

North East Lincolnshire Council

North East Lincolnshire Council Short Break Services (Home and Community Support)

Inspection report

495 Cromwell Road
Grimsby
South Humberside
DN37 9BN

Tel: 01472325313
Website: www.nelincs.gov.uk

Date of inspection visit:
25 February 2016

Date of publication:
31 March 2016

Ratings

Overall rating for this service	Good 
Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 

Is the service well-led?

Good ●

Summary of findings

Overall summary

North East Lincolnshire Council Short Break Services (Home and Community Support) is a domiciliary care agency situated in Grimsby in North East Lincolnshire. The registered office is located within a local authority building in a residential area of town. The office is provided on one level, offers access for wheelchair users and has on street car parking space at the front of the premises.

The service provides personal care and support to people living in their own homes. The service supports children and young people up to the age of 18 with a range of conditions including learning disabilities, autistic spectrum disorder and physical disabilities. At the time of our inspection the service was supporting 6 people.

This announced inspection took place on 25 February 2016. The last inspection took place in August 2013 and the service was compliant with all of the areas that we assessed.

The service had 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.

Staff had not received Mental Capacity Act (MCA) 2005 training and had limited understanding of supporting people effectively with decision making when they lacked capacity. We recommended that all staff undertake MCA training to develop their awareness and understanding and ensure they are supporting people within the MCA principles.

The service understood how to keep people safe. There were policies and procedures to guide staff in how to safeguard people from the risk of harm and abuse. Staff understood how to report potential abuse and had received training to reinforce their understanding.

A range of risk assessments were in place to minimise risks and ensure the working environments for staff were safe and well maintained. People received support from adequate numbers of staff who had been recruited safely and had received a comprehensive induction when they first joined the service. Staff had completed a range of training to ensure they had the skills and knowledge required to meet people's assessed needs effectively.

People were referred to appropriate health professionals when there was a change in their needs and staff followed recommendations and guidelines from professionals. There was effective communication in place at the service and staff felt updated and involved with the operation of the service.

People were treated with respect and staff were kind and caring. Staff had a good understanding of people's

preferences and demonstrated they understood how to promote peoples independence whilst protecting their privacy and dignity. People who used the service were involved with the planning and delivery of their care. Care plans were reviewed regularly and professional and family members were actively involved in the planning and delivery of care.

The service had a complaints procedure in place and people felt confident they could raise concerns and they would be addressed in a timely manner. The service completed regular audits to ensure practice remained safe and effective.

Staff felt supported and listened to by the leadership team in place at the service. Staff told us it was a nice place to work and there was a culture of being fair, open and transparent. Staff received regular supervision and attended team meetings to reflect on their practice and enable them to make changes when necessary.

People who used the service were regularly contacted to ask for their views and options of the service. This assisted with the service delivery and identified if and when improvements were needed.

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.

People were protected from harm. People were supported by staff that recognised the potential signs of abuse and knew what action to take.

Sufficient numbers of staff were employed to meet people's needs and staff had been recruited in a safe way.

Staff supported people to take their medicines as prescribed, where necessary.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not received training in the Mental Capacity Act 2005 and lacked understanding in how to effectively support people with decision making.

Staff were provided with a range of training and support to ensure they had the necessary skills and knowledge to meet people's needs.

Staff were supported with regular supervision meetings to discuss their practice and performance.

Staff monitored people's health and wellbeing and gained support and advice from relevant health care professionals, where necessary.

Is the service caring?

Good ●

The service was caring.

Staff involved people and treated them with compassion, kindness, dignity and respect.

Staff were attentive and had developed meaningful relationships with people and their families.

Staff understood the importance of maintaining confidentiality and personal records were secured safely.

Is the service responsive?

The service was responsive.

The service was committed to providing person centred care and support that ensured people and their families were at the centre of planning, delivery and review.

People were encouraged to give their views and raise concerns or complaints to assist the service with any improvements needed.

People were encouraged and supported to participate in a range of community activities to prevent social isolation.

People's care and support needs had been assessed. Support plans were reviewed regularly and updated to reflect any changes.

Good ●

Is the service well-led?

The service was well led.

The leadership at the service promoted a caring and inclusive culture.

Staff said it was a supportive environment to work in and staff incentives were available to encourage good practice and help staff feel valued.

