

Leicestershire County Council

# Carlton Drive Short Breaks Service

## Inspection report

Carlton Drive  
Wigston  
Leicestershire  
LE18 1DE

Tel: 01163056753  
Website: [www.leics.gov.uk](http://www.leics.gov.uk)

Date of inspection visit:  
14 October 2019  
15 October 2019

Date of publication:  
28 October 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

Carlton Drive Short Breaks service is a residential care home providing personal care to people with a learning disability or autistic spectrum disorder, physical disability, sensory impairment and to younger Adults. Carlton Drive Short Breaks service accommodates seven people at any one time in one adapted building. At the time of our inspection 57 people accessed the service for short breaks.

There was a day service attached to Carlton Drive Short Breaks service, staff worked across both services. People staying for a short break could access the day service during the day should they wish. Since the last inspection the service had increased the number of people it could support from six to seven.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

People received care from staff that were kind, caring and compassionate. Staff enjoyed their work and treated people as if they were a family member. A relative said, "The staff are just amazing. They really do go above the call of duty and really do care." People and staff had built positive relationships together and enjoyed spending time together. Staff were respectful and open to people of all faiths and beliefs. People's privacy and dignity was respected.

People were supported by staff that took time to find out about their hobbies and interests and supported them to engage in these. Activities were available for people to choose from and people could access the day service during the week should they wish. Relatives knew how to raise a concern or make a complaint and felt confident concerns would be addressed.

People were supported by staff that kept them safe from harm or abuse. Without exception all relatives told us, they felt assured safe care would be provided by staff they knew and trusted. People received medicines on time and were supported by staff that had been safely recruited. Staff had a good knowledge of risks associated with providing people's care and had received adequate training to meet people's individual care needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. People's needs were assessed before receiving care from Carlton Short Breaks Service to inform the development of their care plans. Pre-stay calls were made to relatives to ensure care plans and risk assessments were

updated before people's stay. People were supported to eat and drink enough and received healthcare support as needed.

People knew the management team by name. The service sought feedback from relatives about their care experience to ensure any issues or concerns were promptly addressed. The registered manager had a good oversight of the service. Quality assurance systems and processes enabled them to identify areas for improvement. Without exception relatives and staff told us they would recommend the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good. (Published 26 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Carlton Drive Short Breaks Service

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Carlton Short Breaks Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Carlton Short Breaks Service provided people with short stays away from their families. These are an opportunity for people to have fun, share experiences and socialise outside their family home. They also give relatives and carers the opportunity to have a break from their caring role.

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

This inspection was unannounced.

We visited the location on 14 October 2019 and made telephone calls to relatives on the 15 October 2019.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

### During the inspection

We observed interactions between staff and six people. We spoke with four relatives about their experience of the care provided. We spoke with nine members of staff including the service improvement manager, service manager, registered manager, team leader and care staff.

We reviewed a range of records. This included three people's care records and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, meeting minutes, and accident and incident records were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at information such as training records and recruitment documentation.

We reviewed the information in the provider information return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made our judgements.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Without exception relatives we spoke with told us they felt confident the service provided safe care. A relative told us, "It's the hardest thing ever trusting people with your children, our children are our most precious beings in our lives. I trust the staff." Another relative said, "We don't worry when [name] is there, we are confident in what they do, we have never had any issues with them."
- Staff were aware of the signs of abuse and knew how to report safeguarding concerns. They told us the management team would address any concerns and make the required referrals to the local authority.
- Staff felt confident about raising concerns relating to people's care. A whistle-blowing policy was in place and had been discussed in staff meetings.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. A pre-stay phone call was made to relatives prior to each stay. This was an opportunity to review risk assessments and care plans and to check for any changes, so that measures could be put in place to reduce risks before people stayed at the service. Risk assessments were in place for risks such as choking, fire, epilepsy, moving and handling and falls.
- Staff confirmed, they had received training to use equipment to assist people to move safely. Equipment was regularly serviced in line with the manufacturer's guidance and environmental checks had been completed to ensure a safe living environment was maintained.
- Personal emergency evacuation plans (PEEPs) were in place to instruct staff how to support people to leave the home safely in the event of an emergency. These were up to date and reflective of people's current needs. Staff told us fire drills were undertaken, this ensured staff and people staying at the service felt confident with the procedure for leaving the building in the event of a fire.

