

Nottinghamshire County Council

Holles Street Short Breaks Service

Inspection report

Holles Street
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection of the service on 31 October 2017. Nottinghamshire County Council is the registered provider of Holles Street Short Breaks Service. This service provides respite care and support for up to ten adults with a learning disability. On the day of our inspection five people were using the service and there was a registered manager in place.

At the last inspection, in September 2015, the service was rated Good. At this inspection we found that the service remained Good. The rating for the Caring domain has changed from Good to Outstanding.

People continued to feel safe and staff ensured that risks to their health and safety were reduced. There were sufficient staff to meet people's needs in a timely manner and systems were in place to support people to take their medicines. Safe recruitment systems were in place.

Staff received relevant training and felt well supported. People were asked for their consent and appropriate steps were taken to support people who lacked capacity to make particular decisions. People were supported to eat and drink enough to maintain good health.

Positive and caring relationships had developed between people and the staff who cared for them and staff went the extra mile to provide support which centred on the person and individual goals. Staff took the time to get to know people well and to understand what worked for them and they empowered people to have independence and autonomy. People were treated with dignity and respect by staff who understood the importance of this.

People received person-centred and responsive care from staff who had a clear understanding of their current support needs. Care plans were in place which provided clear information about the care people required. People knew how to make a complaint and there was a clear complaints procedure in place.

There was an open and transparent culture which enabled people and staff to speak up if they wished to. The management team provided strong leadership and a clear direction to staff. There were robust quality monitoring procedures in place.

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 remains safe

Is the service effective?

Good ●

The service remains effective

Is the service caring?

Outstanding ☆

The service is exceptionally caring

Positive and caring relationships had developed between people and the staff who cared for them and staff went the extra mile to provide support which centred on the person and individual goals.

Staff took the time to get to know people well and to understand what worked for them and they empowered people to have independence and autonomy.

People were treated with dignity and respect by staff who understood the importance of this.

Is the service responsive?

Good ●

The service remains responsive

Is the service well-led?

Good ●

The service remains well led

Holles Street 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 checked 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.

We gave the service 48 hours' notice of the inspection visit because it provides respite (short stay) and we needed to be sure that there would be people using the service on the date we visited. This comprehensive inspection was carried out on the 31 October 2017 by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We gave the registered manager 48 hours notice

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with one person living at the service and one person who regularly used the service. Due to some people having limited verbal communication we spoke with the relatives of one person who was currently using the service and the relatives of five people who used the service on a regular basis. We also spoke with two team leaders, a support worker, the cook and the registered manager.

We looked at care records relating to three people using the service as well as their medicine records. We reviewed other records relevant to the running of the service such as, staff recruitment records, quality assurance audits, training information for care staff, meeting minutes and arrangements for managing

complaints.

Is the service safe?

Our findings

People received care from a staffing team who protected them from experiencing avoidable harm and kept them safe. One person we spoke with nodded in answer to us asking if they felt safe in the service and put their thumb up to further indicate this. Another person told us they felt, "Very safe" at Holles Street. The person told us, "They (staff) keep us safe here." Relatives told us they felt their relation was safe when they used the service. One relative told us, "I don't know what I would do without them; I don't have to worry about [relation] there." There was information on display, in a format people who used the service would understand, detailing what constituted abuse and what people should do if they did not feel safe.

Processes were in place to ensure people were not at risk of experiencing avoidable harm or abuse. Staff spoke knowledgably and confidently about what they would do if they thought people were at risk of harm. Where needed, referrals had been made to the appropriate authorities. Where accidents or incidents had occurred, these were investigated, with changes made to people's care and support needs to reduce the risk or reoccurrence. The risks to people's safety and welfare had been assessed and regularly reviewed to ensure that people were kept safe and there was a programme of maintenance to ensure people were protected against risks relating to the environment.

People who used the service and relatives felt there were enough staff in place to keep them safe and to respond to their needs. One person told us that if they felt unwell and pressed the "buzzer" a member of staff would arrive quickly. Relatives also felt there were enough staff and one relative told us, "There seems to be plenty (of staff) on." Our observations throughout the inspection showed people received care and support when they needed it and staff told us they felt there were enough staff on duty to meet the needs of people. One member of staff told us, "Staffing is planned with service users in mind." The registered manager and staff told us that staffing was flexible to meet the needs of the people who were using the service at different times. We saw that safe recruitment processes were in place to reduce the risk of unsuitable staff being employed to work in the service.

