and their relatives were positive and demonstrated that people were happy with the service provided to them.

There was an effective audit system in place that included monthly audits of different aspects of the running of the home including care plans, staff training and other documentation. Where issues were identified, actions had been identified and carried out to ensure everything met the required standard. The audit system had been designed to enable the provider and registered manager to establish the service was safe, effective, caring, responsive and well-led.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues and said they felt they were provided with training that helped them provide care and support to a high standard. They said they were asked what they thought about the service and felt their views were taken into account. We saw messages from relatives that had been left for staff. Those messages included, "Respite do a good job. [Name] looks forward to coming to Respite and on return home asks when he is at Respite again." and, "[Name] really enjoyed her time [at Respite]. She said a big thank you to [staff name] who she felt worked very well with [Name], and other staff too who cheered her up. She said [Name] was very happy [at Respite]."

Community professionals felt the service delivered high quality care and worked well in partnership with other agencies. One professional commented, "Service users receive a high quality of care during their stay at Whitley Wood Lane respite care. I have never had cause to expect anything less."