Cornwall Care Limited

Cornwall Care Respite Services

Inspection report

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Date of inspection visit: 10th November 2014
Date of publication: 24/02/2015

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

Cornwall Care Respite also known as The Bungalow provides residential support for short breaks and day care for adults with a range of learning disabilities. This includes but is not exclusive of autism, sensory impairment and physical disability.

The service is designed to accommodate people with a range of disabilities. Some rooms have en-suite facilities including 'wet areas' for people whose disability means access to bathing is limited. In addition the service has a range of equipment specifically designed for people with physical and mobility issues.

When we undertook the inspection the home did not have 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

Summary of findings

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager post was vacant and the deputy manager was running the service. The Care Quality Commission (CQC) had been informed of the management situation and the commission had been notified of the actions the organisation was taking to meet the homes conditions of registration.

We saw the people using the respite services of The Bungalow were being supported by caring and respectful staff. For example one person told us, "I have used a lot of services for the person, but by far this is the best. The staff are so very caring". People visiting during the inspection were made to feel welcome by staff and those using the service that day. The atmosphere was inclusive, with people moving around the building without restriction. People were laughing and smiling. Staff were assisting them to engage in a range of activities of their choice. Peoples preferred method of communication was taken into account and respected.

Staff working at The Bungalow understood the needs of people they were caring for and supporting. One person said, It's a lovely job and very rewarding. As it's a small service we get to know the needs of people really well. We also support families because that's needed as well". A relative told us, "Staff tell me if anything has changed. They are always warm and friendly".

Staff were able to describe how people were protected from the risk of abuse. The service had safeguards in place for people who may not have had the capacity to make decisions about their care, support and safety.

Staffing levels were sufficient to provide the support people required. We saw staff had time to spend with people in a way which was unhurried and personal to them. Where people needed individual support this was provided. One person told us, "The way we work is really flexible and as we work as a team we help each other out because it can be very intense sometimes".

Staff understood their roles and responsibilities. They said they had received a good induction to introduce them into their roles. One person said, "I felt much more confident to do the job after my induction. It was very good". Training opportunities meant staff had the competencies and skills to meet the responsibilities of care and support.

The premises were well maintained, designed and equipped to support people with a range of disabilities and mobility issues. There were enough areas for people to take part in activities or spend time on their own.

Staff told us they felt valued by managers and supported in their roles. One person said, "It's a pleasure to come to work. We all work as one team and the manager's door is always open".

The governance manager and interim manager worked closely together to monitor and evaluate care and support. They used information gained from people using the service, relatives and external professionals to improve the service.

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 had received training in safeguarding and knew how to report any concerns regarding possible abuse.

We found staff had the knowledge and skills to manage risks without restricting people's activities.

People were protected from risks associated with the unsafe use and management of medicines.

Good

Is the service effective?
The service was effective. Staff had access to ongoing training to meet the individual needs of people who required support.

We found the location to be meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. This helped to ensure people's rights were respected.

We found staff were confident in their roles because they were being supported to develop their skills.

Good

Is the service caring?
The service was caring. People were supported by responsive staff who showed patience and compassion to the people they were supporting.

People's privacy and dignity was respected by staff when supporting people.

Staff understood the needs of the people they were supporting and delivered care effectively.

Good

Is the service responsive?
The service was responsive. People were involved in making decisions about what was important to them using a system which focused on their individual needs and preferences. People's care needs were kept under review and staff responded quickly when people's needs changed.

People had access to a range of activities and were supported to be involved in the local community.

Good

Is the service well-led?
The service was well led. Staff and people who used the service benefitted from a positive culture. People felt confident they would be listened to if they had any issues and the manager was approachable.

Systems and procedures were in place to monitor and assess the quality of service people were receiving.

The service had links with other health care professionals in order to respond to best practice guidance.

Good

Cornwall Care 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating of the service under the Care Act 2014.

This was an unannounced inspection which took place on the 10th November 2014.The inspection was undertaken by one inspector.

The provider completed a Provider Information Return (PIR) and this was returned before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection, we reviewed information included in the PIR along with information we held about the service. This included notifications, any complaints or safeguarding issues. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with the interim manager, team leader and three staff members. Following the inspection we received information we requested from a member of the Cornwall Care governance team. Prior to and following the inspection we spoke with two professionals working outside the organisation. They included health and social care workers. We spoke with three people using the service and 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. We talked with a relative during the inspection.

Good

Is the service safe?