An open culture was promoted which was person centred, fair and transparent.

Effective systems were in place to audit and quality assure the care provided.

Good ●

North East Lincolnshire Council Short Break Services (Home and Community Support)

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 registered 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 25 February 2016 and was carried out by one adult social care inspector. The inspection was announced and we provided the service with 48 hours' notice of our intention to visit. The reason we announced the inspection was to ensure someone would be available at the registered office.

Before the inspection, the registered provider was asked to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service.

During our inspection we spoke with the senior family support officer who was overseeing the service whilst the registered manager was on annual leave. After the inspection we contacted and received feedback from six staff. We were unable to gain feedback from the young people who used the service due to their age and complex needs, therefore we contacted a number of parents or legal guardians of the people who used the service. We also contacted and received feedback from a range of local health and social care professionals

and commissioners involved with the service.

We looked at the care records of three people who used the service which included support plans, risk assessments and medication records. Records relating to the management of the service including policies and procedures, quality assurance documentation, accident and incident reports and complaints were also reviewed. We looked at staff rotas, training records, supervision and three staff recruitment files.

Is the service safe?

Our findings

Everyone we spoke with and received feedback from said the service supported people in a safe way. Comments included, "It's hard to trust someone else to look after your child but I can confidently say that they (staff) do an excellent job" and "The staff team are appropriately trained so they support the young people in a safe way." A staff member also told us, "We have training and follow policies and procedures to ensure we work with the children and keep them safe." A health care professional told us, "I consider the staff team to be very safe – they have tried and tested policies, processes and risk assessments in place, they are unafraid to ask or to seek assistance or clarification when required."

The service had a number of policies and procedures in place to support care workers and ensure they had clear guidance about how to respect people's rights and keep them safe from harm. Staff told us they were aware of and followed local safeguarding procedures to ensure the young people they supported were protected from abuse. Staff could describe different types of abuse including financial, verbal and physical and training records showed that all staff who worked at the service had received training in safeguarding children. Staff demonstrated a good understanding about what constituted abuse and were clear about their role and responsibilities and how to identify, prevent and report abuse.

There was a whistle blowing policy in place. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. Staff had a clear understanding of their responsibility around reporting poor practice and were familiar with the whistle blowing process.

People were supported by staff who were of good character and were suitable to work with vulnerable people in the care sector. All staff employed at the service had been through a rigorous recruitment process which involved obtaining two satisfactory references, identification checks and interview process to determine people's understanding of disabilities. Checks with the Disclosure and Barring Service (DBS) had also been completed and cleared before staff commenced work at the service.

Relatives and staff told us there were sufficient numbers of staff provided to meet people's needs. The senior family support officer explained staffing levels were determined on the young person's support needs. They went on to say that risk assessments were completed and this also helped to establish how many staff would be needed to safely support people. One staff member told us, "If someone requires moving and handling then two staff members are provided. This ensures that not only the young person has the support needed but staff are also protected from injury." There was only a small team of eight staff to support the needs of the people who used the service. Staff told us although it was a small team they all worked together well and covered for each other during times of sickness and annual leave. One staff member told us, "It's a good team to work in. We all get on well and there is good communication between the team."

A range of comprehensive risk assessments were in place which covered the home environments of the people who used the service. This ensured people were cared for and staff worked in safe environments. For example, checks were made to ensure people's homes had working smoke alarms, carbon monoxide

detectors, adequate hand washing facilities and planned escape routes were in place in the event of an emergency. Staff were provided with identity badges for security purposes and used personal protective equipment such as gloves, aprons and antibacterial hand gel.

The care records we looked at contained risk assessments to support the health and wellbeing of people who used the service. These included medication, moving and handling, use of equipment, behaviours, accidents, incidents and community engagement. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Accidents and incidents were minimal at the service but the senior family support officer told us that if an incident had taken place, the process was that it would be thoroughly documented and reviewed. This is to ensure lessons could be learnt and preventative measures could be put in place.

We looked at the management of medicines in place at the service. The service had a medication policy to support staff and to ensure that medicines were managed in accordance with current guidance. Staff had received medication training and this was updated on a regular basis along with observations of practice. Prior to staff supporting people with medication consent forms were completed with the young person's parent or legal guardian to confirm staff could administer medicines if necessary.

