

Leicestershire County Council

# Carlton Drive Short Breaks Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection visit took place on 21 March 2017 and was unannounced.

Carlton Drive Short Breaks Service is a care home that provides short term accommodation and personal care and support for up to six adults with physical and learning disabilities. At the time of our inspection four people were using the service. The service supports 55 people at various times throughout the year. At the last inspection on 12 August 2014, the service was rated good. At this inspection, we found the service remained good.

People continued to receive safe care. Staff knew their responsibilities to help protect people from harm and abuse. Risks associated with people's care and support was assessed to help them to remain safe. The registered manager was making improvements to make sure that action taken in relation to bruising found on a person when they arrived at the service was recorded. The provider had safely recruited a suitable number of staff to meet people's requirements. People received their medicines safely by staff who had received guidance and training to make sure they remained competent.

People continued to receive effective care from staff. Staff received training, guidance and support to make sure that they had the required skills and knowledge. People were satisfied with the food and drink available to them and they were supported to maintain their health.

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 provided guidance in this practice.

People were supported by staff who were compassionate and kind and knew people well. Their dignity and privacy was maintained by staff who communicated in ways that were important to people. People were supported to maintain their skills and were involved in decisions about their support where they could.

People received care and support in a consistent way that was based on their preferences and interests. Their support plans were focused on them as individuals so that staff had guidance about their preferences. The registered manager was taking action to review some people's support plans where this was necessary.

People and their relatives knew how to make a complaint and the provider took suitable action when one was received.

The service had an open and positive culture. People, their relatives and staff had opportunities to give suggestions about how the service could improve. The registered manager was aware of their responsibilities. This included them carrying out quality checks of the service to drive improvement.

Further information is in the detailed findings below.

## 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 safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well-led.

# Carlton Drive 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.

This was a comprehensive inspection; the inspection visit took place on 21 March 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection visit, we reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with two people in person. We also spoke with two people and four relatives on the telephone and with one social care professional supporting a person to receive a call. We also spoke with the registered manager, a deputy manager, two support co-ordinators and two support workers. We observed staff offering their support throughout our visit so that we could understand people's experiences of care.

We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager or senior staff had undertaken. We also looked at two staff files to look at how the provider had recruited and supported their employees.

# Is the service safe?

## Our findings

Staff knew how to protect people from abuse and avoidable harm. The provider had guidance that staff knew about. Staff could describe the signs that a person could be at risk of abuse and knew the action they should take including reporting their concerns to the registered manager. Staff were confident the registered manager would take action to deal with actual or suspicions of abuse.

Risks to people's health and well-being were assessed and reviewed to help people to remain safe. One person had significant health issues that required staff to observe for changes. Staff knew about this. A staff member told us, "There are night checks every half an hour." We saw that checks on the environment and equipment that people used occurred. The provider also had plans in place to support each person based on their specific requirements during an emergency, such as a fire.

Staff members recorded any accident or incident that occurred at the service. We saw that staff took action when one happened to support people to remain safe. We found that accidents and incidents were handled safely and people received the support they required when one occurred. The recording of small bruises found when two people arrived at the service occurred but the action taken to investigate these was not always noted. The registered manager told us they had no concerns about the bruising and would remind staff of the need to complete the required records detailing the action they had taken.

The provider had recruited a sufficient number of staff. A relative told us, "There always seems to be enough." Staff agreed with this and we saw that people received the care and support they required at the times they needed it when we visited. We found that the provider had followed its procedures to safely recruit new staff members. This included checks on their suitability.

People received their medicines when they required them. We observed staff administering one person's medicines. They followed the guidance that had been made available to them and spoke to the person about what they were doing. We found that the recording of the administration of people's medicines was mainly accurate. One person's medicine record was not always clear about the reasons for a change to their medicines routine. The registered manager told us they would remind staff to record changes clearly. We saw that people's medicines were stored safely. We also saw that staff received training, guidance and their competence was checked to make sure they continued to handle people's medicines safely. One staff member told us, "Competency checks are in place."

