

The Brandon Trust

Short Term Breaks - 69 Neithrop Avenue

Inspection report

69 Neithrop Avenue
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Date of inspection visit:
13 December 2021

Date of publication:
24 December 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Short Term Breaks-69 Neithrop Avenue is a respite service for people with learning and/or physical disabilities. The respite service offers a range of support agreed via the local authority, which can include, emergency respite stays, tea visits and overnight stays. The service can support up to five people and 19 people were currently accessing the service, this included two people who were living in the service as an emergency placement.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of Safe and Well Led, the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- The service was a five bedroomed property. As this was a respite service, often five people did not always stay in the service, each day was different as staff tried to match people who stayed so that they would enjoy being together. The provider had made the service more homely and welcoming than at the previous inspection and the registered manager was keen to develop a sensory room where activities could also take place. People received personalised care and support specific to their needs and preferences. People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the support people needed. Staff understood the risks associated with the people they supported. Risk assessments provided guidance for staff about individual risks. People received their medicines safely, when they needed them.

Right care:

- Care was person-centred and promoted people's dignity, privacy and human rights. People's individual needs and choices were recognised, and respected. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right culture:

- The service had worked hard to keep people safe during the COVID-19 pandemic. Good quality monitoring systems had been developed and morale was good amongst the staff team. We received positive feedback in relation to the care people received and how the service was run. One relative told us, "[Person using the service] is delighted to go to Neithrop and happy to come home. They [staff] would communicate to us if

they weren't happy." A second relative said, "There are no problems at all and [person using the service] is safe and happy."

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 14 November 2019) and there was one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection found improvements had been made and the provider was no longer in breach of the regulation.

Why we inspected

This was a planned inspection based on the previous rating.

We carried out a comprehensive inspection of this service on the 10 November 2019, where one breach of a legal requirement was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve their quality assurance systems.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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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 Care Act 2014.

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

The inspection site visit was carried out by one inspector.

An Expert by Experience carried out phone calls to a sample of relatives and people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Short Term Breaks-69 Neithrop Avenue is a 'respite service'. People in care homes and respite services receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection as they worked across different services.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from three professionals who work with the service and received feedback from one professional. We sent emails to five staff members for their views on the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We carried out observations and spoke with two people who used the service about their experience of the care provided. We spoke with two staff members and the registered manager.

We reviewed a range of records. This included two people's care records and their medicine records. A variety of records relating to the management of the service were reviewed.

After the inspection

The Expert by Experience spoke with five relatives and two people who use the service.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We emailed one relative to gain their feedback about the service, but we did not on this occasion receive their response.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At the previous inspection we rated this domain as requires improvement, as improvements were needed with the medicine records. By the second day of the previous inspection the shortfalls were starting to be addressed and so we did not find a breach of the regulations. This inspection found enough improvements had been made.

Using medicines safely

- People had clear medicine records in place, including medicine risk assessments and 'as required' medicine protocols. These records helped guide staff on why people were prescribed certain medicines and how they communicated when they were in pain.
- One person confirmed they were happy staff administered their medicines and stated they knew why they took certain medicines to help them with their conditions. A relative told us medicines were returned back home with the person safely.
- A check and count for one person's medicines was carried out and these tallied with the amount recorded on the medicine administration records.
- Staff were trained to carry out medicine tasks and their competency was assessed on an annual basis or sooner if there were issues with their practice.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt they were safe using the service. One person told us, "Yes, I feel safe as there are always staff here." A second person said, "Staff are good at listening and chatting and checking on me. I feel safe there [at the service]."
- There were systems in place to record and respond to safeguarding concerns. Staff had received training on safeguarding and were clear they would report concerns to their line manager or external professionals, such as the local authority. Both staff spoken with confirmed they had seen no concerns whilst working in the service.

