

Lancashire County Council

Lancaster and Morecambe Short Breaks Service

Inspection report

Thorpe Avenue
Torrisholme
Morecambe
Lancashire
LA4 6NG

Tel: 01524416406
Website: www.lancashire.gov.uk

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This unannounced inspection took place between 27 September and 11 October 2018.

Lancaster and Morecambe Short Breaks Service is a 'care home' which specialises in temporary short stays. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Lancaster and Morecambe Short Breaks Service is registered to provide short term respite care and accommodation for people with a learning disability and autism. The home is registered to support up to six people at any one time. The accommodation is all based on ground level and is accessible to all people who use the service. The home shares some grounds with a local authority day centre and staff have established links with the day centre. There were six people staying at the home at the time of inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was 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.

We last carried out a comprehensive inspection at Lancaster and Morecambe Short Breaks Service in December 2016 and the home was rated good overall.

At this inspection visit carried out between 27 September and 11 October 2018, we found the registered provider had continued to make improvements within the home and now exceeded expectations set out within the fundamental standards.

The registered provider took a holistic approach to meet health needs of people who used the service which had resulted in positive outcomes for people.

Staff enabled people to use their gifts and talents to develop their self-esteem and independence. Relatives praised the ways in which people's quality of life had improved since their family members had used the service. We were repeatedly told staff made a difference and promoted positive outcomes for people who used the service.

Good practice guidance was considered and used to develop, support and nurture relationships. People

were encouraged to live active lives and participate as valued members of their community.

Relatives of people who used the service and professionals consistently described the service as outstanding. They told us it was an invaluable resource for people with a learning disability. Relatives and professionals commended staff dedication, patience, knowledge and competence.

Managers had looked at ways to strengthen leadership within the home, appointing champions to learn new skills, and share good practice throughout the home. This included reviewing dignity, equality and diversity within the home to ensure these principles were embedded across the workforce and within everyday practice. We found the principles of the Human Rights Act were embedded throughout service delivery.

Managers and staff had a clear vision of what was required of a quality service and excelled in providing this throughout the service. Feedback was continuously gained from all parties to develop and improve the service.

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.

Care was provided in a person-centred way. People were routinely involved in their own care planning and the development of their service. When people could not verbally communicate, communication tools and technology were used to promote communication so the person could be heard and understood.

Staff told us morale at the home was exceptional and said all staff were committed to promoting a person centred, positive culture. There was a vibrant, open and transparent culture within the home.

The registered manager understood the importance of ensuring a smooth transition for young people moving from children's services into adult services. They had worked innovatively to engage with children who were going through the transition process to ensure their experience into the adult short break service was positive and successful for them and their family.

The registered manager understood the importance of continuous learning. They proactively networked with other organisations and key stakeholders sharing good practice and ideas in pursuit of excellence.

There was ongoing refurbishment works within the home to make it more accessible for all people who used the service. Improvement works considered ways in which dignity and privacy could be improved for people who used the service.

People told us they felt safe when staying at Lancaster and Morecambe Short Breaks Service. Relatives praised the way in which people's individual safety was managed and monitored. Staff could identify types of abuse and the associated responsibilities they had in reporting abuse.

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.

People who used the service and their relatives told us people were safe Staff understood how to keep people safe from abuse and poor practice.

Processes were embedded to ensure people remained safe at the home. Risks were managed and addressed.

Medicines were suitably managed and good practice guidelines implemented.

Is the service effective?

Outstanding ☆

The service was extremely effective.

The registered provider understood the importance of working within good practice guidance. They took a holistic approach to meet health needs of people who used the service which resulted in positive outcomes for people.

The registered provider was committed to developing an open learning environment in which staff were nurtured and developed. Relationships with key professionals were embraced so partnership working could take place.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

Is the service caring?

Outstanding ☆

Staff were extremely caring.

People who used the service, relatives and staff told us they were

respected and listened to. Dignity, privacy and principles of equality and diversity were embedded within service delivery.

People and their relatives told us staff were exceptionally caring and sensitive to their requirements. We found, without exception, staff went the extra mile to ensure people were safe and happy whilst using the service.

The registered provider was committed to ensuring people's views were heard and considered when developing the service. This included working proactively and innovatively to ensure communication needs were addressed and met.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Services were individually designed and implemented with the person at the centre of the service. Equality and diversity was promoted and respected throughout the service.

There was an emphasis on empowering people, developing independence and enabling people to have positive outcomes within their life.