Our findings

Due to people's complex disabilities and health needs we were not able to communicate with everyone verbally. Therefore we spent time observing activities in the lounge. We observed good interaction between staff members and people using the service. One person was receiving one to one support which meant a staff member was supporting them throughout the day. Staff told us, "It makes clients feel safe and secure because they form a close relationship with us and trust us". A relative told us, "I know when I leave (the person) here they are exceptionally well cared for and I know (the person) is safe".

The risks of abuse to people were minimised because there were clear policies and procedures in place which staff adhered to. The manager told us that all staff undertook training in how to safeguard adults during their induction period and there was regular refresher training for all staff. Staff told us they had received training in how to recognise and report abuse. All were clear about how to report any concerns and were confident that any allegations made would be fully investigated to help ensure people were protected.

People using the service came for short stays, usually one to three days, and most for no more than fourteen nights. Assessments and reviews took account of identified risk and how it would be managed. Staff knew people using the service and where individual risks might affect the person or others around them. Information about behaviour that might challenge staff was clearly recorded in care plans. Staff told us the information was useful for them to understand triggers which might indicate when a person was becoming anxious. We saw staff responded to a change in a person's behaviour in a calm and controlled way. The action taken by staff diffused the situation and did not alert any other people using the service. This demonstrated staff had the knowledge and skills to manage challenging situations.

There were enough staff on duty to safely support people who used this service. We saw people were receiving care when they required it. They were not seen to be rushed. A relative told us they felt their family member was safe because of the numbers of staff available to support them. Managers told us they had the necessary resources available to them to ensure staffing levels were maintained. Staff said they loved working in the service because it was so rewarding. One member of staff said, "We are a strong team and help each other out. It's a good place to work".

We looked at how the service managed medicines. Because people used the service for short stays medicines were brought from home for each stay. For this reason the service checked medicines in and out for each visit. We sampled two records and found the medicines had been checked in correctly and corresponded with what was recorded. There were suitable secure locked facilities to safely store the medicines. One person was taking controlled medicines. We saw additional locked storage was in place and records were current and signed by two senior staff whenever administered. Only staff who had received training in medicine administration was responsible for that role. One member of staff said, "I don't feel ready for that responsibility and the manager supports me on this". This demonstrated the service respected staff confidence and did not impose expectations on staff to carry out administration of medicines unless they felt competent to do so.

Good

Is the service effective?

Our findings

Staff had the knowledge and skills to carry out their roles effectively. Staff were engaging with people using the service in positive ways. For example, staff were taking part in playing games with people; others were taking part in crafts. Another staff member was sat with a person who had no verbal communication. Their interaction was responded to positively by the person smiling and laughing. Staff said they liked the time they had to spend with people.

Records showed staff had access to a range of training in areas specific to meet the needs of people using the service. For example training in epilepsy, non- verbal communication methods and management of violence and aggression. Other areas of training essential for this kind of service, including moving and handling. Infection control and safeguarding[HB1] , were taking place. Staff said their induction had been 'very good'. They said it had prepared them for the role and they were supported by more senior staff and managers. This demonstrated staff had opportunities to shadow more experienced staff.

Staff told us they were supported by the manager by receiving supervision on a regular basis. They told us that in addition to identifying training needs they had the opportunity to discuss development in their individual roles and discuss working practices. This showed staff had the support they required to undertake their roles. Information from the provider prior to inspection told us it was their intention to increase supervision to every four to six weeks. Staff confirmed they had been informed of this and felt it would provide them with the opportunity to progress with their individual development.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the manager. They demonstrated an understanding and knowledge of the requirements of the legislation. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. This service provided time limited support and care to people. Planned respite should reflect the support the person receives when at their permanent residence. If it is identified people are restricted when at home, a standard request for authorisation should go to the Court of Protection for a community deprivation of liberty. If a person is not restricted in their permanent residence then consideration should be given to the need for restrictions in respite care.

Training records showed all staff was registered to receive training in the MCA and DoLS. Staff told us training had helped them understand where restrictive practices meant people may be deprived of their liberty.

Revised care planning records showed consent to care and support had, in most cases been agreed by next of kin, usually parents. However there was no indication of whether the person signing consent had Lasting Power of Attorney (LPA). Where people do not hold LPA a 'Best Interest' meeting should be held to record the decision making process.

