

Yarra Family Resource

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Inspection report

67 Collingwood Road
Colchester
Essex
CO3 9AY
Tel: 01206 579348
Website:

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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 

Overall summary

Yarra Family Resource provides accommodation and personal care for up to two adults with learning disabilities. They offer a flexible respite service, charged by the hour, to support family carers. At the time of our inspection, six people were listed as using the service, which was mainly at weekends. The respite service is only provided to people who use the provider's day care services which operate out of the same premises. This supports the provider in getting a good insight into a person's needs, prior to offering the short break care.

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.

Summary of findings

Procedures and processes were in place to manage risks to people using the service, including safeguarding matters and behaviours that impacted on the welfare of others. Staff knew what action to take and who to contact if they felt a person's rights were not being upheld.

There were sufficient numbers of staff, with the skills and experience to support the needs of the people who used the service.

People were supported to keep safe when using the service and when out in the community, without taking away their independence. This included checks on the environment and risk assessments which identified how the risks to people were minimised. There were appropriate arrangements in place to safely support people with their prescribed medicines during their stay.

Staff provided a flexible service which met the needs of the people using the service and their family carers. People and their family carers were involved in making decisions about their care and support. Care plans had been tailored to the individual and contained information to support their mental health needs and their ability to make decisions.

People were supported to eat a balanced diet and access a range of leisure activities, linked to their personal choice and preferences.

People were supported in accordance with the requirements of the Mental Capacity Act 2005. However further action was needed to ensure any restrictions to people during their respite stay were lawful.

The provider worked with people's health and social care professionals to make sure they received continuity of care and treatment when moving between the respite service and their home.

Staff knew people well and had developed good relationships with people who used the service. People were given choice, and their privacy and dignity respected.

A complaints procedure was in place and people were asked their views of the service to drive ongoing improvements. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. They were committed to using continuous feedback from people who use the service as part of their quality assurance system for continued improvement.

Summary of findings

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.

Staff were knowledgeable about how to recognise signs that impacted on a person's rights and safety, and who to contact if they had concerns.

The service ensured people's safety, including safe staffing numbers to meet their needs.

People were supported with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff were trained to identify and meet people's care and support needs.

Staff had knowledge of the Mental Capacity Act 2005, but improvements were needed to ensure that any restrictions made were lawful.

People were supported to eat a healthy balanced meal of their choosing.

Good



Is the service caring?

The service was caring.

People were treated with respect and their privacy and dignity was promoted and respected.

People were supported to maintain their independence and express their views on the care they received.

Good



Is the service responsive?

The service was responsive.

People's care plans were tailored to their individual need and choices.

People's care was assessed and reviewed. Changes were recorded to make sure that staff were provided with the most up to date information about how people's needs were met.

Systems were in place to record and act on any concerns raised by people using the service.

Good



Is the service well-led?

The service was well-led.

The service provided an open culture. People and their family carers were asked for their views about the service and their comments were listened to and acted upon. As a result the quality of the service was continually improving. This helped to ensure that people received a good quality service at all times.

Good



Yarra Family Resource

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 unannounced inspection was carried out by one inspector on the 29 October 2015.

We looked at information we held about the service which included the information they had provided to us as part of their registration process.

We looked at records in relation to four people's care. We spoke with the providers who jointly owned and staffed the service, one of whom is the registered manager. We looked at records relating to the management and monitoring the quality of the service.

There were no people using the respite service at the time of our visit. However, we were able to meet three people who used the service, as they were attending day services held at the same premises. This enabled us to observe the interaction they had with the providers. We also spoke with one person's family carer.

Is the service safe?

Our findings

A family carer felt the provider had a good insight into managing people's needs to ensure their safety and welfare, "I don't ever worry as I know [person] is in safe hands."

People's records provided guidance to staff on protecting people from situations which could cause them avoidable harm and impact negatively on their welfare. This included being consistently alert when out in the community to ensure people felt safe. For example, where a person had no 'stranger awareness,' staff were given guidance on how to deal with any inappropriate approaches from strangers, and what actions to take to ensure the person's safety.

Staff encouraged people to raise any concerns. This included using diagrams of faces to show if they were unhappy, which enabled the staff to investigate the reason why. Their knowledge of people's individual behaviours and preferred routines supported staff to identify any deviation in the person's behaviour which could be an indicator that they were unhappy or anxious, and take appropriate action. This included, where applicable, contacting the person's family carer to see if they could identify the reason and act on the information given.