Service user voice was encouraged and welcomed. Information received was used to inform improvement plans.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

Feedback from people who used the service, their relatives and staff was consistently positive and the management at the home exceeded people's expectations.

The registered manager excelled at creating an inclusive environment which in turn resulted in a highly efficient, person centred, caring and well-managed service. There was a strong emphasis on continuous improvement based around best practice guidance.

Lancaster and Morecambe Short Breaks Service

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.

Before the inspection took place, we spoke with the local authority contracts teams, and Healthwatch. Healthwatch is a national independent champion for people who use healthcare services. We received no information of concern.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

As part of the inspection process we reviewed information held upon our database regarding the service. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We used this information provided to inform our inspection plan.

This comprehensive inspection took place between 27 September 2018 and 11 October 2018. The inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure people would be accessing the service at that time.

The inspection was carried out by one inspector. The inspector was supported by an assistant inspector on the second day of the inspection visit.

In order to speak with a balanced number of people who used the service we spent an afternoon in the day centre speaking with people about their experiences of using Lancaster and Morecambe Short Breaks Service. We spoke with 11 people who used the service, six relatives and two health and social care professionals to seek their views on how the service was managed.

We also spoke with the registered manager, the deputy manager, the housekeeper and five members of staff who were responsible for providing care and support to people who used the service.

Because not all people who used the service could communicate with us we carried out a SOFI (short observational framework for inspection.) This allowed us to try and understand what people were experiencing through observations.

To gather information, we looked at a variety of records. This included care plan records relating to four people who used the service and recruitment records of four staff members. We also looked at other information related to the management of the service. This included health and safety certification, policies and procedures, accidents and incidents records and maintenance schedules.

As part of the inspection process we walked around the building to carry out a visual check. We did this to ensure the home was clean, hygienic and a safe place for people to stay.

Is the service safe?

Our findings

People told us they felt safe when staying at Lancaster and Morecambe Short Breaks Service. Feedback included, "They give us protection. That is the most important. It helps me feel safe and I can relax." And, "Staff are good. They don't shout at me." Also, "I feel safe. The night staff lock the door and look after us."

Relatives we spoke with praised the way in which safety was addressed and managed within the home. Feedback included, "[Family member] is very complex and can be a danger to themselves. [Registered manager] knows [family member] as well as I do. They have put things in place to keep them safe. It is such a weight off my shoulders knowing they are safe and cared for." And, "They always consider safety."

At the last inspection visit we made a recommendation around the safe management of medicines. The registered manager said they had reflected upon findings from the last inspection and reviewed ways in which to improve the process of administering medicines. We saw the registered provider had refurbished the medicines room to make it easier to store and administer medicines. This showed the registered manager was aware of the importance of reflecting and learning when things went wrong. Additionally, the registered provider had reviewed policy and referred to good practice guidelines, 'National Institute of Clinical Excellence (NICE), Managing Medicines in Care Homes' when developing their policy.

At this inspection visit we found suitable systems were in place for receiving, storing and disposing of medicines. As part of the pre-stay consultation staff checked with family members to see if people's medicines had changed since their last stay. Medicines were booked in by a suitably qualified member of staff upon admission to the home and checked against the medicines administration record. We were told any discrepancies were followed up with communication with the family or the person's medical practice. Medicines were administered by a designated member of staff whilst a second member of staff observed to ensure correct procedures were followed and medicines were administered safely.

Risk assessments viewed were person centred and individualised for each person who lived at the home. Consultation had taken place with relatives and professionals to develop the risk assessments to ensure all risks were identified and managed in line with good practice.

The registered provider told us they had developed a person-centred risk-taking culture in which people were supported to take risks to promote their own self development. Two relatives we spoke with confirmed this was the case and commended the way in which risk had been appropriately managed to allow their family members to experience new life opportunities.

The registered provider had systems to make sure people's safety was monitored and managed. Staff routinely monitored risk within the environment. This was done in a subtle and discreet manner to enable people to feel least restricted. Professionals we spoke with commended how risk was managed and addressed by the registered provider.

We found procedures were in place to minimise the potential risk of abuse, unsafe care and harassment.

Since the last inspection the local authority had developed new guidelines for responding and reporting to abuse. We noted the registered manager had refreshed their skills and were actively using the new guidelines to respond and report any allegations of abuse.