People told us they were happy with the way their medicines were managed. One person told us they were always given their medicines when they should. Relatives also felt that medicines were managed safely. Records showed there were clear medicine management systems in place to ensure people were protected from the risks associated with medicines. People's records showed they received their medicines when they needed them and medicines were stored, handled and administered safely.

Is the service effective?

Our findings

People were cared for by a staff team who received appropriate training and felt well supported. We observed a meeting held for relatives of people who used the service and the manager gave an update of the recent training staff had undertaken. One of the relatives commented upon this as being, "Very reassuring that they have the right staff qualified to do the right job." The staff we spoke with told us that the training they received was relevant and helped them carry out their roles. One member of staff told us, "The training we get is fantastic."

The records we looked at showed that staff received relevant training and new staff received an induction to ensure they were competent and confident to carry out their role. Training was given in a wide range of areas above the training expected of staff due to the range of complex needs of people who used the service throughout the year. Staff also received regular supervision with their line manager to discuss how well they were working and to give them an opportunity to make suggestions.

We observed staff asking people for their consent before providing any support and systems were in place to ensure that, where people's capacity to make a decision was in doubt, appropriate assessments were carried out. This ensured that staff were acting in people's best interests should the person not be able to make the decision for themselves.

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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were systems in place to ensure people were not deprived of their liberty unlawfully.

People were supported to eat and drink sufficient amounts to maintain their health. Both people we spoke with commented positively on the food. One person said, "The food is delicious. If you don't want it, they'll do another meal for you. They encourage me to drink as it makes me feel better." One relative told us, "As far as I know it's home cooked food. It certainly smells delicious when we drop [relation] off."

Staff we spoke with had a very good knowledge of people's diets and kitchen staff had a good understanding of people's dietary needs and preferences and catered for these. Where required we saw there had been appropriate referrals to health professionals such as the Speech and Language Therapy (SALT) team who provide advice on the types of diets people who have swallowing difficulties require.

The people we spoke with confirmed that they had easy access to healthcare support and advice when required. Relatives also spoke about their relation being supported with healthcare and one relative described staff seeking the advice from their relation's GP when they became ill whilst using the service. People with a health condition had clear information in their care plans about how these should be monitored and managed. The records we viewed confirmed that people had regular access to a variety of healthcare services and that staff followed any advice and guidance provided to them.

Is the service caring?

Our findings

Relatives described how valuable the service was in supporting them to have a break from supporting their loved one. One relative told us, "This is an essential facility for all families who have a person with learning difficulties with complex needs." Another said, "It's essential that carers (relatives) have a safe place (for people who use the service) to enable them to have respite themselves." Despite people only using the service for short periods of time, positive and caring relationships had been developed between people using the service and staff. One person who used the service told us, "They (staff) are very kind to me. They are amazing, really supportive and just so caring. This place is amazing." Relatives praised the staff's caring attitude. One relative told us, "The staff are great, really really good" and added, "They (staff) seem to care as much about [relation] as much as we do." Another relative told us, "When [relation] has been poorly, they've looked after [relation] like their own, they really have been very caring."

Relatives also commented on how well staff knew their relation. One relative told us, "They (staff) are genuinely interested in [relation]. They like to know everything about [relation] in order to help." Another relative said, "They (staff) get to know us all and we get to know them, it's all about trust and I trust them." A third relative told us, "They (staff) took the time to get to know [relation] and how they tick." During our visit we observed staff interacting with people who used the service and it was clear that staff knew people well and had excellent relationships with them. We observed one person being supported by staff and they shared a mutual joke about the person's love of a certain food, the person was laughing with the staff member and clearly had a positive relationship with them.

The registered manager recognised the importance of valuing and caring for the team of staff who supported people who used the service. The registered manager told us, "The staff team are wonderful, I feel, they always go that extra mile." Staff were given positive feedback during meetings and motivated to have confidence in themselves. Staff told us the registered manager worked hard to instil a flexible work rota for staff to ensure they maintained a good work-life balance. One member of staff told us, "You couldn't get a more supportive manager."

Staff spoke with pride and passion about the role they played in the service and one staff member told us, "Everyone is really caring and people look forward to their stay. It is a nice family but professional atmosphere." Another member of staff told us they felt the best area of the service was in enabling people to achieve goals and aspirations which they may not achieve in their home environment, for a variety of reasons. This staff member described two people who regularly used the service who had always wanted to attend a particular show. This had left staff faced with challenges which they needed to overcome to support these people to achieve their goal. The staff member described the work they had carried out, which went over and above what a service would usually provide, to support these people to attend the show. The staff member told us both people had "loved" the experience and would not have been able to achieve this had they not stayed at the service.

