Wigan Council

Coppull Lane Respite Services

Inspection report

Flat 1, 3 Coppull Lane
Wigan
Lancashire
WN1 2LQ

Tel: 01942705970

Date of inspection visit:
06 December 2017
07 December 2017
08 December 2017

Date of publication:
13 March 2018

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 6, 7 and 8 December 2017. We gave the service 72 hours notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also considered the potential impact the inspection might have on some people who used the service. The people who used the service usually arrive from 3pm and left the next morning; because of this one of our visits was over tea-time and early evening in order to meet people and observe how they were supported.

Coppull Lane Respite Services provides respite care for up to five adults with learning disabilities and/or autism. Some people have additional physical disabilities. The service is purpose built with some overhead tracking and adapted facilities. People accessed the service for short breaks, typically 1-3 nights and occasionally for a full week. Some people visited every few weeks and some visited weekly.

This was the first time the service had been inspected since registering at this address under the current provider, Wigan Council on 17 October 2017. The service is registered to provide accommodation for people who need nursing or personal 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.

The service was found to be good in relation to the five questions we ask; is the service safe, effective, caring, responsive and well-led.

People accessing the service were safe and protected from harm and abuse. Staff were knowledgeable about the importance of keeping people safe and how to achieve this. There were systems in place to allow staff or relatives to raise any concerns they might have and evidence that the home had responded appropriately. The risks inherent in each person's daily life had been assessed and management plans developed to minimise the potential for harm.

The service demonstrated they used a comprehensive and detailed assessment process to establish individual's needs and how they were to be met. The service worked in partnership with other professionals and families to optimise their knowledge of individuals and provide care that was effective. Staff were skilled at working in person centred ways to ensure people received care that was individually tailored to their needs.

Staff were recruited safely and had received an appropriate induction and on-going training that included regular refreshers. There was also more specific training around individual long term conditions such as autism, epilepsy and restrictive practices. Staff were aware of the importance of consent and their obligations in relation to the Mental Capacity Act 2005.

Staff were observed to be caring in their support of people using the service. Staff demonstrated kindness and patience and demonstrated their understanding of the principles of dignity and respect and were observed to uphold these.

The service valued diversity and ensured that people's cultural backgrounds and preferences were included in the assessment and care planning process. The service had supported people to celebrate different festivals including, Diwali and Christmas. People's interests were also reflected in their care plans and they were supported with activities and outings.

The service was well-led and had a clear management structure in place. The team leader oversaw the day to day management of the service with regular support from the registered manager. Staff felt that the management team were approachable and supportive. Relatives of people who accessed the service said they were happy with the management team and felt able to approach them. There were systems in place to ensure the on-going effectiveness and quality of the service provided.

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.

Staff demonstrated a good understanding of safeguarding procedures and how these would protect people using the service from the risk of harm or abuse. Staff were knowledgeable about what might indicate a concern and how to report this.

The service ensured risks were assessed in relation to individuals and to the environment and had developed management plans to minimise the potential for harm to occur. The service ensured the environment was safe for the people accessing the service.

Medication was stored and administered safely, there was a clear medication policy in place which was followed and spot checks were completed to ensure staff were adhering to this.

Is the service effective?

Good

The service was effective.

People's needs were assessed well. The service worked with a range of other professionals and services to ensure assessments were comprehensive.

The staff team had received sufficient training and information to support the complex needs of people accessing the service. The staff also received regular supervision to support their role and further develop their skills.

The staff team understood the importance of consent and used a variety of methods to encourage people accessing the service to understand and participate in meeting their needs.

Is the service caring?

Good

The service was caring.

Staff supported people to maintain their dignity and respect,

acting with patience and kindness. Staff took time to support people to understand and process what was happening.

Care plans included information about supporting people to manage their feelings and responses. Staff were aware of and sensitive to the different experiences that people who used the service might have and how best to support them.

The service valued diversity and included cultural considerations in the assessments and care plans. People were supported to celebrate a variety of festivals including Diwali and Christmas.

Is the service responsive?

Good

The service was responsive.

People accessing the service received care that was personalised to their needs and preferences. Staff were aware of what person centred care involved and were committed to ensuring they worked in person centred ways.

People's care plans were regularly reviewed and updated to ensure they remained accurate and changes were made when required.