Staff had received safeguarding training and were able to describe how they protected people from potential abuse or poor practice. To keep the principles of safeguarding active, staff said this was added as an agenda item at each team meeting. Staff understood the importance of enabling people to feel safe. One staff member said, "If a person feels safe and secure around me. I have done a good job."

Recruitment procedures were established and operated to ensure staff employed were of suitable character to work with people who may be vulnerable. Prior to staff being recruited the registered provider reviewed the personal background, skills and experience of individuals to ensure they were suitable to work with people who could sometimes be vulnerable. People who used the service had been involved in setting questions for recruitment of staff.

People were safely supported by a skilled and qualified staff team. The registered provider had responded to feedback from staff and had developed a staff deployment tool which was used to assess the number of staff on duty and the skills required of the staff team. People and relatives expressed no concerns about staffing at the home. Feedback included, "There are plenty of staff when we need them." And, "I have no concerns."

We saw good practice had been considered and implemented to ensure the home was clean, tidy and appropriately maintained. People who used the service and their relatives told us they were happy with the standard of cleanliness. One relative said, "The home is always clean." The registered provider had sought advice and guidance from professionals to ensure good practice was considered. The domestic worker had been appointed as an infection prevention control champion to ensure good practice was implemented. They said "I like it to be clean. It promotes dignity for guests."

We looked at how accidents and incidents were being managed at the home. We saw accidents and incidents were documented by staff and reviewed by management.

Is the service effective?

Our findings

People were supported by staff who knew them well. Relatives praised the skills and knowledge of staff who worked at Lancaster and Morecambe Short Breaks Service. Feedback included, "Staff understand [relative]. They get them. It's a place I can feel confident in staff." And, "All the staff are trained. They are good and look after them well."

Joint working was a high priority when planning care and support for people coming into the service. The service had worked innovatively identifying a transition champion to work with children transitioning from children's services. A professional told us the management team was committed to working proactively in a timely manner with key stakeholders to gather information. They said the managers took time to listen, respected others' knowledge and worked hard to ensure consistency for the person being supported. They said services were planned to ensure a smooth transition. One relative confirmed this was the case. They said their family member was supported over a period of 12 months prior to staying at the home. The relative said this had resulted in the placement at the service being highly successful.

The service worked proactively in partnership with other professionals to develop care based upon good practice. The management team had worked with a specialist hospital and a local hospital to put together a plan of care for one person. Because of the person's complex health care needs the person had been primarily cared for by the family and had not stayed away from home. Effective communication, shared learning and precise planning gave the family confidence to enable the person to stay at the home independently away from family. Another relative told us that effective planning and communication between services had resulted in positive outcomes for their family member. They said, "[Relative's] communication skills have improved by everyone coming together. People have noticed the difference."

Links had been developed with other professionals to enable people to have their health care needs met effectively within health care services. The registered provider had worked closely with the learning disability link nurse who worked within the local hospital to develop an agreed plan of care should one person require emergency hospital treatment. This plan was developed to promote positive outcomes for the person who due to their disability required additional support whilst at the hospital.

The registered provider was committed to ensuring people had positive outcomes within their life. One health professional had referred a person who was in crisis and at risk of being placed within a secure environment away from their home. The health professional said the exceptional input from the service allowed the person to develop skills to remain within their local community in a non-restrictive environment. They said Lancaster and Morecambe Short Breaks Service offered much more than just a short break. They praised the way in which the management team worked with the person and other professionals to develop an enhanced care plan which was holistic and empowering for the person. The health professional said the service went over and above what was expected of a short breaks service to meet people's health care needs.

Best practice information was shared with families to empower families and create positive outcomes for

people. We were made aware one person who used the service had been prescribed a medicine which required interventions that compromised the person's dignity. The registered manager provided the relative with information so they could request a review of medicines for the person with their GP. Following this information being shared medicines were reviewed and amended to provide the person with a better outcome which promoted their dignity.

The registered manager understood the importance of gathering information, skills and expertise to develop training for staff in line with good practice guidance. Champion roles had been introduced at the home so that staff could take the lead in receiving up to date training, gathering information and sharing it with other team members. People with specific interests were encouraged to become champions in their field of interest. At the time of the inspection visit the service had champions in activities, dignity, equality and diversity, transition, diet and nutrition and infection prevention and control. The registered manager said they were hoping to extend on this in the future.