Staff worked individually with people to get the right balance of ensuring the person's safety without taking away their independence and rights. Detailed risk assessments were in place covering activities undertaken by the person both in and outside the service. Where any potential risks about safety and welfare were identified, staff were given guidance on what action to take to minimise or eliminate the risk. This included for a person who had sensitive hearing, staff being aware that the person needed to wear ear defenders when visiting the cinema or where there was loud music, to reduce the noise level.

Risk assessments were kept under review, with new risk assessments added as required. For example, if a person was trying out a new leisure activity which had not been previously risk assessed, or if a person's physical or mental health needs had changed. Where people were accessing activities through an external organiser, we saw that family

carers had also been given the link to the company's website, so they could read the risk assessment themselves, and contact the provider if they had any concerns.

Environmental risk assessments showed what action had been taken to reduce risk; this included safety plug covers on all exposed electrical sockets, and fitted hand rails to support people going safely up and down the stairs.

A family carer told us that the staffing levels provided were sufficient to keep people safe and meet their needs. They described the flexibility of the service, which enabled family carers to book hourly and short break care around their own personal and work related needs. In providing this flexibility it supported the needs of both the person using the service, and the family carers.

The registered manager and their co-partner did not employ staff, but took on the carer's support role themselves. The maximum numbers they supported at any one time were two people. People received one to one, or two to one, care and support, as identified in their care records. Only people who attended the provider's day care services, located in the same premises, could access the respite service. This meant that people were already known to the providers, which enabled them to assess if the person's needs could be met by the current staffing arrangements.

A relative described the benefits of having this system, as it also enabled the providers to assess how well people got on with each other, especially where friendships had developed. The registered manager said they always took this into account when allocating the second respite place, to ensure that people were compatible with each other. Therefore reducing the risk of any conflict where people were known not to get on. If the providers were sick, they told us that the respite booking would be cancelled. A family carer confirmed that they were aware of this, and had no concerns and spoke positively of the flexible service offered.

The registered manager told us that consideration was being given to employ new staff and talked us through the recruitment checks they would carry out, before staff were allowed to work in the service. This showed, when required, that the provider had safe systems in place, to ensure the safety and welfare of people they supported.

Is the service safe?

Systems were in place to support people to manage their medicines independently, or if required, by providing assistance. Individual records were kept of each person's medicines which showed what time they had been given them, and the name of the staff member assisting. As a respite service, people brought their medicines with them. This meant that the providers did not take on the responsibility of ordering people's medicines, but were responsible for checking that people brought sufficient amounts with them for the duration of their stay. We saw

that the provider did not keep a record of how much medicines the person brought in and out of the service. Without this information it would be hard to do an audit check to ensure the medicines had been given as required. As soon as we brought this to the registered manager's attention, they told us the information would be recorded in the future. Lockable facilities were available in people's bedrooms which enabled them to store their medicines safely.

Is the service effective?

Our findings

Staff [registered manager and co-owner] had the necessary skills and knowledge, based on best practice, to support the people using the respite service. One family carer shared with us, how knowing the person, "From the moment they are dropped off," was being looked after by skilled and knowledgeable staff had a positive impact on family carer's well-being. This was because they had confidence that the staff could provide the level of support required, and provided individual examples.

The providers between them held professional qualifications in health and social care. They told us how it supported them in their role, especially when dealing with other health and social care professionals. For example by providing a detailed observational report to a person's health care professional, had been instrumental in the review of the person's needs, and the positive impact it had.

The registered manager discussed how they linked up with other providers and social care specialists to keep their professional knowledge updated around best practice, for example supporting people with autism. However, the training records for the providers did not give a clear record of training they had received to support them in their hands-on role. The registered manager took action to remedy the situation during the inspection, by booking themselves onto e-learning courses. Following the inspection, the provider told us they had booked further training with the local authority in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoLS). This ensured that they kept their knowledge up to date in areas that could impact on their work.

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. The application procedures for this in care homes and hospitals are 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 were being met. The registered manager told us that there had been no applications made under DoLS to the relevant supervisory body. However care records of people who had used the service at regular intervals, identified where, due to their safety, people did not leave the service unsupervised. This led to discussions that the registered manager would carry out the reviews to ensure any restrictions were lawful, seek advice from the appropriate authorities taking into account the type of service they provided, and where required, submit the DoLS referral.