The service responded to feedback and sought the views of stakeholders using questionnaires and easy read surveys.

Is the service well-led?

Good

The service was well-led.

There was a clear management structure in place, staff told us they felt that the management team were approachable and felt confident in their leadership. Relatives of people who accessed the service felt that the service was well-led and that they could approach the management at any time.

The service had auditing systems in place to ensure the quality and effectiveness of the service was maintained. Staff reported having some spot checks of their practice to ensure they were following procedures and appreciated the benefit of this.

The service worked in partnership with other professionals and stakeholders to ensure they maintained a comprehensive and consistent service.

Coppull Lane Respite Services

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 6, 7 and 8 of December 2017.

We gave the provider 72 hour's notice of the visit because both the manager and service users are often out during the day. We also considered the potential impact that the inspection might have on people using the service. The people who used the service usually arrived from 3pm and left the next morning. Therefore one of our visits was over tea-time and early evening in order to meet people and observe how they were supported. The service was inspected by one inspector.

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 what improvements they plan to make. Prior to the inspection we looked at information contained in the PIR and reviewed all the information we held about the service including statutory notifications, safeguarding referrals and complaints. We also liaised with external stakeholders including the local safeguarding team.

We looked at the home's policies and procedures in relation to safeguarding, whistleblowing, accidents and incidents, Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards, recruitment, supervision, training, medication, moving and handling, risk management, infection control and premises safety checks.

We looked in detail at the care records for four people who use the service. We looked at the recruitment files for three members of staff. We interviewed the Team Leader and three other members of staff. We

spoke to the relatives of three people who use the service. Due to the complex needs of the people who use the service we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

The relatives of people who used the service said they felt it was safe. One said, "I feel that [person] is safe, the staff are familiar with [person] and support them." Another said, "I believe [person] is safe, they have taken a lot of time to learn how to support them and build our confidence....if I have any concerns I can ask and they will get back to me"

The service had a clear safeguarding and whistleblowing policy which was developed by the provider. Staff were aware of the safeguarding policy and procedure. They were able to describe what might indicate a person was experiencing harm or abuse and the steps they would take to raise their concerns. One staff member said, "If I witness abuse I may raise this with the person and escalate this up to the line manager, if I am not satisfied I can raise it with CQC". Another staff member said, "If I saw anything unusual I would talk to management or family. I would look in the communication book to see if something might have happened outside." A third person said, "If someone was acting out of character, were quiet and withdrawn I would talk to a colleague, keep a record and pass it on." We found the service protected people from discrimination and recognised the diversity of the people who access the service.

During the inspection we saw there were usually at least three staff on duty. Staff we spoke with also said they felt there were enough staff on duty to ensure everyone was safe. One staff member said, "there are enough of us, I always feel comfortable, there are other staff locally, I am able to raise any concern."

There were risk assessments in place in relation to the premises and equipment and these were reviewed and updated regularly. There were fire evacuation plans for the service and each person had their own personal emergency evacuation plan (PEEP) which included specific details about how best to evacuate each person in an emergency. Fire safety equipment was maintained and checked regularly and there was a current fire risk assessment. There were risk assessments in the care plans that detailed the specific risks for an individual in relation to their health, nutrition and eating methods, choking, hydration, medication, epilepsy, moving and handling, skin integrity and pressure care. The risk assessments were detailed and gave clear information about how to minimise the potential for harm and how to support individuals with the activities. The risk assessments were developed with people's families and other appropriate professionals, for example speech and language therapists, occupational therapists and nurses and they were reviewed and updated regularly.

People's information was stored safely in a locked cupboard and confidentiality was protected. Records were easily accessible for the purposes of our inspection on request. Accidents and incidents were recorded on the appropriate forms which were developed by the provider. CQC had been notified of one accident in the last 12 months which corresponded with the records held in the home.

Staff were recruited safely. The staff files reviewed included details of; induction and on-going training, supervision and appraisals, competency checks and disclosure and barring checks (DBS). A DBS check helps a service to ensure the applicant's suitability to work with vulnerable people. Application forms and references were not available to view because these are held centrally by the Human Resources department

at Wigan Council. There was a disciplinary policy which the service adhered to.