Champions in Lancashire are supported by meetings across the county in their area of interest to share best practice and disseminate the information and good practice within their own service. Champions offered peer support to other staff. Staff told us the development of the service had been extremely positive since the introduction of the roles. They said it encouraged creative thinking and embedded good practice within the service delivery. From observations made during the inspection it was evident that staff cherished the roles of the champions and strived to ensure policy was put into practice to ensure positive outcomes for people.

We spoke with one staff member who was a champion. They told us the role had made a "massive difference". They said allowing them to undertake the champion role had developed their self-confidence and had given them the skills to be able to challenge poor practice.

We saw that NICE guidelines had been considered when reviewing medicines administration processes at the home. Additionally, the registered manager could refer to other significant articles when talking about improvements within the home. For example, they referenced research from the British Institute of Learning Disabilities when discussing how they were increasing opportunities for people with Autism. When asked, staff were aware of this research and could tell us how they put it into practice.

Staff training was developed around peoples identified individual needs. One person who used the service had complex health care needs. The management team had worked with a health care professional to develop a training course to support staff in meeting the person's complex health care needs. This training was then provided to staff so they could safely support the person.

Staff worked in partnership with families to develop and provide training to staff. One person's family members had been included in the training programme to discuss the ways in which they practically managed the person's health condition. The registered manager referred to the parents as the professionals with the skills and knowledge to support the person and told us they welcomed their input within the training.

Staff told us training was high on the agenda within the home. They praised the training offered and said it enabled them to carry out their roles safely and efficiently. Staff confirmed training took place frequently and they received regular updates to keep their skills refreshed.

The registered provider developed staff skills through a variety of learning methods including group discussions, team meetings, role play. This allowed staff the opportunity to develop their skills within a safe,

controlled environment and minimised risks to people who used the service.

We looked at how staff were supported at the outset of their employment. Staff told us they were provided with a structured induction to enable them to have the correct skills to carry out their role. Staff praised the flexibility of the induction and the support provided by the whole team. One staff member said, "I had appropriate support at induction. Everybody was welcoming. It made such a difference. It was positive and made me at ease."

Staff told us they received regular supervision with a member of the management team. All staff felt supported in their role and were confident they could speak with a manager whenever required. One staff member said, "The managers are so responsive, we are always listened to."

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service was working within the principles of the MCA. Care records maintained by the provider addressed people's capacity and decision making. When people lacked capacity to make decisions documentation was suitably completed to highlight this. We saw good examples of capacity being reviewed and best interest decision making taking place when people could not make their own decisions. When asked, staff could explain processes of the MCA.

From records viewed we saw consent was sought in line with legislation and guidance. When people could not consent to care, we noted there was active communication with people who could speak on their behalf.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered provider had a good understanding of the DoLS procedures and had followed process when people were being restricted of their liberty.

We saw consideration was taken to review restrictions to ensure they were the least restrictive. The registered manager had reviewed and adapted security around the home since the last inspection visit so security could be monitored and adjusted according to people's needs. This allowed one person who used the service to have some freedom of movement in outside areas which they could not experience at home. We spoke with the person's relative who told us this was the case and said they were very happy with the opportunity provided at the home.

There was a strong emphasis on healthy eating. A healthy eating champion had developed a menu based around the principles of 'Change 4 life.' In addition, menus had been developed to incorporate specific cultural and dietary needs. Staff said if people did not like what was on the menu, people could have alternatives. People who used the service praised the food offered. Feedback included, "I get drinks and snacks." And, "It's very nice food. You get to choose what you like."

People were openly encouraged to get involved in meal preparation if they wished. We observed one person

who was staying at the home preparing the evening meal. The person looked proud when staff coming on shift asked them if they had cooked the meal. Another person told us they enjoyed staying at the home as they could make themselves a cup of tea and a sandwich. They said they were unable to do this at home.

Staff were aware of people's individual preferences and patterns for eating and drinking. The registered provider had a file in the kitchen detailing each person's dietary requirements including likes, dislikes and dietary needs for staff to have easy access.

People were supported and encouraged to drink suitable amounts of fluid. Drinks were readily available and we observed staff reminding people about the importance of drinking fluids. When people had additional health care needs records were maintained to show how much fluid people had received.

The registered provider was committed to ensuring the environment was responsive to meeting people's needs, dignity and independence. People's needs had been taken into consideration within the planning of home. For example, since the last inspection visit specialist equipment had been fitted into a bedroom to enable people to be transferred from their bedroom into the bathroom. This created a more positive experience for people who required additional support to move between rooms. Additionally, the registered manager said one person who used the service had a specific piece of equipment at the home which gave them independence with their own personal care. The registered manager confirmed they had received funding to have this piece of equipment fitted at the home and said it would promote dignity and independence for several people. Also, security within the home had been reviewed so that people could have safe freedom of movement within the home grounds.