Staffing and recruitment

- Planned staffing levels were achieved. Staffing was adjusted depending on people's needs. We found there were enough staff available and observed staff responding promptly to people's needs.
- People were supported by a consistent team of staff that knew them well.
- Safe recruitment checks had been undertaken to ensure staff were suitable to work with people receiving care. The electronic system used by the provider would not enable staff to be recruited until all the required checks were completed.

Using medicines safely

- Medicines systems were organised. Systems and processes ensured medicines were 'checked in' and 'checked out'. Stock levels were regularly reviewed to ensure people's medicines had been given as

prescribed.

- Medicines Administration Records (MAR) were completed correctly and audits were undertaken to identify areas for improvement. Medicines were securely stored.
- Staff did not administer medicines to people until they had been assessed as competent to do so, this included the administration of medicines via a feeding tube. One staff member told us, "We get medicines competency checks, I've not long had one, they are yearly."

Preventing and controlling infection

- The home was clean and tidy. A relative told us, "It's always clean and never smells." Staff ensured rooms were cleaned thoroughly in readiness for new admissions.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and we observed this in use.
- Staff followed safe procedures for food preparation. A staff member told us, "I have had food hygiene training. We have to check food temperatures, wash our hands, wear aprons, gloves and make sure food is labelled and stored in the right place."

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. Records showed accidents and incidents were recorded and were reviewed by the registered manager to identify trends, patterns and learning.



# 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.

At the last inspection this key question was rated Good. At this inspection this key question has remained the same Good. This meant 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

- People's physical, social and wellbeing needs were holistically assessed before receiving care from the service. People and relatives were fully involved in writing the first draft of people's care plan, which included information about people's routines, likes, dislikes, preferences and how they wished to be supported. These were reviewed and amended as staff got to know the person.
- Care and support was delivered in line with legislation and evidence-based guidance to achieve effective outcomes.

Staff support: induction, training, skills and experience

- People received care and support from competent and skilled staff. Staff told us they received regular training. One staff member told us, "The training is good, we have core training every year and can also pick and choose other training. [Management team] will help with development if there are any other courses we want to go on."
- New staff undertook an induction that included shadowing regular staff to get to know people's needs.
- Staff told us they had regular supervisions and told us they felt supported by the management team. One staff member said, "I have regular supervisions, we can speak openly."

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

- Mealtimes were a relaxed and sociable occasion. A menu was available, but we observed people often chose a different meal to suit their preference. People were offered food and drink regularly throughout our inspection.
- People receiving care from the service had a variety of dietary requirements. These included, gluten free, dairy free, vegetarian and vegan. Some people did not eat certain foods due to their cultural and religious beliefs. We found staff had an exceptional knowledge of people's dietary requirements and allergies and ensured people's needs were met during their stay.
- One person told us, "I've brought my cook book, to do some cooking this week." They chose meals they would prepare with staff and planned the ingredients that needed to be purchased. A staff member told us, "One person calls before they come to make sure we have got the right food. We take them shopping so they can choose it."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The service worked alongside local community and medical services to support people to maintain their

physical and emotional health and wellbeing during their stay. Staff raised concerns about people's wellbeing to community services such as the person's GP, district and community nurses. Health advice was reflected in people's care plans.