Medication was stored and administered safely. There was a medicines management policy and staff received training to ensure they administered medication safely. The medication administration records viewed were up to date and all medication had been signed for correctly. Medication was stored in a locked cupboard. Where a person needed a medication occasionally for example rescue medication or pain relief, there were clear guidelines in individuals records to indicate when these should be administered and when to seek further medical advice. There was evidence in the records that these guidelines had been followed. Where a person might need their medication administering in liquid form or with food, there was a clear description of this method with supporting letters from medical prescribers.

There was an infection control policy and personal protection equipment was available in bedrooms and communal areas, for example, gloves, aprons and hand cleansing gel. The staff were observed using this equipment appropriately over a meal time and when offering support with personal care.

Good

Is the service effective?

Our findings

The needs of the people who used the service had been assessed and support plans developed identifying how to meet their assessed needs. The assessments were comprehensive and included consideration of medical needs and diagnosis, any specific conditions, communication needs, moving and handling, personal care, nutrition, hydration and restrictive practices. During the inspection a new person was being introduced to the service in a gradual way with several visits being arranged of increasing length to enable both the person and the service to understand each other and to minimise the potential for distress to the person. This showed the effective use of an assessment process in developing knowledge of someone without verbal communication.

The communication plans were detailed and gave important information about how best to communicate with an individual and what worked best for them. One person who used the service preferred minimal conversation and this was detailed in their plan and followed by the staff to minimise stress. It was important to see this detail in order to identify care provided reflected people's individual preferences. The communication sections also included information about the non-verbal ways some people might communicate. It was evident the service took time to ensure people were able to communicate as effectively as possible. There were some pictorial aids available to facilitate choice. Some people had their own communication aids and we saw they were supported to use these by the staff.

Staff felt they had enough training and support from experienced staff to develop the skills and knowledge necessary to meet the complex needs of the people accessing the service. One staff member said "I am getting to know them, I feel confident with the people I work with, I have had a lot of training and I can look in their files also and find information I need." Another staff member said, "I have had good training around complex care, epilepsy, first aid and medication....I am trained to give rescue medication"... "I know where to look for information in the support plans or I can ask others". A third staff member said, "I have met with the complex care team as part of my training and feel I have enough knowledge to do my job. If I do not feel confident I can ask my colleagues and look in the files."

Staff had access to a range of training from a variety of sources including Wigan Council, in-house specific training from other professionals such as the complex care team and in relation to specific conditions such as PEG feeding or epilepsy care. Training information was available in the service and staff reported being able to learn from each other. Relatives of the people who used the service felt confident in the skills and knowledge of the staff team and the management. A new member of staff described the induction programme they were undergoing and reported feeling confident in their role. They said, "I have had a lot of training and there is more to come." We saw there was a training programme in place and the manager was able to identify what training the team had and when refresher training was due.

Staff understood the importance of gaining consent from people accessing the service. One staff member said, "The majority of people [using the service] are non-verbal, but I always ask them and talk to people when I am supporting them, I consider their routines and try to follow them, this is important for people who have autism." Another member of staff said, "The majority of people [accessing the service] would not

recognise their needs. I would speak with them and continue talking. If someone is resistant I need to consider they may take time to process what is happening and re-approach being gentle and caring" A third member of staff said, "I may bring aids to try to entice them, a sponge or a bath toy."

There was a supervision policy stating staff would have supervision four times a year. Supervision was known as 'My time' and was an opportunity for staff to sit with a senior member of staff on a one to one basis to consider their strengths and needs as a member of the team. Staff reported receiving regular supervision, sometimes more frequently than four times a year. Staff also reported they felt they were well supported within the team and by the manager.

There was evidence throughout the care plans and meeting records of regular and effective communication with others including families, health staff, occupational therapists, physiotherapists and speech and language therapists. Staff we spoke with were aware of the different professionals involved with people who used the service and the roles they played.
One member of staff said, "The complex care team were involved about a new service user, they gave weekly information and this made support better for the person." There were one page profiles and hospital admission forms in each person's file in case they needed to go in to hospital. These ensured updated information was available to other professionals and minimised the potential impact for the person. There were also missing person forms in the files we saw to allow for the rapid transfer of information to the police if necessary. Each person using the service had a communication book for recording the day's events and any messages between services and families. Staff referred to these when people arrived and ensured they recorded relevant information in them.