Is the service caring?

Our findings

People who used the service and relatives were extremely complimentary and enthusiastic about staff providing care. Feedback included, "They are very good. [Staff name] is one of the best!" And, "They are so understanding and will always go out of their way to help." Also, "If I have a problem I can come here and talk about it. I don't feel judged."

Relatives and professionals praised the way in which relationships were developed and nurtured. We were repeatedly told families were considered as partners when planning and providing care. They said the effective communication between the two parties meant staff had a good understanding of people's needs. Feedback included, "They just get him." And, "They understand [my relative] more than I do."

Staff were motivated to develop people's self-esteem and self-worth. One relative said their family member had found it difficult to feel accepted within services. This had resulted in the person feeling isolated and alone. They told us the service had worked hard to welcome them into the service and to develop the person's self-esteem. They said, "They have worked with [relative] well. They have brought them out. It's the best thing ever. I can't praise them enough." And, "They have changed. They have got confidence and independence."

During the inspection visit we met one person who used the service who was also employed in a volunteering role within the home. The person had tried several employment roles but they had not suited them. The management team therefore supported the person to develop themselves a job role within the home which used their skills and talents. This had enabled the person to have a positive employment experience which had developed their self-esteem. The person told us, "It is good for me, [coming here.] It makes me feel good. It makes a difference. I feel part of a team. It gives me more confidence."

Staff understood the importance of communicating with people who used the service. We saw evidence of tools being used to develop ways for people to communicate. For example, some people who could not verbally communicate had communication passports which detailed how they communicated. For example, one person's plan detailed how staff could understand when the person was anxious or happy. One person who used the service had their own way of communicating. Staff had worked with the person's relative to ensure their communication style was clearly documented using individual photographs so the person could express their needs and preferences. One relative told us staff used social stories to communicate with their family member. Social stories are short stories used with people living with autism to support them to understand concepts and experiences. The relative said this usage of communication aids had increased understanding, reduced anxiety and promoted positive outcomes for the person.

Relatives said the caring attitude of staff extended outside of Lancaster and Morecambe Short Breaks Service. One relative said, "They often go the extra mile." And, "They (the staff) make time in their own time to care." We were told of varying examples of when staff were extremely caring. One relative said their family member had left an item of their belongings at the home following their stay. The family member said staff

understood how sentimentally important this item was to the person and how it contributed to their wellbeing. They said a member of staff travelled a significant distance in their own time to return the item for the person to be content.

Relatives said management extended their support to help with matters outside of the service. Two relatives said they had been given advice and guidance about how to successfully support people at home. This had enabled relatives to sensitively and effectively improve the way in which they supported their family members. One relative said, "If I ever had a problem I know they would help me."

Staff were professional, compassionate and non-judgemental even in crisis situations. One relative talked about a situation in which their family member had displayed behaviours which had been challenging towards them. They took their family member to the home for respite. The relative said staff were aware a crisis had just taken place. They praised the way in which staff responded to their family member. They said, "They just carried on supporting [my relative] as if nothing was wrong. It was lovely that they cared for them and treated them as nicely as they would normally. They [staff] would have been so scared."

Dignity was embedded through the service. Relatives told us people were always treated with dignity and respect. One person said, "Staff treat people properly here, with respect." We saw two staff members were allocated as dignity champions, one on day shifts and one on nights. The registered manager said this enabled dignity champions to be present both day and night. It was evident from speaking with staff dignity was considered by all staff always. For example, the housekeeper told us it was important specific infection prevention and control procedures did not take place when people were present in the rooms as this was undignified.

The principles of dignity were actively discussed within each team meeting. A dignity champion said, "We look at incidents, re-enact them and get staff to reflect on this. It's nice to get people's ideas and opinions on how they react and the impact." The dignity champion said the introduction of dignity champions had made a big difference. They said staff were increasingly aware and sensitive to people's needs which had impacted positively upon how care was delivered.