Staff described empowering people to move towards supported living services if placements had broken down at home. They spoke of supporting people in a 'crisis' when there were issues at home. One person

had gone into the service for a short time and had been unable to return home. Staff described working with this person to describe with photographs what was happening and what was being done to support and prepare them to go to a long term care service. They told us how they worked with staff at the new care home and received feedback from the staff at the new placement afterwards about how well the transition had worked and how settled the person was.

Another member of staff told us they felt the best aspect of the service was supporting people when they were in 'crisis.' They gave us examples of where they had gone the extra mile to support people and their families when faced with situations beyond people's control. For example, one person's relatives had needed a holiday but were concerned as their relation had been displaying heightened levels of behaviour which was challenging. Staff had worked hard to reassure the relatives and had then worked with the person to find ways to support them to be calmer. This had involved carrying out tasks you would not expect a service to ordinarily do, such as arranging to collect the person's bicycle from their home address. Staff had involved health professionals and given suggestions for what might work for the person and a member of staff told us, "We gave structure, routine and space and their behaviour improved." The member of staff told us the person was now more settled at home.

Another person regularly had planned stays in the service and the staff had been contacted to see if the person could stay there as an emergency due to their main carer becoming ill. This had been arranged and the person was admitted to the service very quickly. Sadly the person's main carer had passed away and staff described working with the family to support the person through this. We spoke with a relative of this person and they told us, "(Staff) definitely go the extra mile. They have been fantastic." The relative said, "They have shown compassion and accepted [relation] at short notice. I wish [relation] could stay there as [relation] is happy and you can see [relation] is settled." A member of staff told us that they were planning to take the person to their relative's grave and were going to use the order of service with their relative's photograph to try and help the person to understand what had happened and why they were in the service for longer than usual.

Staff gave us some further examples of when they had been caring. A member of staff described a birthday party one person had when they had left the service and they and their family had invited staff to the party. Some staff had gladly gone to the party in their own time to help the person to celebrate their special day. Another member of staff described a person who first came to the service and refused to speak with anyone and prior to and during their stay did not communicate with one gender. Staff had been patient and tried different methods of forming a relationship with this person and said that by the time the person went home they had developed relationships with staff of both genders and enjoyed their stay.

People who could otherwise have their freedom and independence restricted were empowered to have this whilst in the service. One person needed one to one support from staff due to them sometimes communicating through their behaviour, which may challenge staff or others. Their care plan detailed what worked well for them in relation to support from the one to one member of staff. The plan stated that the person liked to walk around the service and that staff should empower them to do this whilst observing from a distance with short bursts of interaction. There was also guidance for staff to provide the person with equipment to enable them to eat independently. We observed this person for long periods in a communal area and saw that staff followed the care plan and this worked well for the person, who did not display any behaviour which challenged during our visit.

There was a balance between managing safety and independence at Holles Street. Staff were keen to promote independence to people and one person we spoke with told us they enjoyed the responsibility of being more independent at Holles Street. There were photographs displayed of people recently making

cakes and biscuits, the kitchen areas facilitated this as the preparation areas were fully accessible for those in wheelchairs to gain further independence in a safe environment. There was a Halloween party and disco planned for the evening on the day we visited and it was clear the staff team had worked hard with people who used the service to decorate the party room in the Halloween theme. One person who used the service had created an art board and this was displayed in the room and on the day we visited we watched staff put the finishing touches to the room.

Staff respected the choices people made and clearly understood the importance of doing so. One person told us it was their choice when to get up and when to go to bed saying, "It doesn't matter what time I go to bed." People's care plans provided information about their likes, dislikes and what they could do independently. When speaking with staff it was clear they understood the individual choices people had made and adapted the care they provided to respect people's choices.

People's religious and cultural needs were assessed and provided for. One person who was using the service had cultural needs around their diet. This was clearly detailed in the person's care plan and there was extensive information about why it was so important to the person, who lacked the capacity to retain information about their culture. We spoke with the cook and they had sourced the correct food for the person and were providing them with their cultural diet. They had also purchased cakes and sweets for the Halloween party planned for the evening especially for the person with the ingredients they were permitted to eat. All of the staff we spoke with had a good knowledge of how they supported this person with their cultural needs and one member of staff told us, "We have had different faiths and people are supported to follow these."

