

Luton Borough Council

Luton Council Respite and Shared Lives Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Luton Council Respite and Shared Lives Service provides care and support for people with a learning disability or autistic spectrum disorder. It consists of 2 services; a care home that provides respite care and a shared lives service. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates up to 9 people and the respite service supports 65 people on a rotational basis. At the time of the inspection, 6 people were being supported by the service.

The shared lives scheme provides people with long-term placements, short breaks and respite care, within shared lives carers (SLC) own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the service was supporting 6 people with personal care. Some of the people who were supported by the shared lives scheme, also accessed the respite service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were at risk of harm because risks were not always fully assessed, and care plans contained inconsistent information. Risks in relation to people's behaviour needs, health and nutrition needs, equipment and medicines were not always managed safely. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not always support this practice.

Right Care: The provider did not always ensure staffing deployment for the respite service was planned effectively. Staff understood how to protect people from poor care and abuse. We observed positive interactions between people and staff and people told us they felt safe. The provider worked in partnership with other professionals.

Right Culture: Audits and checks were not always effective to ensure the quality of care plans and risk assessments. Feedback was gathered through surveys and meetings; however enough action was not always taken in response to staff feedback.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Luton Council Respite and Shared Lives Service on our website at www.cqc.org.uk.

Enforcement and recommendations

We have identified breaches in relation to risk management, medicines and governance systems at this inspection. Please see the action we have told the provider to take at the end of this report.

We have made recommendations about recording consent and people's involvement in care planning and ensuring people's needs are thoroughly assessed and accurately recorded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Luton Council Respite and Shared Lives Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 1 Inspector.

Service and service type

Luton Council Respite and Shared Lives Service is a 'care home' and a shared lives scheme. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Luton Council Respite and Shared Lives Service is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Luton Council Respite and Shared Lives Service is also a shared lives scheme, they recruit, train and support self-employed shared lives carers (SLC) who offer accommodation and support arrangements for vulnerable adults within their own family homes in the community.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this

location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be at the location to support the inspection.

Inspection activity started on 22 September 2023 and ended on 29 September 2023. We visited the location's office on 22 and 25 September 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 6 people's relatives about their experience of the care provided. We spoke with 5 members of staff including support workers, a team leader and the registered manager. We also spoke with 3 shared lives carers. We reviewed a range of records. This included 5 people's care records and a variety of medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including audits were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Not all risks to people had been identified or mitigated.
- People's care plans and risk assessments did not always reflect people's current needs. Staff did not have clear up to date information to manage people's risks in relation to behaviours that may pose a risk to other people, healthcare needs and equipment. This meant people were at risk of harm due to a failure to suitably assess and mitigate risk.
- Medicines were not always managed safely.
- People's medicines care plans were not always up to date or accurate. Where people required their medicines to be administered in food, the provider had no record that pharmaceutical guidance had been sought from a health care professional. There was a risk medicines would be mixed with food in an unsafe way.
- Where people required their nutrition and medicines via an enteral feeding tube, there was a risk this would not be provided safely as there was no clinical monitoring or evidence of staff competence to deliver this safely. (Enteral feeding is a way of delivering nutrition directly to a person's stomach or small intestine.)

The provider had failed to assess the risks to the health and safety of people using the service or take action to mitigate risks, and to ensure the safe administration of medicines had been completed. This was a breach of Regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The above concerns were raised with the registered manager, who took action to ensure people received safe support with enteral feeding, care plans and risk assessments were reviewed, and pharmaceutical advice was sought to ensure safe administration of medicines.

- Personalised evacuation plans were in place to support staff and people to evacuate the respite centre safely in the case of an emergency. Environmental risk assessments were in place and up to date.
- Medicine administration records (MAR) were completed and regularly audited.

Staffing and recruitment

- At the time of inspection there were vacancies in the senior team responsible for rota planning, as a result staffing was not always planned effectively to meet the needs of the mix of people attending the respite service.
- Staff told us they raised concerns with the management team when staffing deployment was planned incorrectly and although each incident was dealt with, these concerns continued to occur. A member of staff

told us, "There are enough staff, but staff planning is poor." We discussed staffing deployment with the registered manager, who told us they were working with staff to make improvements, these needed to be sustained and embedded.

- People and relatives told us staffing levels were adequate. A person's relative said "There are enough staff, and they know [person's name] well, I call them, and they can discuss [person's name's] needs."
- Recruitment checks, including criminal records checks had been carried out to ensure only suitable staff were employed.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from abuse because staff knew them well and understood how to protect them. There were policies covering adult safeguarding, which were accessible to all staff.
- Staff and shared lives carers had received up to date safeguarding training and understood the procedures they needed to follow to make sure people were safe. A member of staff told us, "I would follow our safeguarding procedures and put a referral through to the safeguarding team."
- People and their relatives told us they were safe. A person said, "The staff keep me safe." A person's relative said, "Staff definitely keep [person's name] safe and know their triggers."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Records showed that staff knew how to record and respond to incidents and accidents.
- The manager reviewed incident records and used this information to improve safety across the service. This learning was shared with staff to improve practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The system in place for people to record their consent and involvement with care arrangements was inconsistent. It was not always clear on what basis people, or their relatives had signed documents in relation to their care. Records had not always been reviewed to ensure they remained current. There was a risk people were not being appropriately involved in planning how their care would be provided.