Is the service effective?

Our findings

People told us staff worked closely with them, they felt the care was good, and people's preferences and choices for care and support were met. Staff were knowledgeable and received support and training to enable them to do their job effectively.

A comprehensive induction programme was in place for all new staff and they confirmed the induction was thorough and prepared them for their role. As part of the induction staff completed the local authority's corporate induction which included reviewing the organisations policies and procedures. All new starters were also enrolled on the Skills for Care certificate. This is a set of standards for health and social care professionals, which gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. They also shadowed experienced staff, were introduced to the people they would be supporting and their families to ensure they were compatible. Staff also received one to one sessions with a senior member of staff to ensure they were confident and competent in the role. One staff member told us, "The induction was very clear and thorough and prepared me ready for the job."

We looked at the training records, which showed staff received a range of training to support their practice and enable them to support people effectively. Training provided included; moving and handling, fire awareness, first aid, food hygiene, safeguarding, management of medicines and lone working. One staff member told us, "The training is very good here. We are always learning about something to keep our skills current and updated."

Staff also completed specific training to enable them to support people with specific needs. This included disability awareness, specialist medication training, behaviour management, communication and epilepsy. Staff were also provided with specific training delivered by the children's nurse educator to ensure they were competent in working with children who were receiving end of life care or had life limiting conditions. One health care professional told us, "I consider the team are all well trained, supported and have the experience and understanding of when and how to act in order to develop effective relationships with families."

Staff told us they worked well together as a team, had good support from management and communication was good. They told us they were involved with any reviews of peoples care and support plans. Staff used communication sheets to share and update themselves of any changes in people's care. A daily check list was also completed to show clear accountability for tasks to be completed during each shift. Staff told us they received regular supervision and annual appraisals to review their performance. Records we looked at confirmed this. Staff told us they valued their supervision sessions. Comments included, "I have monthly supervisions which gives me an opportunity to express any concerns and I can contact supervisors and managers for support whenever I need" and "Supervisions allow me to speak to my supervisor about positive things as well as concerns and am often in contact with managers." The records we looked at showed that monthly team meetings took place to allow all staff to support each other and share any information. As part of the team meetings mini workshops were also held to keep staff updated with new policies and changes in legislation.

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. All staff working in the care industry must be able to demonstrate an understanding of the MCA and must work within the legal framework.

We checked whether the service and staff was working within the principles of the MCA. Staff told us they had not completed any training in MCA and their knowledge was limited. We looked at training records which confirmed that none of the eight staff at the service had completed MCA training the senior family support officer also confirmed this. We discussed how most of the people who were supported by the service were children and under the age of 16. However the service is registered to support people up to the age of 18 years and the MCA principles take affect from the age of 16 years. Therefore staff should have received training and guidance for supporting people effectively in line with MCA legislation. The senior family support officer confirmed they would speak with the registered manager about this and organise training for the staff team as soon as possible. Since the inspection we have received confirmation from the registered manager that all staff are booked to attend MCA training and this will be completed by the end of March 2016.

We recommend that all staff completed MCA training to increase their knowledge and ensure they support people within the MCA principals.

People's physical and general health needs were monitored by staff and advice was sought promptly for any health care concerns. Staff proactively worked with health and social care professionals to ensure peoples complex healthcare needs were met. The families of the people who used the service were responsible for arranging and attending medical appointments, however staff told us if someone required support to attend they would provide with this. Communication records in people's care files showed that staff liaised with social workers, specialist nurses and consultants as and when required.

Is the service caring?

Our findings

People and professionals were complimentary about the staff at the service. Comments included, "They (staff) are so professional and caring we simply couldn't ask for anything more", "They are polite, helpful and attentive" and "Brilliant staff, always listen, offer advice and are supportive. Couldn't ask for better carers."

People who used the service benefited from staff who were kind and caring in their approach. People were treated with kindness and compassion and staff went the extra mile to ensure people's needs were met. Staff described how they promoted people's independence and encouraged people to do things for themselves where possible. One staff member told us, "I always try to give the child a choice where possible e.g. what to eat, what to wear. I believe it is very important to promote independence and maintain dignity at all times as this gives the child a sense of 'self-being'. I believe it is important to let them have as much independence as possible."