People who required the services of an advocate were able to receive this service. An advocate is an independent trained professional who supports people to speak up for themselves. The registered manager told us there was one person who was booked in to use the service required the support of an advocate and we saw advocacy services were promoted on notice boards at the service.

Upholding the dignity values was an important aspect of the service and one person who used the service described how staff supported them with their privacy by always knocking on their bedroom door and waiting for permission to enter. They told us that staff were respectful towards them. Relatives told us that staff respect the dignity and respect of their relation. One relative told us, "[Relation] is always clean, tidy and smart when they come home." Staff received training on privacy and dignity and how to recognise and respect people's diverse needs. Staff practice in relation to this was monitored for effectiveness through regular observations of staff working with people who used the service.

Is the service responsive?

Our findings

The people and relatives we spoke with told us that they were happy with the care and support offered in the service. Relatives told us they and their relation, if possible, were involved in the planning of their care and support and relatives told us that staff kept them informed of any changes in their relations' health or deterioration in behaviours and that they felt listened to.

Prior to a person using the service a member of staff visited or telephoned them to discuss if their needs or preferences had changed since they last stayed in the service. Relatives we spoke with confirmed this and said that discussions were held regarding details such as what medicines their relation was prescribed and if there were any changes to their support needs. One relative told us, "This just puts my mind at ease." A member of staff described how this benefited people as staff could plan the person's routines to ensure they mirrored those they had at home.

The staff we spoke with had an excellent understanding of the differing care needs of the people who used the service. There were care plans in place which detailed any assistance people required as well as tasks they could carry out independently. These were reviewed each time people stayed at the service and updated as required.

There were a wide range of activities provided within the service and people were supported to go out into the local community. This helped people to maintain their interests or visit places they enjoyed. Some people who used the service attended regular day services at another location and on the day we visited three people were out enjoying day services. The two people who were left in the service spent the day undertaking activities they enjoyed. For example, one person went out to different places in the community with a member of staff at frequent intervals during the day before getting ready to enjoy the Halloween party.

We saw evidence of activities people could be involved in including, board games, darts, parachute games and film nights. There was also a disco held in the 'atrium' part of the service, which was well equipped with disco lights and music players. The weekly activity plan was planned out to suit individual needs and preferences in advance and this was displayed on a large board in a format people who used the service would understand. Staff explained that although there were plans to suit people who needed routine and structure, others were offered different activities to suit their needs, such as going out to the cinema, local parks and shopping.

Staff felt confident to deal with concerns if they arose and knew the process of recording them and reporting issues to the registered manager. There was a complaints procedure on display and this was written in a format people who used the service would understand. Records showed that when people raised concerns these were recorded and acted on with evidence of learning from any issues.

Is the service well-led?

Our findings

There was a registered manager in place who was supported by a group of team leaders and senior care staff. 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. The registered manager was clear about their responsibilities in the service and ensured they notified us of any significant incidents. The previous rating given to the service was on display as required.

Relatives and staff we spoke with commented that there was a positive, open and transparent culture at the home. They felt the management team and staff were approachable and that they listened to people. One relative told us, "Holles Street is absolutely fantastic" and "The manager is fantastic." Another relative said, "She's very on top of things." A third told us, "She is very open, very good with pastoral care."

The staff we spoke with also commented positively on the registered manager and told us they enjoyed working in the service. One member of staff told us, "She is a fantastic manager; she is so supportive and approachable." Staff were given the opportunity to attend regular meetings and they told us they were able to put forward suggestions for improvement and that these were listened to. One member of staff described some staff who thought a number of people who used the service would benefit from a piece of equipment in the bathroom and after making the suggestion it was purchased. The staff member said, "Even in time of budget constraints, it just makes what we do better."

There was a clear management structure in place and the registered manager led by example. One member of staff told us, "She (registered manager) is professional and supportive." Staff were clear about their roles and responsibilities and throughout the service and we found records and systems were very well organised and maintained throughout all aspects of the service.

People and relatives were regularly asked for their views on the quality of the service being provided. Following a stay in the service a call was made to the person and/or their relatives to get feedback on what went well and what could have gone better. Satisfaction surveys were distributed on a regular basis and any suggestions for improvement were acted on. There were also regular meetings for people and their relatives to attend. The management team also carried out a series of audits on a regular basis to assure themselves of the quality of the service. Quality assurance systems were organised and provided evidence of an on-going monitoring and improvement programme.