# Is the service effective?

## Our findings

People received care and support from staff members who had the required skills and knowledge. One relative told us, "I feel quite confident they know what they are doing." We saw that new staff completed an induction when they started to work for the provider as well as receiving on-going support and guidance. One staff member told us, "I think supervision is helpful. I will raise concerns and you can give suggestions for how you think you can do things." We found that staff received routine guidance on their work which included feedback on their work.

Staff completed the required training in topic areas such as moving and assistance, specific health conditions that people lived with and supporting people with behaviour that could pose a risk to themselves and others. Staff spoke positively about the training they had received. One staff member told us, "One person uses Makaton [signing system] and we're all trained. It's good that we can communicate back to the person."

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and found that it was. The registered manager had made applications and any conditions where an authorisation was in place, were being met.

People were asked for their consent before staff provided their support. They were encouraged to make decisions about their support and their day to day routines and preferences. Where there were concerns about a person's ability to make a decision, the provider had completed assessments which detailed any decision made in a person's best interest. We saw that one person required a mental capacity assessment. The registered manager told us this would be completed alongside a review of their support plan. Staff knew the requirements of the MCA. One staff member told us, "[Person] has capacity to choose to have the bed rails on. If there was a concern [about their mental capacity] the management would do mental capacity assessments." We saw that staff received training on their responsibilities under the Act and we found staff working to the principles during our visit.

People were satisfied with the food and drink available to them. One person told us, "It's good and you can have all sorts." A staff member said, "We have plenty of food in so people can choose daily what they want. Some people email us with their choices." Staff knew about people's preferences for food and drink and we saw them offer people different options when we visited. Where there were concerns about a person's eating and drinking, specialist guidance had been sought and had been incorporated into their support plan. We found that staff knew about these.

People were supported to maintain the health. A relative told us, "[Person] can become unwell whilst there. They will call the doctor if necessary." Staff knew the action to take should they have concerns about a person's health. We saw that people had emergency grab sheets in place. These contained information

about people's health and social care requirements for those who may not know their needs should a hospital admission or visit be required.

## Is the service caring?

### Our findings

People received support that was compassionate and kind. People told us that staff listened to them and treated them well. A relative said, "The staff are so good. They show [person] their bedroom when they go for a stay. They are excellent." We heard staff speak about people in a kind manner and the recording of the support carried out by staff was focused on each person's unique abilities. We saw that staff protected people's dignity and privacy. For example, when people were asked if they required support to freshen up, they did this in a discreet way. People were involved in day to day decisions about their care and support where they could. We saw that people were asked how they wanted to spend their time and what they wanted to eat.

Staff knew the people they were supporting. A staff member explained how this occurred. They told us, "We have tea visits with parents and the person and then overnight stays so we get to know them." Another staff member described one of the people they supported. They said, "[Person] loves their phone calls from their family, watching the news and likes going out." The person told us these things were important to them when we visited. Staff encouraged people to retain their skills. We saw staff supporting a person to bake cakes. The person was encouraged to do the tasks that they could and staff praised them throughout the activity. Staff knew the importance of encouraging people's independence. One staff member told us, "One person is new to the service. [Person] can prepare their own meals and washes themselves. [Person] just needs encouragement. You don't want to take over and do things for them if they can for themselves."

We saw staff adapting their communication methods where this was required so that people received information in ways that were meaningful to them. For example, staff used signs to communicate with a person who required this. Where people may require additional support to make decisions, information on advocacy services available to them was displayed. An advocate is a trained professional who can support people to speak up for themselves. Staff also had guidance within people's support plans on how to give information to people. For example, we read, 'If you show me a selection I will eye point to the one [DVD] I would like to watch'. In these ways people received information in ways that were important to them.

People's relatives could visit without undue restriction during their stay at Carlton Drive Short Breaks Service. People's relatives told us that they were made to feel welcome and they were complementary about the caring approach of the staff team.