The service had a comprehensive understanding of needs of people transitioning from children's services to adult services. The home had a transition champion who worked between a children's respite centre and the service. Children at transition were offered numerous opportunities to visit the home prior to accessing the service. In addition, links were developed between the two services so information could be shared to promote a smooth transition. All the relatives we spoke with praised the effective transition process provided and said this contributed to people being highly satisfied, settled and safe within the home. One relative told us, "They prepared [relative] for coming here. They did their groundwork. I didn't think they would like it but [relative] instantly settled."

A professional who supported children through the transition period between children and adults' services told us the service consistently went above and beyond to ensure the best possible transition for young people moving into their service.

Relatives told us staff were sensitive to people's needs and person-centred care was at the heart of all service provision. We observed individualised welcome signs on each person's door, which included people's photographs. One person liked to bring posters from home to put on their door to make it homely. A staff member said, "It is important they feel welcomed." One person liked to have a shower to manage their anxieties. The service had fitted a piece of equipment into the bathroom to stop the fire alarm

triggering. This allowed the person freedom to stay in the shower as long as they wished. The person's family member said this contributed to a successful stay for the person.

The registered manager said person centred care was kept alive and active in the home through regular communication about the importance of individualised care. Staff were asked to bring a person-centred story to each team meeting which could be shared with other team members. The registered manager said, "This sets a tone for the rest of the meeting." We saw examples of staff sharing person-centred stories.

People who used the service told us staff respected their right to privacy. One person said, "We get our own free time which is important, I like my own privacy". During the inspection we saw staff were aware of which people liked their own space and privacy and respected this.

The registered manager understood the importance of supporting people who could not make decisions for themselves. Advocacy services were promoted throughout the building. We noted advocacy leaflets were prominently displayed in the guest reception area at the home. Advocacy documents were also placed in each bedroom in a guest pack. This showed the registered provider was committed to promoting communication for all people who used the service.

During the inspection visit we observed positive interactions between people and staff. Staff routinely enquired about people's welfare. When one person complained of being in discomfort staff acted immediately and supported to the person to manage their pain.

Is the service responsive?

Our findings

All the people and relatives we spoke with were overwhelmingly positive about Lancaster and Morecambe Short Breaks Service. Feedback included, "It's good for me, gives me something to do and makes me feel good." And, "It is such a weight off our shoulders knowing [relative] is looked after. We have had a week away for the first time in thirty years."

Relatives told us and we saw the service was extremely responsive to people's needs and wishes. Consultation took place with people before they visited the service to see what plans people had during their visit and which room they wished to stay in. Wherever possible, people were allocated this room for their stay. The housekeeper showed us room plans for people which demonstrated that furniture was changed around to meet people's preferences and safety needs.

All professionals we spoke with praised the way in which person-centred support was implemented throughout the service. They praised the ways in which the management team developed relationships and worked innovatively to develop a consistent approach to care delivery. People were provided with individualised support which had been developed using a range of person centred planning tools in conjunction with family and professionals. Care plans were not standardised but were developed around the individual needs of the person.

Equality and diversity was considered at all times to ensure responsive care was provided. One staff member said, "It's the foundation of good care. It's all about inclusion. We need to treat people equally and fairly with respect." We were made aware one person who used the service had additional needs which had been addressed by the equality and diversity champion. We noted the person's expressed right to privacy regarding their needs had been maintained and the matter had been dealt with sensitively and empathetically.

Support was provided in response to people's needs. The registered manager told us it was important people's lives continued whilst they were staying at the service. If people had prior arrangements outside of the service staff supported the person to carry out their activity. Staff worked on shift with people with similar hobbies and interests. For example, when people expressed a wish to go to football staff with an interest in football was allocated time to accompany them.

The registered provider understood the importance of ensuring people were offered opportunities to build self-esteem and relationships. One relative told us their family member was reluctant to leave their own home, however when the person stayed at the service staff encouraged them to try activities outside of the service. The relative said, "They won't go out at home. They have encouraged them to get out and expand their world."

The service had an activities champion who was an active member of an external group developing and promoting activities for people with learning disabilities in the community. Membership within this group had allowed for external links to be developed so good practice could be shared and nurtured. Because of

this group, people who used the service could access information about activities taking place in the community so they could build relationships and interests. Information was emailed to people in advance of their stay so people could choose activities and plan what they wanted to do during their stay.

We were repeatedly told by people who used the service and relatives that activities were a focal point of the service. Feedback included, "Staff will go all out to make sure people do things." And, "I like going out and about [when at the service.]" Also, "I feel like it's a holiday."