Some people who used the service had complex physical needs and this could result in some restrictive practices being used for their safety and wellbeing. There was a restrictive practices policy in the home which all staff had signed. Any practices which might be restrictive were considered in line with the Best Interest principles outlined in the Mental Capacity Act (2005) these decisions were recorded and described in the support plans to ensure safety and consistency. Examples included; use of a wheelchair lap strap to prevent falling or use of bed rails and overhead tracking hoists.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making a particular decision 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 a particular decision, any made on their behalf must be in their best interest and as least restrictive as possible. People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During the inspection we found there none of the people present were subject to a DoLS.

The food provided was varied and reflected individual tastes and preferences. We observed one meal time and noted, while no choice of main meal was offered, the three people who were eating appeared very happy with the chicken curry provided. Staff reported they were aware of what people liked to eat and ensured they provided it. Food and drink was recorded in people's communication books and their daily notes. Staff were aware of people's support needs at meal times and were observed to provide this as detailed in the support plans.

Good

Is the service caring?

Our findings

People who used the service were not all able to express their views directly on the quality of care they received. We therefore used the Short Observational Framework for Inspection tool (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. Staff were observed to interact in a caring way with the three people present. Staff also explained to us how one person preferred minimal interactions to avoid anxiety and distress; this was observed to be an effective strategy. We saw staff were kind and took their time to interact with people accessing the service. There were two staff in the lounge and one in the kitchen. The two staff in the lounge provided a significant amount of interaction which people responded positively to. Some people needed support to eat and staff were observed providing this in a caring and unhurried manner.

Staff were aware of the importance of upholding people's dignity and respect and were able to describe how they achieved this when supporting someone with personal care. One staff member said, "I always ensure privacy and will cover up areas in the shower, I chat with people, let them know what is happening." Another said, "I always try to continue talking with them, some people can be resistant but I ensure I take time to reassure them" A third staff member said, "I would take someone to their room or bathroom, I show them things to help them understand what I need to do like a pad or clean clothes."

Staff were able to describe how they involved people in their care and promoted independence. One staff member said "I encourage people with some tasks, recognising individuals ability. I ask people what they might want to wear and give them options." Another staff member said, "I encourage them with what they can do, I could give them a spoon with food on if they wanted to do this. If I offer a choice it might be that I show them two things to pick from like juice." A third staff member said, "If we know someone is able to do things themselves we do that [with them], maybe get them to push their arm through [their clothes]."

Staff supported people who used the service to meet their cultural and religious needs. There were diversity monitoring forms in the care plans we saw. People's dietary needs were recorded and meals provided to reflect these. The service valued diversity and could support people to attend different types of faith services. They celebrated a variety of religious festivals including Diwali and Christmas.

Information was available in accessible formats, such as - easy read or pictorial. The service also ensured individuals had detailed communication plans which describe the most effective format for communicating with them. Some people who used the service might express their feelings through their actions; the details of this was included in communication plans which provided possible explanations and gave guidance to staff on the most effective way to respond. One member of staff said "I find communication builds up over time, it is important to build a rapport with people."

The service referred people for advocacy services as and when required. At the time of inspection one person is being supported by an advocate.

Good

Is the service responsive?

Our findings

As part of the inspection we looked in detail at the care plans for four people. People who used the service received care that was personalised and responsive to their individual needs. The majority of people who used the service were not able to communicate verbally and relied on others to ensure their needs and preferences were identified accurately.

Prior to admission there was a comprehensive assessment process. There was a pre-assessment form which considered individual's needs, wishes and aspirations. People's interests and preferences were recorded to enable staff to interact and plan activities the person might prefer. This pre- admission assessment involved the person, their family, medical professionals and representatives from other services involved in their care and support. The service was thorough in assessing needs to ensure they were able to support people effectively and was flexible in their approach to ensure they had enough information to involve the person in the decisions made. For example the service could take a few weeks to build up an accurate picture of a persons needs, with several short visits to the service taking place and increasing over time. This allowed staff and family the opportunity to assess the persons reaction as part of making the decision whether or not to proceed. . There was usually three staff on duty, at all times, which meant people were able to have a good level of one to one support to engage in activities. Staff told us they were able to support people to go out especially at the weekend to local activities or to the shops.