We spent time looking at how people were supported to have sufficient to eat and drink during their stay at Cornwall Care Respite Service. Staff were responsible for the preparation of meals and making sure people had enough to drink. Drinks were being offered regularly throughout the day. Records showed that some people required specialist support with meals. This included risk of choking. Staff were aware of people's specific dietary needs and responded to them effectively. For example one person had lost weight, this was noted and a referral for a consultation had resulted in investigative procedures taking place. Care records and a file in the kitchen informed staff of individual likes and dislikes. Staff told us this helped them when preparing meals and snacks

People using the service had a range of healthcare needs. For example relating to epilepsy and PEG (a feeding tube for people who cannot swallow safely) nutrition. Healthcare needs were recorded on individual care plans which had been regularly reviewed and changes made where necessary. All records included a 'health passport', a document designed specifically for people with learning disabilities. Where people require healthcare, for example admission to hospital[HB2] , it informs staff about the person including personal, medical and communication needs. Staff worked closely with families to help ensure they had the most up to date information. A relative said, "They always ask if there have been any changes to (the person). They also tell me if there have been any changes when (person) stays here. I am very confident in them all".

Good

Is the service effective?

We recommend the service follows DoH guidance to demonstrate they recognise restrictions and restraint and take the action they have a legal responsibility to undertake.

Good

Is the service caring?

Our findings

During our visit we saw staff communicating and responding to people's needs in a caring and kind way. The atmosphere was relaxed with people moving around the home freely and without restriction. Staff spent time with people throughout the day on an individual basis and in small groups. Staff said they liked the diversity of people using the service and that "everyone is different but unique". The approach to care was flexible, for example one person wanted to change what they were doing three times in a short timeframe. Staff supporting the person helped them to carry out these changes in a calm and caring way.

Some people using the service had limited verbal communication. Staff recognised people's emotions by how they were being expressed. For example, one member of staff was responding to the needs of a person by observing their body language. They recognised the person wanted to move out of the room and assisted them to do this. Other people wanted to be on their own in the garden. Staff respected this. They said, "(the person) loves going into the garden they have their own spot we just make sure they are warm enough as (the person) does not recognise the need for appropriate clothes especially now it's getting colder". Another person liked to spend time on their own watching television for short periods of time. Staff respected this and made sure the door was closed so they would not be disturbed during that time. This demonstrated staff knew how to treat people in a caring and compassionate way.

People using this short stay service were familiar with various forms of communication including Makaton, sign boards and electronic communications. Staff told us they were able to support people with the various systems because they had received training in a range of communication technologies. Training documents supported this. However there was little evidence for the use of pictures or symbols around the service to help inform people. For example there were no pictorial menus which would assist people in their understanding of what they might like to eat. Signage for bedrooms and bathrooms was not clear and some were missing[HB2] , which might result in people becoming confused or disorientated.

The service had policies in place in relation to the importance of privacy, dignity and independence. We spoke with staff to gain an insight into their understanding of how people should be treated with respect. Staff gave examples of how they respected people's dignity. One staff member said, "Everybody is different and some people need more support than others but the main thing is that we listen to people and respect them for who they are". A relative told us they thought the staff team respected their family member as a person. "Whenever I come here staff are with people, supporting them in a way which I think respects them".

People were using the service for short breaks therefore the rooms they occupied were not necessarily personalised. However staff used items brought with people to make rooms as personal as possible.

There were no restrictions in the way people moved around The Bungalow. For example one person went to their room after lunch to watch television. Another person went in and out of the garden on numerous occasions independently. The only advice given by staff was to make sure they were warm enough. We were told by staff that they wanted to encourage people to do the things they liked so they remained independent.

Staff spoke compassionately about how they cared and supported people. For example, one person had been reluctant to take part in activities when they first started using the service, however with support from staff they now participate in most things including going out in the community. This demonstrated a commitment by staff to work as a team and engage in improving a person's confidence to take part in group activities.

Equipment was available to make sure peoples personal care was delivered in their own rooms in order to ensure privacy dignity to the person. For example two rooms were equipped with ceiling hoists and a 'wet area' (an open plan shower) so the person did not need to leave the room to receive bathing. We were told by staff that in some instances some people may be disinhibited. They told us in such instances they worked together to distract the person to protect their dignity.

We recommend that the service considers Department of Health guidance for effective communication signage for people with Learning disabilities and complex needs.

Good

Is the service responsive?

Our findings

People received personalised care and support that was responsive to their needs. Staff were available throughout the day to support people. For example, one person was receiving one to one support. In order to alleviate the intensity of the task on one worker, it was shared between two carers. Staff told us that as it was a small staff team the person was familiar with them all and this system worked well as they responded positively to each staff supporting them.

