

Lifeways Community Care Limited

Old Park Road Respite Unit

Inspection report

51 Old Park Road
Bradford
West Yorkshire
BD10 9BG

Tel: 01274612976

Date of inspection visit:
05 March 2019

Date of publication:
04 June 2019

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service effective?	Good ●
---------------------------	--------

Is the service caring?	Good ●
------------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

About the service: Old Park Road Respite Unit is a six bedded service providing respite care services for people with learning disabilities located on the outskirts of Bradford. At the time of our visit there were three people using the service.

People's experience of using this service:

- People were happy in the company of staff and were able to communicate with them to make their needs understood. Activities were on offer to keep people occupied both on a group and individual basis. Trips out were also organised in line with people's preferences.
- Medicines were being administered safely and people's dietary needs were met.
- Staff were kind and caring and there were sufficient numbers to keep people safe and to meet their care needs. Staff were receiving appropriate training which was good and relevant to their role. Staff were supported by the registered manager and were receiving regular formal supervision where they could discuss their on-going development needs.
- Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. Appropriate referrals were being made to the safeguarding team when this had been necessary.
- There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.
- The registered manager provided staff with leadership and was described as being very approachable. Audits and checks continued to be used to drive improvements to the service people received.
- People's feedback was used to make changes to the service, for example, to the menus and activities.
- The provider had recognised the building was not going to be suitable in the long term. All of the bedroom accommodation was on the first floor. This meant anyone wishing to use the service had to be able to climb a flight of stairs. The provider told us they will be moving this service to another of their homes, which has better facilities, later in the year.

Rating at last inspection: At the last inspection the service was rated Good (report published 6 September 2016).

Why we inspected: This was a planned inspection to check this service remained Good.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained Good.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained Good.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained Good.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

Old Park Road Respite Unit

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

One adult social care inspector completed the site visit and another adult social care inspector made telephone calls to get people's views about the service.

Service and service type:

Old Park Road Respite Unit is a care home which offers respite care for people with learning disabilities. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the registered manager short notice of this inspection. This was because we needed to make sure there would be people using the service and staff would be available to assist with the inspection.

What we did:

We reviewed information we had received about the service since the last inspection in August 2016. This included details about incidents the provider must notify us about. We assessed the 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 all this information to plan our inspection.

People using the service at Old Park Road Respite Unit were not able to fully share with us their experiences of staying at the service. Therefore, we spent time observing staff with people in communal areas. We spoke

with two people who were using the service, three care workers, four relatives and the registered manager.

We looked around all areas of the home and reviewed a range of records. These included two people's care records and medication records. We also looked at some records relating to the management of the service

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe. Comments included, "I wouldn't send them if I had any doubts or felt they were unsafe."
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- Regular safety checks took place to help ensure the premises and equipment were safe.
- Staff held practice fire drills to check any risks to people from an emergency evacuation. Personalised plans were in place to guide staff and emergency services about the support people required in these circumstances.
- Care plans contained appropriate assessments of risk to people and provided instructions to staff to reduce the likelihood of harm to people when being supported.

Staffing and recruitment

- Recruitment practices were safe at the last inspection and no new staff had been recruited since then.
- There were enough staff on duty to support the needs of people and keep them safe. Staff explained if they needed more staff to meet people's needs this was arranged.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Staff were able to describe in detail when people who used the service may need 'as required' medicines. For example, pain relief and detailed protocols were in place to support their decisions.
- Staff completed training in medicines administration and their competency was checked. One relative told us, "If there has been a change with the medicines [Name] takes, I just tell staff and they put it into practice straight away."

Preventing and controlling infection

- Staff completed training in infection control. Gloves and aprons were available and waste was disposed of correctly. The home was clean, tidy and odour free.

Learning lessons when things go wrong

- Staff made sure people who did not get on were not staying at the same time.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had not received any new referrals for respite care at Old Park Road since the last inspection. This was because the home did not have facilities to support people who had physical disabilities.

Staff support: induction, training, skills and experience

- Staff were trained to be able to provide effective care. One relative told us, "Staff seem knowledgeable and able to do their role effectively, I have never had an issue with them at all."
- Staff spoke highly of the training, support and supervision they received.
- Staff told us additional training was provided so they could meet the needs of people using the service.

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

- People's care files contained information about their food likes, dislikes and any foods which should be avoided.
- People were offered a choice of foods at breakfast.
- There was information for staff in the kitchen regarding people's different dietary requirements. For example, who might need Halal food and people's preferences for packed lunches.
- There was also information about how people could be supported to eat independently wherever possible, for example, utensils needed to help them remain independent.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had developed links with social workers from various local authorities and health professionals in different trusts. If people's needs changed the links required to get support from other agencies were in place.
- Staff also have systems in place to maintain good communication with people's day care placements. One relative described how staff communicated with other services, such as their relative's day centre, to ensure they got updates and the information they needed to deliver responsive care.

