

Natural Breaks Limited

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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

This announced inspection took place on 4 November 2016.

Natural Breaks is an organisation which provides support services to people with a range of needs such as a learning disability, mental health issue, physical disability or an acquired brain injury. The service has two strands offering both a domiciliary care service to people living in their own home and support for people to access social and leisure activities within their local community. The service is located in Liverpool and covers a large geographical area across the North West.

We last inspected this service on 13 February 2014 and found they were compliant in all areas.

There was a registered manager in post.

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.

Everyone we spoke with told us they felt safe being supported by the staff and staff were able to describe the course of action they would take if they felt someone was being harmed or was at risk of harm. Staff told us they would not hesitate to whistle blow to the registered manager, the local authority or CQC.

Risks which compromised people's health and well-being were appropriately assessed reviewed when needed and contained a high level of detailed information.

There was a procedure in place for recording and analysing incidents and accidents.

Rotas showed there were enough staff employed by the organisation to deliver a safe, consistent service. Each person had the required number of staff working with them to help keep them safe and access the community.

We viewed medication administration records (MAR) sheets for some people we were having their medicines administered by staff, and saw they were accurate and complete. Staff were trained in medication administration, and were subject to regular spot checks to help ensure they were competent with regards to administering medicines.

Staff were recruited safely and checks were carried out on staff before they started work at the organisation to ensure they were suitable to work with vulnerable people.

Staff completed an induction as well as other training courses selected by the provider to enable them to

have the skills needed to complete their role.

The registered manager and staff we spoke with were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. Staff understood the need to respect people's choices and decisions if they had the capacity to do so. Assessments had been carried out and reviewed regarding people's individual capacity to make care decisions. Where people did not have capacity, this was documented appropriately and decisions were made in their best interest with the involvement of family members where appropriate and relevant health care professionals. This showed the provider understood and was adhering to the Mental Capacity Act 2005. This is legislation to protect and empower people who may not be able to make their own decisions.

Staff we observed delivering support were kind and compassionate when working with people. They knew people well and were aware of their history, preferences and dislikes. People's privacy and dignity were upheld. Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

Care plans with regards to people's preferred routines and personal preferences were well documented and plainly written to enable staff to gain a good understanding of the person they were supporting. Care plans contained a high level of person centred information. Person centred means the service was tailored around the needs of the person, and not the organisation.

We discussed complaints with the registered manager. Complaints had been responded to by the registered manager and appropriately dealt with including any changes, which needed to be implemented because of the complaint.

People told us they liked the organisation and the staff, and there was always something going on for them. We saw that people were excited about an overnight stay in Blackpool.

Quality assurance procedures were robust and identified when actions needed to be implemented to drive improvements. We saw that quality assurance procedures were highly organised and processes had been implemented from an external source to help support the service to continuously improve. We were shown these procedures by the registered manager during our inspection and how they worked.

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

Recruitment checks had been undertaken on staff before they started working at the home to check they could work safely with vulnerable people.

Incidents and accidents were being reported, recorded and analysed?

There were safe procedures in place to manage medicines. Everyone we spoke with were receiving their medications safely.

Risk assessments were in place for people who needed them. They were reviewed on a regular basis or when the person's needs changed, and contained up to date information.

Is the service effective?

Good ●

The service was effective

The registered manager and staff were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. Consent was being obtained and reviewed in line with the Mental Capacity Act legislation.

Staff had the skills and training required to be able to be able to support people appropriately with their assessed needs.

People were supported to eat and drink and staff ensured people received support with this if they required it.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the care they received. We observed positive engagement between people and staff. Staff treated people with privacy and dignity. They had a good understanding of people's needs and preferences.

People told us they were involved in planning and reviewing their

care, and family members were very much involved in peoples care plans.

Is the service responsive?

Good ●

The service was responsive

People's care plans reflected how they needed to be supported and contained information relevant to that person.

Information was available in different formats to support people to understand what it meant.

There was a complaints procedure in place. People at the home told us they knew how to complain.

People were supported to maintain their independence.

Is the service well-led?

Good ●

The service was well-led.

The registered manager worked as part of the staff team and was very well known.

