

Leading Lives Limited

# Short Break Respite Unit

## Inspection report

7a Finborough Road  
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Date of inspection visit:  
31 October 2018

Date of publication:  
14 December 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

The Short Break Respite Unit provides accommodation and care on a planned or urgent basis for people with a learning disabilities or autistic spectrum disorder. The service provides overnight stays and longer periods usually for up to four people for people at a time. At the time of this announced inspection there were four people using the service.

At our last inspection of 8 April 2016, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a registered manager. 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. People, relative and staff described the registered manager as supportive and approachable.

Staff continued to promote people's safety. The staff had received training and were aware of procedures to safeguard people from abuse and manage risks to their health. Each person had a detailed support plan and staff were aware of people's individual needs. People's care plans were updated at each respite stay.

There were robust recruitment procedures in place. There were sufficient numbers of staff on duty to support with their needs throughout the day and night. People received their medicines as prescribed and information about their medicines had been recorded and medicine audits were carried out. There were infection control procedures in place to guide the staff in how to minimise the risks of cross infection. The registered manager met with other members of staff regularly to determine if any lessons could be learnt from events.

Staff continued to receive training and supervision to enable to them to provide the support to people with regard to their assessed needs. People gave consent to the support they received. People were given support to manage their nutrition and access healthcare services should the need arise when staying at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The staff continued to be caring and treated people with dignity and respect.

People continued to receive support which met their individual needs and preferences. People using the service and their relatives knew how to raise a complaint and were confident any concerns raised would be

addressed and resolved. The service had worked with other professionals to support people at the end of their lives.

An open and positive culture was maintained by the service. The registered manager led and supported the staff team to focus upon person-centred support. Quality checks and audits remained in place so that issues were identified and resolutions for improvements put in place. The service operated an on-call system to support the staff providing support and also to cover any care visits that the usual member of staff was unable to attend.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Short Break Respite Unit

## 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 announced comprehensive inspection was carried out by one inspector. We gave the service 48 hours notice of the inspection visit because we needed to be sure that someone would be available.

We spoke with three people who used the service and two relatives. We spoke with the operational manager responsible for the service who is also the registered manager and a further two members of staff. We looked at three people's care plans and records relating to the management of the service, training records, medicine audits and the recruitment records of two care staff.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events.

## Is the service safe?

### Our findings

At our last inspection of 8 April 2016 the key question safe was rated good. At this inspection we found safe remained good.

People continued to receive a safe service. One person told us, "The staff talk with me and ask how I am each day I am here." Staff knew people well and how to keep them safe. Staff continued to receive training with regard to protecting people from abuse. One member of staff told us, "I know how make safeguard referral and we have had training in safeguarding."

People continued to be kept safe as risks to their health were identified. Each person had a risk assessment and information for the staff to follow for the purpose of keeping the person safe. This included reviewing risks of choking and any illness with which the person was diagnosed. There were clear instructions of how the staff were to support each person to reduce the risks. A relative told us, "I feel this is a safe service because we discuss the care plans and risk assessments at each respite session."

The staffing levels continued to be monitored and planned with regard to the people using the service. A member of staff told us, "I like working here because there are always enough staff to care for the people."

The registered manager explained the staff recruitment process to us. The recruitment records confirmed that staff continued to be employed safely and checks were undertaken on the suitability of prospective staff to work with the people who used the service.

People continued to be safely supported with their prescribed medicines. The staff had received training in medicines administration and their competency was checked regularly and there were yearly refresher courses. People brought their prescribed medicines with them when coming to the service which were carefully recorded onto a medicine administration record. A check of the person's medicine was carried out when the person went home with them and their relative.

People continued to be supported in a clean well maintained environment. The staff had received training in infection control and there were systems in place to reduce the risks of cross infection. Staff were issued with personal protection equipment (PPE), such as disposable gloves. Part of the staffing role was to keep the service clean and the staff were supported by some of the people that used the service.

The staff learnt lessons and made resulting improvement to the service. The registered manager met regularly with the staff working at the service and to ensure that incidents and accidents were recorded, and fully investigated. All incidents were audited to identify any trends and take appropriate action. Time was taken to assess people using the service and to identify which people would enjoy staying with other people using the service at the same time with regard to their needs and personalities.

## Is the service effective?

### Our findings

At our last inspection of 8 April 2016, the key question effective was rated good. At this inspection we found effective remained good.

People's care needs continued to be assessed and recorded in their support plan. The team manager carried out an assessment to determine if there had been any changes since the person last used the service and any new people referred to the service. The assessments were discussed with the registered manager to ensure the service could meet the person's needs. Relatives and other professional's advice was sought to determine if the service could meet the person's needs. The assessments were detailed with regard to how to support the person and also recorded the person's hobbies and interests. One person told us, "I like coming here because it is fun and there is lots to do."

New members of staff were supported through an induction program. Staff were then provided with regular training, supervision and a yearly appraisal. A member of staff told us, "The training is really good and we can discuss this and be reminded when our training session is booked at supervision."

The staff continued to support people with their choices and to have enough to eat and drink. The care plans recorded what people liked to eat and drink. We saw people using the service working with the staff to prepare an evening meal of their choice. The registered manager informed us that part of the assessment process was to check for any allergies and changes to the a person's diet.

The service staff worked with other professionals who made referrals to the service to provide both the people using the service and their families with a short term break.

People continued to be supported to maintain good health and there were planned arrangements in place so that if so required the service could access local professionals for support.