- The service liaised with people's relatives prior to their stay to ensure they had all the relevant information regarding people's health and wellbeing needs. Relatives felt confident the service would identify any changes in people's health presentation and promptly seek medical assistance. One relative told us, "Staff know how quickly [name] can get poorly and closely monitor [name]. They noticed straight away when [name] was unwell, and within two hours they were on antibiotics for an infection. A hospital admission was avoided."
- The service followed best practice guidelines regarding oral healthcare. People's care plans instructed staff how to support people with their oral healthcare needs.
- 'Grab sheets' had been completed for everyone receiving care. These contained important information about the person to support emergency services and health professionals to provide continuity of care.

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

- The environment had been adapted to meet the needs of everyone that accessed the service. Some rooms were set up for people with high dependency needs and had en-suite rooms with adapted baths, shower areas and shower trolleys so people could choose how they received their personal care.
- People had access to a sensory room, in another area of the building. We observed one person lead staff to this, so they could listen to music and watch the lights.
- At the time of our inspection rooms were being redecorated and new flooring had been ordered for the corridor. This was planned for a date when there were no requests for short breaks to minimise the impact on people and their relatives.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The service met the requirements of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Where people were no longer able to make decisions about certain aspects of their lives, this had been assessed and best interest decisions had been undertaken.
- Where people were unable to communicate their consent verbally, care plans instructed staff of the visual cues and gestures to observe for, to determine whether a person was giving consent. Staff respected people's choices.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant 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 continued to be cared for by staff who were kind, caring and knew people well. People were relaxed with staff and interactions were positive. We observed staff and people laughing together and taking pleasure in each other's company. A relative told us, "The staff are very nice I can't praise them enough." Another relative said, "Staff are so kind, they look after everyone well."
- Staff demonstrated their awareness of people's likes and dislikes, for example, they knew how people liked to have their drinks and snacks and where they liked to spend their time.
- People's cultural and religious needs were detailed in their care plans. Staff were respectful to people of all faiths and beliefs.
- The service where possible accommodated relatives requests for stays of a particular date to fit in with their circumstances, or to enable people to access the service at the same time as their friends.

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

- People were offered choices throughout our inspection, in a way they could understand. One person was offered choices verbally, another by showing them pictures.
- The service understood when people needed the support of an advocate. This is someone that can help a person speak up to ensure their voice is heard on issues important to them. The service told us, if needed, they would refer people to the appropriate service to ensure advocacy support was provided.
- People were supported to get to know staff prior to attending for an overnight stay. This involved spending time at the service for meals, or at a time that suited. The transition was set at a pace that suited the person. There was a new person accessing the service at the time of inspection, all staff made time to introduce themselves and spent time chatting with them to put them at ease.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person was prompted by staff to knock on another person's door before entering.
- Staff spoke to people politely and referred to people by their chosen name. People's personal care needs were attended to sensitively.
- Staff recognised the importance of confidentiality. Records were stored securely.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated Good. At this inspection this key question has remained the same. Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were reviewed regularly and as people's needs changed. Reviews had taken place prior to each stay, these provided people and their relatives with an opportunity to discuss their care and ensure it was delivered as planned.
- Staff knew people well and told us this was because care plans contained more than enough information. Many staff had also worked at the service for some time.
- Care plans reflected people's likes, dislikes, hobbies and interests and how staff could best support them. When we asked one person what they do when accessing the service, they told us, "I pretty much have fun."
- People and staff had built positive relationships together. Staff enjoyed spending time with the people they cared for. A relative told us, "You can tell the staff enjoy what they do and have care and compassion."

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were detailed in their care plans, and staff knew how to communicate effectively with people. Photographs were available for people to choose meals. People used a variety of communication aids, and staff were familiar with these. We observed one staff member use signs to communicate with a person.
- One person was reluctant to take a break from their activity for breakfast. The staff member offered them a spoonful of breakfast as a prompt, this person then understood breakfast was ready and went to the table to eat.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- During our inspection a celebration of a religious festival had been organised. Staff had cooked traditional foods for people to try and had brought in clothing and jewellery for people and staff to wear. People and staff really enjoyed sharing the experience together.
- We observed people partaking in activities of interest to them. We saw photographs of people visiting the seaside during the summer and staff told us they often took people out to the pub, cinema, bowling and pumpkin picking. A relative told us, "[Name] is so happy there."
- People were supported to maintain relationships with family and friends, there were no restrictions on visiting. A relative told us, "The staff are so welcoming, there is an open-door policy."
- A 'My stay' document was completed during people's stay and went home with people when they left the

service. A relative told us, "Staff put the information I need to know in it for continuity."