People and staff spoke positively about the registered manager.

There were quality assurance systems in place, which regularly checked the records and other documentation relating to how the service was run.

There was a procedure in placed for collecting people's feedback to take on board people's views to improve the service.

Natural Breaks Limited

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 inspection took place on 4 November 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that staff would be available to speak with us, and the registered manager or someone in charge would be available.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed the information we held about the service. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We had received some complaints concerning this provider so we spoke with the provider about these during our inspection. We also looked at the statutory notifications and other intelligence, which the Care Quality Commission had received about the service.

During the inspection, we spoke with seven staff who worked at the service, the provider, quality manager, the registered manager and four support staff. We spoke with four people who used the service and four family members.

We looked at the care records for five people using the service, five staff personnel files and records relevant to the quality monitoring of the service.

Is the service safe?

Our findings

Everyone we spoke with told us they felt the service was safe. One person said, "It's safe because I know who my staff are." Someone else said, "I would be in right mess without them, they make sure I am okay." One family member said, "I have no reason at all to doubt the safety of [family member] the staff come when they are supposed to, and they have gotten to know [family member] very well." Other people answered 'yes' when we asked them if they felt safe.

When staff were required to administer people's medications we saw that they were stored securely. When new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment. We viewed medicine audits which reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Training records showed staff responsible for medicines had been trained.

Some people were prescribed PRN medicines to be used only 'when required'. There was guidance in place to inform staff when these medicines should be used. This shows the provider has recognised it is important that staff have detailed information, including personalised details of people's individual signs and symptoms to ensure that people are given their medicines correctly and consistently, especially if the individual has communication difficulties or is unable to recognise their own needs.

Staff were able to describe the course of action they would take if they felt someone had been harmed or abused in anyway. Training records confirmed that staff had been trained in adult safeguarding, and team meeting minutes we saw confirmed that this topic was discussed. There was a safeguarding adult's policy in place which all of the staff were familiar with, which incorporated the local authorities safeguarding procedures as well as the providers.

The staff were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care and support to the people and they would report any bad practice or mistreatment.

Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to an individual commencing work.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a requirement for all staff employed to care and support people within health and social care settings. This process allows an employer to check if there are any criminal records belonging to applicants. This enables the registered manager to assess their suitability for working with vulnerable adults One staff member we spoke with confirmed they were unable

to commence employment until all checks had been carried out. They told us they had completed an application form and attended for an interview. They could not start work until they had received clearance from the disclosure and barring service (DBS). This confirmed there were safe procedures in place to recruit new members of staff.

We saw that risk assessments were completed which using the 'MOST' approach. This stands for 'Maximising Outcomes Safely Together' and ensures people were supported to take positive risks to achieve their desired outcomes. We saw that risk assessments were personalised, and as well as containing specific information with regards to the risk, they also described what course of action the staff should take to minimise the effects of the risk. For example, we saw that one person had a risk assessment in place as they were at risk of choking. We saw the risk assessment explained what the staff must do to prevent the risk, such as ensure the person is sitting in the correct position, and make sure they were facing them. We also saw that each person had a personalised lone worker risk assessment in their care plan. This is a risk assessment specifically aimed at supporting staff to ensure they and the people they are supporting are safe when being supported on a one to one staffing ratio. Risks such as financial abuse, false allegations and medical emergencies were addressed.

As staff were expected to carry out their duties in peoples own homes or their shared homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each of the homes the staff worked in. We saw that some people had chosen to live together in shared houses and the staff supported people to maintain their home by reporting any concerns or repairs to housing providers. Each person had a PEEP in place which was personalised to meet their needs.

There was a process in place for documenting and analysing incidents and accidents , which the quality manager regularly analysed for any emerging patterns and trends.

Is the service effective?

Our findings

Everyone we spoke with told us they felt the staff had the skills to support them. One person said "They go on training," Someone else said, "They know what they are doing, they know I like to go out." A family member said, "The staff are an asset."