We spoke with the deputy manager about the importance of activities and linking people within their community. The deputy manager was aware of current difficulties faced by people with a learning disability and the need to be creative in developing activities to provide people with fulfilled lives. They said, "Options for people have reduced but people still need a social connection. We open doors for people." One person who used the service liked to sing. They had been introduced by staff to an open mic night. They told us they were introduced to the group through the service but sometimes attended this night even when they were not staying at the home. The registered manager said staff would go out of their way to support this person, offering transport even when the person was not being supported by the home so the person could attend.

Social activities were organised within the home for people to access even when they were not staying there. We saw evidence the home had organised a summer fayre. The event was well attended by people who used the service, families and the wider community including neighbours living near the home.

We spoke with one relative who told us their family member had been supported through positive risk taking to attend a community facility. They said that as a family they had not had the confidence to do this, however, staff at the home had sensitively planned the activity and tried this out with success. This had then given the family confidence to do this. They said this had made a difference to all their lives.

The registered provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. We saw information was on display around the home in easy read format and photo format. This included what to do when the fire alarm sounded, how to complain and how to contact advocacy services. This demonstrated the registered provider had exceeded the expectations of the Accessible Information Standard.

Relatives repeatedly told us the service was outstanding had made a difference to their lives. Feedback included, "I would hate to be without it." And, "From my point of view they are outstanding. They're brilliant." Also, "I can't praise them enough. It has been the best thing ever." Both professionals we spoke with commended the service for being so responsive to people's needs.

The registered manager was committed to ensuring feedback was provided accurately and in a timely manner. Consultations about service expectations took place before and after a stay at the service. Post stay calls took place 24 hours after the person had left the service. The registered manager said this allowed the relative time to unpack belongings and speak with the person about their stay.

Feedback from people and relatives was consistently sought. The service had a display board on show which showed what feedback had been received and what had been done in response to the feedback. We saw that people who used the service had reported they liked using the iPad so the registered provider purchased an extra one.

People and relatives told us they had no complaints about the service. One person said, "I have never had to make any complaints. We get good care here." The registered manager told us they did not have a lot of complaints as they routinely spoke with people and their relatives to ensure they were happy with the service provided.

Complaints procedures were readily accessible around the home and were available in an easy read format. When asked people who used the service were aware of their right to complain. One person said, "I would go to higher management. I wouldn't put up with bad care."

The registered manager kept a detailed log of all complaints. When a complaint had been raised an investigation was undertaken and any improvements made following the complaint were documented. Information and findings were shared with the complainant and improvements discussed within the management team so lessons could be learned.

We discussed end of life care with the registered manager. They told us that people who used the service tended to be younger adults with whom it would be inappropriate to discuss. Staff had however received bereavement training so they could support people experiencing losses within their lives.

Is the service well-led?

Our findings

Relatives repeatedly told us there was exceptional leadership at the home. Feedback included, "The service we get is outstanding." And, "Excellent all the way."

As part of the inspection process we asked health and social care professionals for their opinions on how the home was managed. Both professionals commented on the high standards of the home, the quality of service provision and how the service led to positive outcomes for people who used the service regardless of the person's disability.

We received consistent praise for the registered manager from people who used the service, relatives, and professionals. Feedback included, "[Registered manager] is exuberant and happy. If I ask them to help with anything and it's in their power they will do it." Also, "They are a wonderful manager. You couldn't get a better person." And, "[Registered manager] is very good. Very understanding. I appreciate [registered manager] from every angle. From my heart and soul for what she has done."

Leadership at the home was strong. The registered manager understood their own role, responsibilities and accountabilities whilst at the same time understood the importance of developing and empowering staff. We saw evidence of staff being allocated key responsibilities throughout the service. For example, one staff member was a 'celebrations lead' and held responsibility for sending out birthday cards to people who used the service. Staff told us this effective leadership encouraged and motivated staff to progress. One staff member said, "It makes you feel good. I want to progress to management and I know management will support me."

Business continuity was considered and proactively planned. Since the last inspection the registered provider had supported the deputy manager to gain a vocational management qualification. The registered manager explained there was a need to develop future leaders within the home so any transitions between management was seamless.

There was an open and transparent culture within the home. The deputy manager said, "Everything is open and transparent. We encourage open and honest communication with staff." Staff confirmed this was the case and said they were not afraid to challenge staff or management thoughts and views if they felt there was better solutions to care delivery. One staff member said, "They are fantastic managers. We can discuss anything."