People had access to a range of activities both in the service and in the community. Besides a range of games which two people were enjoying for most of the morning there were crafts taking place, including making Christmas cards. People taking part were enjoying the activities, and they were engaging in conversation encouraged by staff. Some people left the activities for short periods of time to walk around and do other things with different members of staff. This demonstrated people had options to choose what suited them and staff encouraged this.

We looked at two care plans for people using the short stay service. We saw the plans were structured and detailed the support people required. Prior to a care plan being implemented people were assessed using tools including This Is Me, (A document informing hospitals or other professionals about the person as an individual. This helped ensure a comprehensive assessment took place and the information was then used to inform the care plan).

Care plans had recently been reviewed and changes made to include individual sections on people's health, communication and personal care needs. We saw the plans were individualised and developed with each person and a family member to identify what support they required and how they would like this to be provided. We spoke with a relative who confirmed they had been involved in planning care and support. They told us, "I have been involved all the way along. The staff always share information and we tell them of any changes, the communication is very good".

Prior to the inspection we spoke with a healthcare professional outside the organisation who told us staff were responsive to advice and guidance they shared with the service and that staff were 'very keen' to learn about specialist care needs for people using the service. For example staff had been provided with skills to manage specialist feeding equipment so the person could continue to use the service. This showed the service responded positively to new situations affecting the care of people they support.

Staff worked to help ensure communication between themselves and the families of people using the service was ongoing in order that all parties had the best information available in order to support people well. Staff told us it was a good way of understanding mood and behaviour so they could respond appropriately. A relative told us information provided by staff also helped them understand reasons behind their relative's mood or behaviour when they returned.

There was a complaints procedure in place providing relatives and carers with relevant contacts and the process for making a complaint. An easy read pictorial format was available on the notice board to aid people using the service. The manager told us they try and speak with families before and after each visit to the service in order to capture any issues which may be of concern or worrying them. "We always try and sort any niggles out before they become an issue". A relative said, "I feel very comfortable saying something if I'm not satisfied and I feel confident they act on it".

Good

Is the service well-led?

Our findings

At the time of the inspection an interim manager was overseeing the service until a registered manager could be recruited. We found there was a positive culture within the service. Staff told us, "It's a lovely place to work, we all get on as a team and the managers support us in what we do". Also, "I have felt really supported by the manager and staff. They have really helped me and encouraged me to do as much training as I can. I am not confident in some areas and that's where they give me more support so my confidence is improving all the time".

The interim manager and staff members told us Cornwall Care was a supportive organisation who listened to them. The organisation told us prior to the inspection about changes occurring in its management structure and how the changes were part of the development of the service. The interim manager told us they were supported by a head of service. "We are regularly meeting and using audits to measure how effective we are and where changes can be made". Service development plans following incidents, investigations and commissioning reports helped the management team to focus on where changes might be prioritised.

By carrying out monthly reviews of incidents and accidents the service was able to identify and respond to trends or patterns. We saw a sample of incident records which provided staff with information to be able to assess the impact and respond to the level of risk. A recent internal complaint had been investigated appropriately using the organisations complaints procedure. The records showed what action had been taken and communication with the person to ensure they were satisfied with the result. Informal concerns were reported on. These included issues raised with the manager or staff and resolved the same day. Records showed they were recorded. This demonstrated the service listened and acted on people's concerns.

Staff meetings were being held on a regular basis. Staff told us they felt the agendas were not only about what needed improving or developing but also acknowledged good practice. Staff told us they felt the agenda could be commented on and they had the opportunity to contribute. One person said, "Everyone can speak and contribute. It's really positive".

The manager and staff were consistently engaging with people throughout the inspection. Daily diaries also transferred information between carers and staff at The Bungalow. A relative told us, "Staff always talk with us when we arrive. It's a good way of keeping up with what's going on". Staff encouraged people to communicate with each other by various methods including group board games[HB2] , designed for people with limited verbal communication[HB3] , and through sensory support. People responded positively and it created laughter, smiling faces and a relaxed atmosphere.

A compliments record included a number of cards and letters congratulating managers and staff for the support they had provided to people. Some gave examples of how individual support had helped carers at times when they needed it most. Staff said they were proud of their achievements and felt these comments motivated them and made them feel confident in their role.

Audits were carried out regularly including, maintenance of the building, staff training and health and safety. We saw records of audits undertaken. We were told audits help the service develop best practice For example there were proposals to develop common induction standards, provide more in-depth epilepsy training for staff[HB4] , and improve the sequence of supervision for all levels of staff. Managers felt this would build staff confidence and skills.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.