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

- The accommodation at Old Park Road meant it could only offer a service to people who were able to walk and climb stairs. This was because all six bedrooms were upstairs.
- The registered manager told us the provider intended to move the service to another one of their homes, later in the year, to provide people with a better environment and facilities.
- The registered manager made referrals to the speech and language therapy team, health facilitation

nurses and occupational therapists with any concerns about people's on-going healthcare needs.

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

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.
- The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- The registered manager had discussed the issue of DoLS in a respite care centre with the relevant manager in the Local Authority. The overall decision was DoLS authorisations would not be needed as if anyone showed any signs of distress about being at Old Park Road they would be able to return home.
- Staff spoke with people before any care and support was delivered to get their consent.

Supporting people to live healthier lives, access healthcare services and support

- Old Park Road only provided short stay respite care for people. Relatives were supporting people with their health care appointments.
- If someone using the service became unwell during their stay relatives would be contacted or in an emergency an ambulance would be called.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences.
- One person who used the service told us, "I like the staff and like coming to stay here. The bedroom I have makes me feel like a Princess."
- Relatives told us their loved ones were cared for by regular staff who knew how to meet their specific needs. One relative said, "It's good for [my relative] and for me as it gives us both time to recharge and have a bit of a rest. They do a brilliant job, I genuinely don't know what I would do without them, they give me peace of mind. We are very fortunate to have this service and I just wish there were more places like it!"
- One person told us they had enjoyed the birthday party which had been arranged for them. The registered manager told us that a variety of significant festivals were celebrated including Christmas, Eid and Diwali, recognising the differing cultural backgrounds of people who used the service.

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

- When people had expressed their views about their preferences these were respected. Staff could tell us about, and records confirmed people's views about how they preferred to be supported had been acted on to promote positive outcomes.
- Records showed people were involved in meetings to discuss their views and make decisions about the care provided. This included choice of activities, food, celebrations, and how they were supported.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people well and with dignity and respect. Staff shared jokes and responded to individual communication methods both verbal and non-verbal. People were happy around staff and the registered manager.
- Staff supported people in a caring way to promote their independence.

Is the service responsive?

Our findings

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

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

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

- People's likes, dislikes and what was important to the person were recorded in person-centred care plans. Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.

- People's communication needs were known and understood by staff. People's care plans included details which helped new and unfamiliar staff learn about how people expressed their needs.

- Care records were reviewed three monthly or if people's needs changed.

- People who stayed at the service were supported to continue their day to day activities by attending day centres or college, as appropriate.

- Staff organised activities and outings for evenings and weekends. One relative said, "Staff make a lot of effort to do things that [Name] enjoys and wants to do." Another relative had given the following compliment, "[Name of person who used the service] has come home in a really good mood. They had really enjoyed the baking and liked it was a busier night."

Improving care quality in response to complaints or concerns

- An easy read complaints procedure was in place and displayed at the service. Records showed that there had not been any recent complaints received at the service.

- People told us they knew how to complain and had no concerns in approaching staff if they felt there was an issue.

- One relative told us when they had raised a concern it had been dealt with effectively and to their satisfaction. They told us, "The manager dealt with it brilliantly...it was good to know that when I was concerned they dealt with it straight away and resolved it really well."

End of life care and support

- Old Park Road was a respite care centre and would not be involved in supporting people at the end of their life. If a life-threatening incident occurred emergency services and relative would be contacted.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was an open and transparent culture in the home and staff told us the registered manager was approachable and supportive.
- The service was caring and focused on ensuring people received person-centred care. It was evident staff knew people well and put these values into practice.
- The registered manager knew people using the service very well. We saw them to be kind, caring and very knowledgeable about people's personalities.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The quality assurance systems which were in place to monitor the service continued to be effective in identifying areas for improvement. When issues had been identified action had been taken to improvements.
- The home was well run. The provider and the manager were committed to providing high quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service were involved in day to day decision about what they wanted to eat and what social activities they wanted to take part in.
- Meetings were held to discuss what people wanted from the service and these were responded to.
- People who used the service and their relatives were sent surveys to complete. This gave people the opportunity to give their views anonymously. The 2018 survey showed a high level of satisfaction with the service.
- Staff meetings were held and staff were also consulted during handovers between shifts.

Continuous learning and improving care

- The registered manager understood their legal requirements. They were open to change, keen to listen to other professionals and seek advice when necessary.
- The registered manager demonstrated an open and positive approach to learning and development. Improvements had been made following our previous inspection to ensure regulatory requirements were met.

- Information from the quality assurance system, care plan reviews and incidents were used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- There were links with other healthcare professionals, which included the speech and language therapy team (SALT), health facilitation nurse, occupational therapists and social workers.
- The registered manager explained that the health facilitation team consisted of learning disability nurses who gave guidance and advice to the service. The registered manager explained how they knew people who used the service well and could work in liaison with community staff. The registered manager had recently contacted the occupational therapist to see if the bathing facilities could be improved, as one person was struggling to get in and out of the bath.