Staff understood the relevant requirements of the MCA and how it impacted on the work they did. They provided examples of work they had undertaken with the person receiving the service, family carers and health professionals to support best interest decisions. People's care records on the person's ability to make decisions about their daily activities, provided guidance for staff to support decision-making. For example by being aware that a person's functioning age, may be between five and seven years, staff were then able to ask questions in a way that the person could understand.

There were no people booked in to use the respite service at the time of our inspection. However care records of people who used the service at regular intervals, showed where best interest decisions had been made to support their safety and well-being, by those involved in their care which included family members, health and social care professionals. Care records also identified where, due to their safety people did not leave the service unsupervised. This led to discussions that the registered manager would carry out the reviews to ensure any restrictions were lawful, seek advice from the appropriate authorities taking into account the type of service they provide, and where required, submit the DoLS referral.

People were supported to have enough to eat and drink and maintain a balanced diet. The majority of respite care was provided over the weekend period. When people arrived on the Friday evening they were asked what they wanted to eat. They then go with the staff to buy the ingredients from the local supermarket. Meal planning was totally flexible around the person's individual day to take into account what social activities they would be

Is the service effective?

undertaking, and if they would be eating in or out. The registered manager told us how they made suggestions to support healthy eating, without taking away choice. For example if a person requested chips each day, they would suggest having a salad with it as well.

Records showed how people were fully involved choosing what they wanted to eat and meal preparation. The support given varied depending on the person's communication needs and abilities. For example, assisting to cut vegetables or recognising and selecting the ingredients required for the dish they were making.

To support people who were unable to verbalise their preference, they were shown photographs of meals which they could point to. When out shopping for the ingredients if the person pointed to other food and drinks they liked,

they would also be added to the basket. Detailed records were kept of the different foods and beverages people enjoyed, and foods that they didn't like. This supported staff to build up a picture of people's preferred foods.

Staff communicated well with family carers to ensure continuity in supporting people to maintain good physical and mental health, by acting on any guidance given by health professionals involved in the person's care.

The service ran a "Wellness policy" which informed family carers that if a person became, or appeared unwell it was felt better for that person to be in their own home. The family carer confirmed that they were aware, as it formed part of the contract, that if the person was unwell, for example with a cold, that they would contact the parent to discuss the situation.

Is the service caring?

Our findings

We observed how staff were able to adapt and communicate with people to ensure their interactions were meaningful. This was because they took time talking with the person, checking that the person understood what had been said, and /or they had understood what the person was telling them.

Staff had developed positive caring relationships with both the people using the service and their family carers. Care records provided a good insight into situations that a person would not feel comfortable in. By knowing this information it enabled staff to take practical action to prevent a person becoming distressed. For example removing a person from a noisy or crowded environment which could trigger their anxiety.

A family carer told us how their relative, “Enjoyed their stays,” at the service because the time was set around the person's needs and wishes. People's individual communication books gave a diary account of their respite stay. Reading the entries, and the way they varied from person to person showed how the weekend breaks were tailored to the person's individual wishes. The way the information was recorded, “Chose to go to,” and, “Wanted to,” further demonstrated that staff always put the person at the centre of decision making.

The providers described their commitment to ensuring that people were actively supported to express their views, "This is what we act on." Awareness of people's functioning age and use of communication aids further supported staff to support people to make decisions. For example, by being shown pictures of different activities, such as swimming, enabled the person to choose what they wanted to do, and enjoy doing.

Staff were respectful of people's routines, and how any deviation could impact on their mental health and well-being. Therefore the routines were well documented to ensure staff followed them. When people were staying on respite care, other people attending the day services, held on the same premises, were reminded not to enter the bedrooms located on the first floor. This ensured people had a private area, which enabled privacy.

We saw the shower room did not have a lock fitted. Staff told us how they respected people's privacy and dignity, and did not enter the area when occupied, unless providing support as per the care plan. However, we identified at times, there could be two people staying at the respite service, and consideration should be given as to whether locks needed to be fitted to ensure people's privacy. The registered manager said they would look to fitting easy access locks, which would enable choice. They also confirmed that they only had people of the same gender staying at the same time.