We recommend the provider review their process on how people record their consent and involvement in the planning of their care and take action to update their practice accordingly.

- Where people lacked the capacity to make their own decisions, the provider had completed MCA assessments with an accompanying best interest decision.
- Care staff had received training in MCA and during the inspection we saw they asked people for their consent before providing their support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before using the respite and shared lives service. However, the information gained during the assessment was not always updated correctly in care plans and risk assessments, these documents did not contain consistent information about people's needs and risks.

We recommend the provider review their process on assessing people's needs, to ensure care plans and risk assessments contain accurate information.

- Care plans reflected a good understanding of people's communication needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Improvements were required to the measures in place to ensure staff were fully trained and felt supported in their role.
- The respite service provided care to people who required their nutrition via enteral feeding. Staff had received an attendance certificate for training in enteral feeding, but their competency had not been assessed by a suitably trained professional to ensure they were competent to support people with this type of feeding. There was a risk staff would lack the knowledge and skills to meet people's needs safely.
- Staff had received regular supervision in line with the provider's policy. However, staff told us they did not feel supported in their roles as when concerns were raised, action was not taken quickly enough, and issues continued to occur. For example, in relation to staff deployment and the booking of people's visits for the respite service. The registered manager was aware of these concerns and was working with staff to make improvements.
- Shared lives carers were provided with training appropriate to the needs of the people they supported and told us they felt well supported by senior staff.
- Staff received suitable mandatory training for their roles. Mandatory training was refreshed regularly and included learning disabilities awareness, mental health awareness and moving and handling training.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- People staying at the respite service were supported to make choices for meals and drinks. They told us they enjoyed the food provided and were offered regular drinks and snacks.
- Information was recorded in care plans as to what support people required in relation to eating and drinking and whether people had any specific requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff had a good knowledge of other services available to people and worked closely with these to ensure that people were provided with support that met their diverse needs.
- Staff we spoke with during the inspection described how they had worked with multidisciplinary health and social care professionals, including the learning disability team and behaviour support team to achieve positive outcomes for people.
- People were supported by their shared lives carers to attend regular health, dental and optician checks and access support from health professionals such as specialist nurses.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Governance processes were not effective at ensuring the quality and safety of the service. They did not identify the concerns found during the inspection. For example, in relation to care plans, risk assessments, enteral feeding and medicines.
- Although the provider had a range of policies and procedures in place, there was no policy or procedure for staff supporting people with enteral feeding.
- The system in place for people to record their consent and agreement with care arrangements was inconsistent. Quality processes had not identified it was not always clear on what basis people had signed documentation and this had not been reviewed.
- Although regular staff meetings took place for the staff at the respite centre, all the staff spoken with told us they did not feel their feedback and ideas were listened to. They told us when they raised concerns, although action was taken to address individual incidents, these improvements were not embedded, and issues continued to occur.

The provider failed to ensure effective governance systems were in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider's ethos was to provide a personalised, flexible service to people. Quality processes had been used to produce an action plan and the registered manager was committed to making the required improvements in the service.
- Regular meetings and surveys took place for people, relatives and shared lives carers to give their views on the quality of the service being provided. Shared lives carers told us their views were listened to and they felt well supported by the staff and registered manager. A shared lives carer told us, "They [senior staff team] are approachable and helpful, I can phone anytime, I'm very happy and have great confidence in them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture in the service. It provided people with holistic support, where they were empowered, and their well-being was the central focus for staff.
- Staff were proud of working for the service and of the positive impact it had on people's lives. The respite

service staff spoke about providing a good experience for people when they came to stay. A member of respite staff said, "We do the best we can for the clients."

- Shared lives carers spoke passionately about their role and how they were able to support people to grow their life skills and independence.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service was open and honest when things went wrong. The provider was aware of their responsibility to apply the duty of candour where needed.

- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

Working in partnership with others

- The provider worked closely with commissioners involved in people's support.

- Staff and shared lives carers worked well with other organisations and had good relationships with other care providers such as health care professionals and the local day service. They collaborated with them to achieve good outcomes for people.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Personal care	People were at risk of harm because risks were not always fully assessed, and care plans contained inconsistent information. Staff had not had their competency assessed to meet all areas of people's needs. Medicines were not always managed safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Personal care	Governance processes were not effective at ensuring the quality and safety of the service.