## Is the service responsive?

### Our findings

People received care and support based on their preferences and things that were important to them. A relative told us, "[Person] uses the sign for hotel as it is so nice. [Person] always wants to go back." They explained that their relative was able to spend their time undertaking activities that interested them. We saw that a work surface in the kitchen was lowered which enabled people who used a wheelchair to prepare food; we read that this was important for one person. Staff made bookings based on how people related to others using the service. A staff member told us, "When we book people in we try to look at compatibility." We found that people's care and support requirements were being met by staff who were flexible and adaptable in their approach.

People and their relatives told us how they contributed to the planning of the care and support provided. A relative described how their family member had been asked at each stay about what they needed support with. Relatives confirmed they were involved in developing their family member's support plan. One relative explained, "I was involved in the care plan. They ring and discuss everything." We saw that 'pre-stay phone calls' occurred to make sure staff had up to date information about people's care and support requirements. A staff member explained, "We draw up a plan every time someone stays. We do a pre-stay call. We ask about their medicines, any changes to their health, daily routines, if they have any appointments, leisure interests and the person to call in the event of an emergency."

People had support plans centred on them as individuals. They largely contained up to date information for staff to follow about their likes, dislikes and preference's. The registered manager explained that some people's support plans were being reviewed as they contained out of date information. We saw that action was being taken to update support plans where this was necessary. We read about people's specific routines that were important to them and we saw these being followed when we visited. We found that staff had a thorough understanding of people's support requirements and preferences and they offered their support in ways that people responded well to.

People had opportunities to take part in activities that they enjoyed. During our visit we saw that some people accessed the local area with the support of staff and one person undertook baking. We saw that others received specific support to make sure that they did not become isolated due to their communication differences. People's relatives were satisfied with the opportunities available to their family members. One relative told us, "[Person] gets to do the activities they want to. [Person] goes to the city centre and out for pub meals. They even take [person] to the football when I can't."

People and their relatives knew how to make a complaint should they have needed to. One person told us, "If I was upset I'd talk to the staff. They listen to me." We saw that the provider's complaints procedure was displayed for people, their relatives and visitors. This was written using pictures to help people with communication differences to understand the process. Where a complaint had been received, we found that the provider took action. This included apologising where this was necessary.

## Is the service well-led?

### Our findings

The service had an open approach to providing care and support. One relative told us, "They do a fantastic job. I've already had a pre-stay call for the next visit." We saw that the service had received many compliments and the provider encouraged feedback to be received. In the last two months the registered manager had sent questionnaires to people and relatives for them to comment on their experiences of the service. A relative told us, "I am always asked. I'm sent a form post-stay. It includes what [person] has been doing." The registered manager told us that they would analyse the feedback received and take action to make improvements should it be necessary.

Staff members received feedback on their work and were aware of their responsibilities. They told us that the registered manager was approachable and that they could give suggestions for how the service could improve. One staff member said, "The manager is really good and approachable and takes actions when needed." Staff attended meetings and policies and procedures had been made available to them so that they knew their responsibilities. Staff demonstrated good knowledge about their duties including what they would do should they have concerns about a colleagues' practice. One staff member told us, "I would go to the manager or above them. I can go to the safeguarding team [local authority] if necessary."

The provider had clear aims for the service which staff were knowledgeable about. Staff told us about how they provided care that was individual to each person and that respecting people's choices was key to providing good quality care. We saw staff putting this ethos into place when we visited.

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The registered manager understood their responsibilities and the conditions of registration with CQC were met. During our inspection we saw that the ratings poster from the previous inspection had been displayed in a prominent position. The display of the poster is required by us to ensure the provider is open and transparent with people who use the service, their relatives and visitors to the home.

The registered manager and provider carried out checks on the quality of the service to drive improvements. For example, checks on people's care records and on the safety of the building took place. Any actions required to make improvements were identified and carried out. The registered manager showed us how they were improving their quality checking. An example of this included checks to make sure staff received face to face support and guidance from a senior staff member periodically throughout the year. This meant that people could be sure that they would receive a service that was continually striving to improve.