Assessing risk, safety monitoring and management

- Relatives felt confident that staff understood people's needs. They told us, "[Person using the service] has a special diet and the staff follow the guidelines" and "They [staff] try to match the staff with the person, as they are very much an individual."
- People's risk assessments provided staff with information on how to recognise and how to act on potential risks to people. For example, we saw, personal emergency evacuation plans in the event of a fire, moving and handling risk assessments and COVID-19 assessments.
- Staff were familiar with people's risk management plans and guidance from other external professionals, for example, recommendations from the speech and language therapist was kept in people's files so staff had easy access to this information.

Staffing and recruitment

- The service had enough staff to meet people's needs. Staffing levels varied each day depending on who was staying in the service. We saw staff interacted with people throughout the inspection and were not rushed.
- Relatives were happy with the staff team, although one commented on the high use of agency staff. The registered manager told us that this would be resolved by early 2022, as these two people would be moving on to new permanent homes. By early 2021, this should be resolved as the two bedrooms would be freed up with people moving on to new permanent homes.
- There had been one new staff member join the team since the last inspection and the registered manager confirmed, as did the staff member, that all the required checks had been carried out as standard practice.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- Staff understood their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- We saw an example of this, where a relative had requested extra specific details given to them after the person had stayed in the service so that they knew what support the person had received. This was acted on and the relative now had the information they wanted to help them settle the person back home each time they accessed the respite service.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found the auditing systems did not identify where people's care records had not been updated or completed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At the last inspection the systems did not enable senior staff to check when each person's records would be reviewed. There was now a document recording when each person's records had been looked at to ensure they were up to date and accurate. As some people had not yet returned to using the respite service, the focus had been checking people's records who were using the service.
- Other records that had been missing, or were out of date, such as health action plans and 'as required' medicines protocols were now in place. The registered manager said some relatives had not provided information about when people had seen health professionals. They were looking at ways to obtain this in a way that was easier for relatives to provide.
- There was a new registered manager who started in July 2021 and there was a clear staffing structure and staff were aware of their roles and responsibilities.
- Quality assurance systems were effective, and we saw a sample of audits, checks and monitoring systems including; medicines, training and health and safety. These systems had been implemented to show what was working well and if shortfalls were found action could then be taken.

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

- The culture of the service was positive with staff speaking about people who used the service with care and compassion. People were relaxed with staff and interactions were person-centred. We saw staff trying to help a person with their laptop as it was important to them that they could use it.
- We received positive feedback in relation to how the service was run, one relative said, "The manager will chat with me, she is always there at the end of the phone, especially during the pandemic," and a second relative told us, "The manager is approachable and I can mention any concerns."
- Where people had stayed in the service as an emergency placement, staff had spent time getting to know people and supported them in their move to a permanent home. One person told us, "I have enjoyed being

here, If I need to be on my own, I just let staff know and they respect that I want time on my own." Another person said, "I've plenty of friends there [at the service] and the staff are amazing."

- Staff spoke positively about working in the service. One staff member said, "It is good here as there are different people staying all the time and it is lovely to see people interact with each other."
- A social care professional said they felt the service was, "appropriate and professional."

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 registered manager was aware of their responsibilities under the Duty of Candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. There were systems in place to report appropriately to CQC about reportable events.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives had opportunities to raise any comments and give feedback about the service. This could be done through the annual reviews the local authority held, satisfaction surveys or when relatives might drop people at the service. One person confirmed, "Staff listen to me."
- The team leader had developed a newsletter that was due to be sent out to people and their relatives. This gave updates about the service and welcomed feedback about the service including how rooms could be decorated.
- The registered manager liaised with other managers and received updates from organisations within the local community. For example, the Oxfordshire Association of Care Providers (OACP) and Skills for Care. This helped staff to share information and learning around local issues and best practice in care delivery.
- One social care professional confirmed they were happy with the service and said, "They [staff] have attended meetings regarding people and have advocated for the person who the meeting was about." They went on to say they were happy with the levels of communication with the service.