Staff demonstrated they knew people's individual likes, dislikes and care preferences. It was clear staff had built good relationships with people and relatives trusted them. One professional told us, "The staff have been shown to be very skilled in encouraging and building trust with parents who are reluctant to share care but whom, none the less, are in need of additional support. They have also supported young people to achieve greater independence even when parents have been nervous about letting go." Staff spoke about the people they supported fondly and with interest. People's personal histories were recorded in their care files to help staff gain an understanding of the young person's life journey so far. Staff were knowledgeable about what worked well and what didn't with the young people they supported and were familiar with the types of activities they enjoyed.

Staff were respectful of people's privacy and maintained their dignity. Staff told us when they provided support they were mindful of retaining people's dignity. Staff described about covering people up, being discreet, closing doors and making sure the person was comfortable with the support they were receiving. Staff were positive about supporting people with a disability to live independent and fulfilled lives. Training records showed that staff had received training in equality and diversity and staff described how they were non-judgemental in their approach when supporting people.

The care that people received was personal and bespoke for each individual. Staff told us they worked hard at getting to know people and understand their need to ensure they provided appropriate support in the way people wanted it. Everyone who used the service had parents or legal guardians involved with their care who advocated on their behalf therefore the need for external advocacy was not required. The young people who used the service and their parents were fully involved in all aspects of the support and communication between them and the staff was positive. One professional told us, "Staff are excellent at communicating, are not afraid to challenge and always act, in the child's best interests; they are respectful, inclusive and always responsive to the individual needs of the child whether it be emotional, social, religious or even a whim the child has."

The young people and their relatives were included in all decisions and plans regarding their care and

support. Staff told us no decisions were made without including people. Professionals also told us that a holistic approach to peoples care was adopted to ensure support was right and met the needs of the person but considered the wider family and potential impacts on the home environment. One professional told us how the staff went above and beyond to ensure the young people and their families have the support they required. They said, "Caring to individuals needs are the staff's greatest talents, whether it be a conversation, communication, the physical act of delivering care, a procedure, ensuring the child enjoys the contact and gains from that, either as learning, developing life skills or simply having a real good laugh and enjoying. I know of staff members who have cancelled their own plans because a child they care for wanted to go somewhere or the family needed support."

Peoples care records were stored securely at the services registered office. Information was kept confidentially and there were policies and procedures to protect people's personal information. Staff demonstrated they were aware of the importance of protecting people's private information.

Is the service responsive?

Our findings

People and their relatives were involved in making decisions about their care. People were listened to and encouraged to make choices about their care and support. People were supported and staff were guided by person centred care plans which provided detailed information and guidance about how to support people to receive the best outcomes.

Staff understood people's individual needs and supporting and trusting relationships had been developed. Relatives and social care professional confirmed people were supported to access activities outside of their education. The senior family support officer told us that a weekly swimming session took place at a local venue and many of the young people the service supported attended with support from staff. They went on to explain that as most of the young people they supported were still in education it was difficult to access most of the daily activities that local facilities provided for people with disabilities as the majority took place during the day whilst the young people were attending school or college. The senior family support officer did say that if a young person wanted to access evening activities or events staff would support them.

The service provided care that was person centred and tailored to meet individual needs and preferences. Care records we looked at were personalised and detailed people's needs and possible goals to work towards. For example, one person's care records had a very detailed plan describing how they liked to get up, how to support them, what tasks to support with first and key words to use to encourage participation. One staff member said, "We listen to how people want to be supported and work with them to ensure they are happy with what we are doing."

People received personalised care that was responsive to their individual needs and preferences and their support needs were thoroughly assessed before they began using the service. This ensured the service could meet people needs effectively and people could be matched with a suitable member of staff. Peoples individual care records were comprehensive and provided detailed information about preferred ways of supporting people. Care records described how to support people with communication, medication, religion and culture, behaviours and triggers and moving and handling. Staff told us care plans were reviewed and updated regularly and communication between family and professionals was on-going to ensure information remained current. Care records we looked at showed that professionals including social workers, teachers, consultants and specialist nurses were actively involved in people's care and support.