Staff we spoke with told us they enjoyed their training and felt as though they had enough training. One staff member said, "I have worked here for a long time, I get notices that I have to attend updates on my training." We saw that there was a training matrix in place which contained the dates of all of the training completed by the staff in the organisation, including when refresher courses were due. We spot checked some of the training dates against staff certificates to ensure they matched. Staff had the opportunity to complete NVQ (national vocational qualifications) and we saw a large percentage of the workforce had this formal qualification .

Before the staff started work, they completed an induction process in line with The Care Certificate. The Care Certificate is an identified set of standards which health and social care workers adhere to in relation to their job roles.

Staff had supervision meetings with their manager and staff records confirmed that staff had received supervisions at least every 6 - 8 weeks. Issues such as handovers, holidays, key working, learning and development and medicines were discussed. We also saw there was an annual appraisal system in place for staff.

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. This is called the Deprivation of Liberty Safeguards . There was no one subject to a Deprivation of liberty at the time of this inspection. .

The registered manager explained the process they would follow if an application was required to safeguard someone in accordance with the principles of the MCA. This included involvement of the local authority if a DoLS needed to be applied for from the Court of Protection (CPA). The Court of Protection in English law is a superior court of record created under the Mental Capacity Act 2005. It has jurisdiction over the property, financial affairs and personal welfare of people who it claims lack mental capacity to make decisions for themselves

The registered manager and staff we spoke with were aware of their roles in relation to the Mental Capacity Act 2005 and associated legislation. We checked people's care plans and saw that capacity was assessed depending on the type of decision which was to be made. We also saw that the provider had followed the

'best interest' process when people required support with decision making and the least restrictive option was chosen. We saw that most people had capacity to make day-to-day decisions and this was also clearly documented within their plan of care. For example we saw that one person had a best interest meeting with regards to shutting off the water in their home at night. We saw there was a risk assessment and supporting mental capacity assessment in place, which clearly documented the rationale for the best interest meeting. We saw from looking at the minutes of the meeting that the least restrictive option was chosen, rather than locking the person out of their own kitchen.

We saw that the service had gained consent from people to be able to share their records, support them with medications and provide their care. For any person who did not have the capacity to consent to care we could see the principles of the MCA were followed.

People told us that the staff from Natural Breaks would call the GP on their behalf if needed. Staff were sometimes required to support people to attend medical appointments, and we saw where people had attended these appointments, records were kept recording the reason for visit and the outcome.

We asked the staff how they ensured people were receiving enough food and drink. We saw that some people were supported by staff to eat and drink and to follow a specific diet plan. All documentation regarding this was clearly evident in peoples care plans and we saw appropriate referrals had been made to SALT (Speech and Language Therapy) teams when needed. Other people were supported to dine out with staff as part of their support arrangements and told us they chose where they ate.

Is the service caring?

Our findings

Everyone we spoke with told us the staff cared about them, and they had good relationships with their support staff. Family members were complimentary about the level of care and support they received. One family member said, "We are just so involved. It's wonderful." A person who uses the service told us, "They [staff] always make sure I am okay. I don't need as much support as some of the other people, but they always check on me." Another person said, "I love [staff member] we get on well. They come to mine and take me out." Other comments included, "The staff are smashing," and "They are really wonderful people."

We had the opportunity to observe some of the staff supporting people. On the day of our inspection, a trip to Blackpool had been arranged for people using the service and their families. We saw that people got on well with the staff who were supporting them. This was observed by the kind and familiar dialogue between the staff and the people they were supporting.

We saw from looking at care plans that they had been signed by the person receiving the care or their family member if they were legally allowed to do this.. When we asked people if they had been involved in their care plans, people confirmed they had.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw a number of people had an advocate supporting them.

There were numerous thank you cards at the service, commending staff for all of their help and care, again reflecting on the hard work and caring nature of the staff.

Staff we spoke with gave us examples of how they had protected people's dignity and respect, not just by closing doors when delivering personal care, but making sure people had the chance to make choices for themselves regarding their support. People told us the staff asked their permission before they came into their homes, using their toilet, and before assisting them with any personal care tasks.

Is the service responsive?