The service had recently been refurbished and redecorated throughout and had involved people who regularly used the service and their relatives in the choices of the colour scheme. The service had been adapted in the past to be able to support people with various needs which included a ceiling hoist to take the person from their bed into a bathroom. These adaptations had been maintained and were regularly serviced.

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's capacity to make decisions about their care and treatment was assessed and where appropriate best interest decisions had been made on people's behalf. Consent to care and treatment had been

recorded in people's support plans. We saw that time had been taken to speak with the person receiving the support, and their relatives if they wished, to sign the support plan as a true and accurate record.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

## Is the service caring?

### Our findings

At our last inspection of 8 April 2016, the key question care was rated good. At this inspection we found caring remained good.

People and their relatives told us that the staff were kind and understanding. One person told us, "I come here because the staff are lovely and I would not come if they were not." A relative told us, "I trust the staff, without their kindness I do not know where I would be."

Staff explained to us that people were able to explain to them what they had done since their last visit to the service. They further explained people took pride and pleasure in explaining the progress they had made. This was also an opportunity to talk about if things and not gone so well and how to plan for the future.

People were able to express their views when attending the service. The staff had encouraged and supported people with their interests to join clubs so that they could pursue their hobbies when they were not at the service.

Care plans contained information for staff about how to communicate with people including what the person wished to be called. Staff described to us how it had taken time to build up a rapport with one person to clearly identify their aspirations. They enjoyed time by themselves while also enjoyed watching a film with staff so they could interact and clarify what was happening.

We observed that the staff knew the people well and there were positive interactions between the people using the service and the staff who supported them. They were laughing and smiling, which showed us people were relaxed and comfortable. Staff were aware of people's life histories and were knowledgeable about their likes, dislikes, hobbies and interests. They had been able to gain information on these through talking with people and their relatives. People using the service informed us they felt listened to and information was provided to them clearly and they understood.

People continued to bring their personal possession to the service. These were all carefully logged and the log was checked when the person went home to ensure nothing was forgotten. A member of staff explained this was very important to treat the person and their possessions with respect.

## Is the service responsive?

### Our findings

At our last inspection of 8 April 2016, the key question responsive was rated good. At this inspection we found responsive remained good.

Before people started to use the service their support needs were assessed by the team manager and confirmed with the registered manager to determine how personalised care could be provided. A plan of care and support was put in place providing guidance to staff about how the person's needs could best be met. This helped ensure the person received continuity of care. Each person spent time at the service and had full use of the facilities there while also opportunities were provided to visit local amenities.

The service continued to keep people's support records up to date. We saw that staff had recorded information in the daily notes. A member of staff told us, "We have time to read the care plan and also to write daily notes." The daily notes demonstrated how people's needs had been met and risks to their care and safety managed.

Care plans focussed upon the needs of each person and took into account their choices and preferences. Care reviews were carried out after each stay at the service with the person. Information was provided to the family about how the stay went. Further information was requested of the person and family if they so wished a few days later once they had time to reflect upon the stay at the service. Information received was noted and taken into account for the next planned stay at the service.

There was a complaints policy and procedure. These details and how to make a complaint were provided to people when they first began to use the service. There was also information about how to raise a complaint in each of the people's support plans we saw. One person told us, "I have never had to complain but if I need to would speak with the manager and I know them very well." A relative told us, "In all the time we have used the service we have never needed to complain." The registered manager explained to us how a complaint would be logged and the action taken to resolve a complaint.

There were no open complaints at the time of the inspection and the staff considered this was because they were in contact with people each day and resolved any issues as they arose. We saw a number of compliments about how people had been supported from a number of resources.

The registered manager explained to us that respite care could be provided to support a person and their family in the future should the need arise with regard to a person being terminally ill. This would be done through an assessment and support from other professionals should this be needed and in agreement with the family. Staff would also receive training. Currently the service was not supporting people with a terminal illness.

## Is the service well-led?

### Our findings

At our last inspection of 8 April 2016, the key question well-led was rated good. At this inspection we found well-led remained good.

The service had a clear vision to provide a short break respite service for people while also giving the family members an opportunity to a planned break. The registered manager explained to us that a family member had gone on holiday recently for the first time in many years. They had built up a trust in the service that they would be able to care for their relative while they were away. The service had also been able to support people at short notice. This was in response to an urgent situation in a family members life.

All of the people we spoke with told us that the service was well managed and that the registered manager and staff were very nice and knowledgeable about providing care. One person told us, "They are really good, everything is arranged fine." A relative told us, "The staff work very hard, it does not happen by magic, when we come they are always ready." A member of staff told us, "The team manager is approachable and works hard to plan the training and supervision and is always available for help and advice."

The team manager continued to arrange the delivery of supervision and support to the staff and provided opportunities for them to develop their skills through on-going training. We saw that training was provided and staff were encouraged to seek additional relevant training for their development.

The team manager had an open door policy and was a visible presence. A member of staff told us, "You can approach them anytime for support." They further explained to us that the team manager provided care themselves. They spent time with each person using the service each time they were on duty to check upon how the person was enjoying their stay.

The service continued to monitor and review the quality and effectiveness of the service. This included regular audits and checks of areas such as medicine administration and support plans. As well as seeking feedback from people who had used the service, their relatives and professionals referring people to the service.

The team manager was also supported from regular visits and results of audits organised by the registered manager. The service continued to operate an on-call system so that the people using the service and staff could gain support in any unforeseen circumstances.