#### Improving care quality in response to complaints or concerns

- The service had a policy and procedure in place to manage complaints. Complaints information was accessible in the home. There had been one complaint since the last inspection, this had been managed in line with the providers policy and resolved to the complainant's satisfaction.
- People and their relatives told us, should they have any concerns they would not hesitate to raise these with the management team and felt confident they would be promptly resolved. A relative told us, "We've never had any concerns."
- We saw a compliment that said, 'I have no concerns at all when [name] comes to you. Everything is great, and we are very happy. If anything was amiss you know we would say. [Name] is always well cared for.'

#### End of life care and support

- People did not receive end of life care at the service. However, the manager told us they planned to collate information regarding people's preferences and wishes should there be a medical emergency or people reach the end of their lives. Staff knew who to contact in the event of a medical emergency.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Without exception everyone we spoke with told us they would recommend the service. Relatives told us, "I can't think of anything that can be improved, we are so satisfied [name] is happy, that's all that matters;" "The level of care is second to none" and "I would absolutely recommend it and have, I think they [service] do an excellent job."
- The registered manager ensured people were involved with their care and staff understood the need to treat people as individuals and respect their wishes.
- People, relatives and staff knew the management team by name and contacted them with any concerns or queries. The service had a friendly and open culture, and relatives told us they found the registered manager very approachable and easy to talk with.
- The management team knew all the people using the service well. They worked closely with people and staff, leading by example, and ensuring people and their relatives had a say in all aspects of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of, and there were systems in place to ensure compliance with, duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider was open and honest with us during our inspection.

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

- The registered manager understood their regulatory requirements, including displaying the CQC's rating of performance and submitting legally required notifications. The registered manager told us, several DoL's outcomes had been recently received and they were in the process of completing the statutory notifications to send to the CQC.
- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to by the manager. One staff member said, "Here if you raise something it gets dealt with straight away, they [management team] listen to you."
- There were effective systems in place to monitor the quality and standard of the service. The provider had established audits in place relating to the running of the service. These were inclusive of, but not limited to audits of medicines administration records, environmental checks and care records.

- Staff had a handover at the beginning of each shift and were allocated tasks. For example, medicines and tube feeds. Staff were allocated to provide care for people based on people's hobbies and interests and their relationship with staff.

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

- Relatives feedback on people's care experience was sought, through a survey sent out after each stay. The registered manager told us, coffee mornings had been planned once a month for people and relatives to attend. These would assist in collating more feedback to drive improvements within the service.
- Regular staff meetings took place. Recent minutes evidenced whistle-blowing had been discussed and staff had been made aware spot checks would be undertaken at night. A staff member told us, "Staff meetings are useful. It is nice to have the opportunity to feedback and get together with staff."

Continuous learning and improving care

- The provider had a business improvement plan in place. The management team were passionate about driving improvements to enhance people's care experience when they stayed at the service.
- The provider had implemented improvements since the last inspection such as redecoration, offering a variety of opportunities during the day and enhancing care plan documentation.
- Further improvements were planned to the medicines systems and processes, to further reduce the risk of medicines errors.
- The provider was committed to supporting staff to develop in their roles.

Working in partnership with others

- The provider and registered manager worked closely with commissioners and the safeguarding team to ensure the service developed and people remained safe.
- Staff worked closely with other health professionals such as speech and language therapists, community nurses and GPs which enhanced the health and well-being of people.