Our findings

People who used the service told us how staff supported them to plan all aspects of their life. We saw examples which showed that the organisation was operating in a person centred way. Person centred means to support the person in way which is meaningful for them, based on their individual choice, not the needs of the service. People told us they felt the staff knew them well. One person said, "I have had [staff members name] for a long time. We get on really well together. They know when I am having one of my bad days." A family member told us, "They [the organisation] are always looking for ways to bring people together and have fun." We saw an example of this during our inspection. The organisation had arranged an overnight trip to Blackpool for people and their families. Everyone we spoke with were excited about the trip. In addition to this we saw that there had been trips to Newquay arranged, we spoke to one person who had been on this trip who told us they had enjoyed themselves.

We saw that there was plenty of activities organised for people to encourage networking and relationship building. Every week people told us they attended a disco and there were various work placements people were undertaking. One person told us they had a part time job, which they 'loved', and they attended with their support staff.

During the inspection, we spoke with staff who were extremely knowledgeable about the support people received. One staff member was able to describe how the person they supported required specific support and techniques when out in public places to keep them safe. When we checked the person's care plan we saw that this information was well documented.

We also saw another example of how one person required specific support with eating and drinking and, as well as the risk to the person being well assessed, we saw that other professionals, such as the SALT (Speech and Language Team) had also been involved with this person and were working closely with the staff to ensure that identified risks, in this case, aspiration, was minimised.

We saw that each person had a one page profile in place. A one-page profile is a summary of information highlighting the most important information about people. We saw from looking at people's one-page profiles what they liked to be called, what their backgrounds were, hobbies, and how they liked staff to support them.

In addition to the one page profile, we saw that people who had no verbal communication had a 'Communication book' in place. This gave detailed information regarding what the staff had learnt about how that person communicated during their time supporting them. We saw that this document was a 'working tool' which meant that it was regularly updated and added to each time the staff found out a new way the person communicated. This shows that the staff were using a consistent approach to find out how people wanted to be communicated with, and developing this with the person.

We spoke to one person during our inspection who told us how the organisation had supported them to move out of their family home and into their own house. The person told us they had come to Natural

Breaks as an emergency respite due to their long term family carer becoming to unwell to support them. The person told us "I got a taste of my independence and I liked it." The organisation then worked with the person and their family to find them a permanent place to live, and facilitated the move at a pace everyone was happy with.

Another person we spoke with told us how they had struggled with addiction in the past, and because they were getting support from Natural Breaks, they had a relationship with the rest of the family again and they were involved in their care and support.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person we spoke with said, "I have nothing to complain about but would do so if I felt the need."

Discussion with the registered manager and operations manager confirmed that any concerns or complaints were taken seriously. We looked at records, which indicated that complaints had been dealt with promptly and appropriately. We saw that the service kept a record of compliments.

Is the service well-led?

Our findings

There was a registered manager in post who had been in the organisation for a long time.

Everyone we spoke with was complimentary about the registered manager and the registered provider. Comments included, "They are excellent." And "Totally marvellous". Staff we spoke with told us that they liked working for the company. Staff told us that they felt valued and supported by the registered manager. One staff member said, "I love everything about my job." Another staff member said, "I have been here for years, and I have no desire to go anywhere else, it's the best job in the world for me."

We saw that one of the values of the organisation was 'person centred' and we saw evidence of this in the records we viewed during our inspection and from our conversations with staff and people who use the service. This means that the values of the organisation were well implemented in everything the company does.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. A range of audits were completed which looked at quality in areas of the service such as infection control, housekeeping, medicines, care records, the environment and health and safety. The quality assurance systems in place were robust. We saw from the notes made during the most recent contract audit had identified some actions which we saw the registered manager had been working through. The registered manager did a monthly audit of care plans and other documentation. There were audits for the finances, MCA, and risk assessments. We saw any recommendations were being followed up with a plan of action by the registered manager

We saw results from a recent feedback survey undertaken by the service and the registered manager had analysed the results and developed a chart made up of people's responses to multiple-choice questions.

The service had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them

We saw that team meetings for staff took place every month, and 'have your say meetings' for people who use the service took place every other month. This ensured that the people who use the service were represented and had the opportunity to discuss things that matter to them. We saw agenda items which were discussed such as activities and fundraising.

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us [the Care Quality Commission] for any incidents or changes that affected the service.