There was a strong emphasis upon striving for continuous improvement and excellence. Feedback shared at the last inspection visit in 2016, had been taken on board, embraced and acted upon to improve the quality of the service. The registered manager had selected staff for their interests, skills and talents and encouraged them to become champions within areas of expertise. Champions attended additional training and networking events. This networking gave staff the opportunity to review best practice guidance and provided staff with the opportunity of meeting with other people to share knowledge and best practice.

Staff were committed and motivated to improve both themselves and service delivery. Information from champions was shared and discussed within team meetings. This enabled staff to develop their own skills and promoted good practice throughout the service resulting in people receiving a high-quality service with positive outcomes. When discussing the roles of champions one staff member said, "I am proud I have ownership." Champions were graded according to their knowledge, competence and confidence. For example, champions starting out within their role were classed as bronze, staff with the required skills and knowledge were gold champions. Staff told us repeatedly, they aspired to reach gold status.

The registered provider was working proactively to meet the principles within registering the right support. There was a strong organisational commitment to providing person centred care which was built upon the principles of the Human Rights Act. Equality, inclusion, diversity, dignity and respect were instilled within the vision for the service and we saw these principles being carried out within service delivery. Relatives confirmed people's lives had changed due to the care and support provided from Lancaster and Morecambe Short Breaks Service. We were repeatedly told by relatives the service was invaluable and irreplaceable.

The registered provider had developed a team file which contained person centred information about each team member. They said the file helped staff new in post find common ground and feel part of the team quicker. They said, "Everyone likes to feel like they belong." This showed us the registered manager was committed to developing an inclusive work force.

Positive behaviours were role modelled, encouraged and nurtured by all staff. Staff were proud of what the staff team had achieved when supporting people. One staff member said, "I would rate the home ten out of ten, we are incredibly responsive." Staff told us they were empowered to carry out their roles to a high standard through training, staff support and communication.

The registered manager was committed to developing a high functioning, motivated workforce. We saw evidence of staff participating in a training day around happiness. The deputy manager said it was important they considered staff wellbeing as this impacted upon the people being supported and productivity. Staff consistently praised teamwork within the service, describing a positive working atmosphere with high morale between staff. Feedback included, "Sometimes it can be very stressful but we all have each other's backs. Team mates will always help out." And, "Teamwork is good. We all pull together."

The registered manager understood the importance of partnership working. They said, "We don't know everything. We need to link in with other professionals." We saw evidence of relationships being developed with the link learning disability nurse at the hospital so that care provision at the hospital could be seamless and as positive as possible for people. The registered manager said attended various forums and boards where information could be shared with other providers. This included being an active member of a group of managers who were committed to being a 'well-led' service. Additionally, the registered manager said they met with other registered managers to share ideas and replicate good practice. The registered manager spoke enthusiastically about sharing skills and their commitments to improving service delivery through best practice. For example, the registered manager told us they had shared their staff deployment tool with other registered managers so they could use the tool to develop person centred rotas.

The registered manager had worked with other services to improve outcomes for people with a learning disability. The registered manager had attended a consultation day to report on their experiences of healthcare services for people within hospitals. This information was used by other parties to shape and improve hospital services.

Engagement with key stakeholders was considered as important by management and was innovative. We saw examples of people who used the service being consulted with regarding recruitment of staff. People had been asked for their views on what questions should be asked of all new staff. These questions had then been incorporated into staff interviews. Additionally, future key stakeholders had been invited to the home as "young inspectors" to speak with people staying at the home and to review the home so consideration to their thoughts and suggestions could be made. One person had reported, 'I was expecting nothing like it. It looked like Premier Inn. This was good as your food was free, good location to college, good entertainment and bathroom facilities.'

There was commitment from the registered provider to ensure the service was well-led. The registered manager was supported by an area manager to drive improvement. Additionally, the registered provider encouraged relationships to be developed and nurtured with other short breaks service in the area. Information and knowledge was shared between similar services to ensure the services were meeting the fundamental standards and providing high quality person-centred care. The registered manager had a sound knowledge of their roles and responsibilities regarding managing regulated activity. We saw that good governance was embedded within service delivery. We saw evidence statutory notifications were submitted, in a timely manner, when required.

The senior management team understood the importance of quality monitoring. The service had a range of quality assurance systems which included audits from external professionals and children who were going through the transition from children to adult's services. The registered manager said, "We openly invite external auditors. It's nice to be audited." These included health and safety, infection prevention control, medication and documentation audits.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.