The registered manager told us how they worked with people to be as independent as they could, by working with them to learn and maintain daily life skills. The philosophy of the service was not to undertake a task that a person could, “Do for themselves.” By using, “Measured outcomes,” staff were able to assess and monitor people's individual progress in areas, such as dealing with money and carrying out domestic tasks. For example, people's records showed their level of ability to prepare a meal. It covered identifying and collecting ingredients, cooking the meal, then washing up and putting away. Records showed that people's abilities range from requiring full assistance, to being able to undertake a task independently. We saw where a person had undertaken a few respite stays and had started to improve in some areas, such as stripping and making their own bed.

Is the service responsive?

Our findings

A relative told us about their involvement in the person's care plan, which they had read and said it reflected the care and support the person was looking for.

People received a personalised care that was responsive to their needs. This was because staff worked closely with the person using the respite service, their family carers and others involved in their care. It enabled them to gain a good insight into the level of support the person needed, and what they wanted to achieve during their respite break. The registered manager told us that the only way, "To know someone is to get to know them." Therefore to support this, after initial assessment forms were completed, the person was invited to, "A taster day," and if required, extra taster days would be arranged. In doing this it enabled the provider to not only assess their needs on accessing the day service, but also the respite service.

Care plans provided staff with information on how a person's mental and physical health conditions had impacted on their life, including their mental and physical well-being. Guidance for staff on how the person wanted to be supported was given in 'my support plan.' People's care plans were kept under review to ensure where changes were needed it was done quickly, to ensure the person's health and well-being. Records showed where the providers had contacted family carers to initiate a review of the person's needs, and what actions had been taken to ensure the person's well-being and safety.

A relative told us, "If I had a problem I to speak to them (provider)." They were also aware of external agencies they could contact if they had concern, but they had never needed to, "And didn't envisage having to," because they were completely happy with the service being provided.

At the end of each respite stay, the service used the system of smiley faces which the person picked to review the service they received. The registered manager told us if the person chose the sad face, they would then try and identify why they felt that way, which could include contacting the family carers to ask their views. They gave an example where this had happened and on further investigation it was identified that it was because the person was missing their family, which they said was expected. However, further stays had been rated with a smiley face.

Records showed that no complaints had been received. The service had a formal complaint policy which informed people how the provider endeavoured, "To improve our service," by encouraging, "Everyone to raise concerns without fear of reprisal." It showed that complaints would be responded to within 48 hours, and where issues could not be resolved verbally, a face-to-face meeting would be arranged to discuss how to move forward. The outcomes of the meeting would be implemented, "Immediately." The provider told us although they had not received any formal complaints, any that they did receive would be used to support any changes in the service to ensure it met the, "Needs and wants," of the people using the service and their families.

Is the service well-led?

Our findings

The providers had a clear vision on how they wanted to develop the service. They spoke about how they had identified the need to offer respite care to support family carers as an extension of their day care service. A relative spoke positively about the service and how it benefited both the person's family network and the person receiving the service, as it enabled all concerned to have quality time. They told us that the owners worked closely with the family carers to ensure that their short break stays were enjoyable and seen as a continuous support link which did not disrupt family life.

The service promoted a positive culture that was person centred, open and inclusive. This was because they put the person at the centre of everything they did. Being such a small service, it benefited the providers in doing this. Their dual role of managing and providing hands-on care enabled a continued visible presence to gain constant feedback. Supported by their knowledge of people's verbal and non-verbal communication enabled them to observe and gain an insight into the people's experiences of the service.

Consideration was being given to employing staff. The service had recruitment, training and supervision policies

and procedures in place to support staff in knowing and understanding what would be expected of them. This included using supervision as a forum for staff to reflect on practice, their own and others, what was working well, and where any improvements could be made. People using the service were informed that compliments would be received, "With grateful thanks," and used to support staff in knowing what they were doing right, "In order to encourage staff to continue with those actions."

The provider had sent out survey questionnaires to family carers to gain their views on the service, however, none had been returned. The providers told us that they were looking at alternative ways to gain more formal feedback to support them in ensuring the ongoing development of the service to meet people's expectations and needs. To supplement the information gained from family carers at the beginning and end of respite stays, a form will be given asking them how they felt the person enjoyed their stay. The responses would then be analysed and used to develop the service. People would be asked, using their preferred communicate aid, to rate their stay, and their feedback recorded in their communication diary. Adapting their method of obtaining people's views, demonstrated their commitment to gain feedback on the quality of the service to drive continuous improvement.