As the people who used the service were young the staff also provided a lot of support and reassurance for peoples parents and legal guardians. One professional told us, "The staff team are very professional. Not only do they focus on their daily role to support the child but they also observe emotions within the family and can always identify when an emotional crisis is arising – they act most appropriately and have enabled appropriate support to respond in a timely manner to prevent major family breakdowns or crisis. This insight has been valuable for the child, family and professionals."

The service had a complaints policy in place and staff we spoke to were familiar in how to support people to make a complaint. One staff member told us, "I am not aware of any complaints that may have been made

but any that may occur in the future would be used positively as I would learn from mistakes and improve my practice." Records we looked at showed no complaints or concerns had been received by the service. The senior family support officer explained that if any concerns were raised they would be documented, responded to and clearly address what actioned had been taken. We saw the service had received a number of thank you cards from people who had used the service and had transitioned into adults services. One of the cards read, "We can't thank you enough. We've been really pleased with the service and the carers have been lifesavers."

The service worked in collaboration with adult service to ensure the transition between children and adults was as smooth as possible. The senior family support officer told us that they attended transition meetings and worked with colleagues in adult services to ensure they were fully aware of the young person's needs and how best to support them.

Is the service well-led?

Our findings

Staff told us the service promoted an open and inclusive culture. They said they felt supported and valued by the management at the service and could approach them or ask for advice at any time. One staff member told us, "I think that the management work well and are very approachable. This means I'm confident in asking for help and advice if needed and do not feel like they will think less of me. Management have made my role clear and are happy to discuss issues with me so that I understand expectations in my role."

The service was led by the registered manager with support from the senior family support officer. Both had worked at the service for a number of years and had a sound understanding of the service operation and worked to ensure the people who used the service received the best support possible. The service was well established and feedback from professionals was positive. Comments included, "This is a high quality service with excellent standards, achieving positive outcomes for children and their families" and "They are well led, organised and adhere to policies and processes or they would not be the success they are, I do feel they are a highly motivated, safe, committed, caring and responsive team."

The service had an open door culture and trained staff to work in an honest and transparent way. Staff views and opinions were encouraged and this was promoted through regular team meetings and supervision sessions. Staff said they worked together as a team and enjoyed working at the service. One staff member told us, "Everything is clearly explained, if there are any changes or things we are unsure about we can always call the office and ask. We receive calls, emails and texts to keep us up to date with things. Communication is very good." Staff told us they felt listened to by the management team.

The service offered incentives for staff which included a staff discount scheme at local and national retailers, generous annual leave entitlement and enhanced rates for working weekends and bank holidays. People were regularly asked their opinions on the service. People's relatives were contacted regularly by telephone to check everything was working well. Feedback and improvement forms were also sent out and the service asked people for an evaluation if they were leaving the service.

The organisation's statement of purpose was incorporated in to the recruitment and induction of any new staff. The aim of the service was to provide person centred services which promotes and support independence, dignity, individual rights and choices. Staff demonstrated an understanding of the purpose of the service and confirmed it was user led, well organised and effective with communication.

The senior family support officer explained that they and the registered manager were aware of their responsibilities to notify the Care Quality Commission (CQC) and other agencies of incidents that affected the safety and wellbeing of people who used the service. We checked our records and those at the service and saw that notifications were minimal as very few events had occurred that required notifications.

The service completed regular audits of care records, medication, supervision and training to ensure the service delivered to people was effective and safe and any shortfalls identified could be addressed. The auditing system also reviewed any complaints and incident and accidents. Staff meetings provided the

management team with an opportunity to check the staff team's knowledge by completing a range of workshops on different topics. These were used as a method of evaluating practice instead of doing unannounced spot checks on staff in the community. The management team felt spot checks were intrusive in the family home and consciously made the decision to not undertake these.

The service had developed good community links with local disability groups and charity based organisations. There was evidence of positive partnership working with other agencies to meet the needs of people in the service. One professional told us, "My views of the service are that it has always had a team leader, who acts in the best interests of children and will work flexibly and collaboratively to achieve a positive outcome for the family." A staff member also told us, "In the time I have worked at the short break service I have found it an extremely valued service. I enjoy my work, we work as a great team and the care we provide for the young people is paramount. I have had some fantastic training and hope to enjoy a long happy career with short break service."