Staff were able to describe what they understood about person centred care, one staff member said, "It is about the individual, learning about them through the care plans, observations and talking to others." Another staff member said, "Everybody is different, I check in care plans what they prefer, it is not about what I want but what they want....we learn what is important to people from their families also." This demonstrated the homes commitment to a person centred approach in their assessments and practice.

Each care file viewed was easy to navigate and provided information, which allowed staff and other professionals to get a clear picture of what was important to the person concerned. There was information about their personal care needs such as; dressing, washing, bathing, mobilising, eating, drinking, taking medication, communicating, and corresponding support plans describing the most effective way to meet these needs. There was a good amount of background and personal information including cultural and religious background. The care plans were reviewed regularly and updated; the frequency varied depending on how often the person visited and whether there had been any changes to a persons needs or wishes. Reviews and updates to the care plans were recorded in the care files we saw. The service also liaised with the local authority when they felt a social care needs assessment or review was required which demonstrated a commitment to keeping up to date and a proactive approach to assessing on-going needs.

Daily records were recorded in both the care files and communication books. The communication books travelled with the person between their home, day service and the respite service, they included details of events during the day and provided opportunities for the staff to talk about things with people. The daily records in the care files were up to date and informative.

There were some pictorial signs around the home to help people find their way around. Some information was available in an easy-read format to promote engagement and inclusion for people accessing the service. There were easy read versions of surveys and questionnaires about how people felt about the service.

There was a complaints policy and staff were aware of how to record these. The team leader kept a log of complaints received; there had been one complaint in the previous 12 months about potentially missed medication and the service had responded to this appropriately and discussed the matter in the team meeting to ensure all staff were aware. They had changed their practice to ensure the risk of a repeat was minimised.

Good

Is the service well-led?

Our findings

At the time of our inspection 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 the registered provider, 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 home had a clear management structure in place, with a team leader in post overseeing the day to day management of the service with support from the registered manager. The registered manager was not available during the inspection due to being on leave. However the team leader was available. We found the team leader was very approachable and open and responded to all our requests throughout the inspection. Members of the care team were similarly approachable and helpful.

Team meetings were held regularly, the last recorded team meeting was in August 2017 and addressed, annual leave, rotas, training and communication books, individual service users, 'My Time' (supervision), activities and documentation. All members of the team had signed to say they had read the minutes of this meeting. Staff were able to raise points for discussion at the team meetings. A planned team meeting in October was replaced by a meeting with the Complex Care Team to discuss the needs of an individual. The night staff also had a team meeting at a time more convenient for them to attend. At their most recent team meeting they discussed, individuals, routines, handover, building checks, how to contact sleep in staff.

The service benefitted from good governance. There were a range of systems in place to monitor the quality and effectiveness of the service, and these were followed at frequent intervals, including; daily, weekly, monthly, annually and some random spot checks. There were audits in relation to the health and safety of equipment, temperature checks for the fridges and freezers. There were regular audits of the condition of the premises and cleanliness. There were competency checks in relation to medication and hand washing audits.

The services' policy and procedures were updated by the provider and stored in a locked cupboard. Staff said they knew where they were and could look at them whenever they needed to.

We looked at whether the service worked in partnership with other agencies. We saw they had positive relationships with other organisations which benefitted the people who used the service; this included the complex care team, health staff, other services in the locality and day services. There was evidence of this partnership working in the care files we saw and staff reported having experienced joint working.

Staff told us they felt the service was well managed and said they felt supported by the team leader and registered manager. In addition staff reported being able to rely on each other for information and support when they needed it. One staff member said, "I love working here, my favourite thing is spending time with the service users, I can approach the managers at all levels, the team work well together." Another staff member said, "I enjoy working here, I feel I am helping people. The manager is approachable, understanding and I can trust them." A third staff member said, "People are helpful, the home seems to be

well managed and I can approach a manager at any time."

The management team used surveys and questionnaires some of which were in an easy read format to get feedback from people who used the service and their families. These were sent out every year and though the return rate was not high those who did respond were positive about the service. The service had acted on feedback to change how they scheduled visits. Comments received from the relatives included, "I am very impressed with your service." Another person said, "The respite service at Coppull Lane is first class." A third person said, "We want you to know that all your staff have been so caring, thoughtful and have lots of patience with [person] and we so appreciate this."