

Leicestershire County Council

# Carlton Drive Short Breaks Service

## Inspection report

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### 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

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This inspection was announced, this meant the managers and staff did not know we were coming. We last inspected this service in July 2013 and found they were compliant with all the areas we inspected.

# Summary of findings

The service provides short term accommodation and personal care for up to six adults with physical and learning disabilities in order to give their carers a break from their caring responsibilities. People may use the service for a day or up to a week.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us the staff were kind and treated them with respect. People were consulted about their preferences and staff knew people well.

People's risks were assessed and there were systems and processes in place to protect people from harm.

Staff were aware of and following the principles of the Mental Capacity Act (MCA) 2005 which was introduced to ensure people who lack the capacity to make decisions for themselves, are protected.

The manager ensured there were sufficient staff to support people safely and meet their needs.

The provider listened to people's views and there was a complaints process in place and we saw people were happy to raise concerns directly with staff.

The manager had introduced effective systems to monitor and improve the quality of the service provided.

# 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.

The provider had processes in place to keep the people who used the service safe and maintained staffing levels.

Staff demonstrated a good understanding of the Mental Capacity Act (MCA) 2005 and ensured people's human rights were recognised and protected.

Staff knew how to recognise signs of abuse and understood their responsibilities to report concerns.

Risks to people were assessed and managed to reduce harm.

Good



### Is the service effective?

The service was effective.

Wherever possible people were involved in the planning of their care during their short stay.

Staff had access to training which provided them with the skills they required to meet the needs of the people they cared for.

People were supported to eat a nutritious and varied diet in a sociable environment.

Good



### Is the service caring?

The service was caring.

People were treated with kindness and compassion and we observed people were happy and relaxed in the company of staff.

People received support in a discreet and timely manner with respect and dignity.

Good



### Is the service responsive?

The service was responsive.

People staying in the home for a short break were supported to maintain their usual daytime routines.

Staff knew people well and were able to provide care in a way they preferred.

The people who used the service felt comfortable in raising concerns and confident that they would be addressed. Formal complaints were thoroughly investigated.

Good



### Is the service well-led?

The service was well-led.

There was a registered manager in post. The provider had completed a provider information return which detailed the service currently in place and their plans for the future, which demonstrated good management.

Staff were aware of whistleblowing arrangements both internally and externally.

Good



## Summary of findings

There were processes in place to monitor and improve the quality of the service.	
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# Carlton Drive Short Breaks Service

## Detailed findings

### Background to this inspection

This inspection was undertaken by one inspector on 12 August 2014.

Prior to our inspection we reviewed the information we held on the service, including statutory notifications. A notification is information about important events which the service is required to send us by law. The registered manager had completed and submitted a provider information return (PIR) which provided us with detailed information about the service and timescales for the implementation of improvements.

During our inspection we spoke with two people who used the service, three relatives and six members of staff.

We observed the care provided to five people who used the service to understand their experience of care.

We looked at three staff files to assess the provider's recruitment processes and records relating to the management of the service.

# Is the service safe?

## Our findings

We spoke with three people who used the service and they told us they felt safe whilst they stayed there. One person said, “They [the staff] look after me when I stay here. They make me feel safe”. A relative we spoke with told us, “We trust the service to keep them safe”.

Some people who used the service could not make decisions for themselves. Staff understood their legal obligations under the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS) requirements to ensure that where this was the case, appropriate decisions were made in people’s best interests. A best interest decision, taken in conjunction with families, had been made to protect some people who were at risk during the night because they frequently got out of bed and walked around. The falls risk assessments undertaken highlighted the need for the use of assistive technology in the form of pressure mats which would emit an audible alarm when trodden on. This would alert staff that people were out of bed and they could check they were safe. This meant staff worked within the law to protect people’s health, safety and well-being.

We spoke with six members of staff about their understanding of protecting people. Staff told us they had received training on recognising harm and abuse and were able to give us examples of what they would look out for, the actions they would take and who they would report concerns to. We saw that staff had noticed a bruise on a person who used the service and this had been recorded immediately on a body map in the person’s care record. A body map is a document used to record visible injuries. We saw that staff had investigated how the injury may have been sustained by contacting both the day service the person attended and their family. This meant staff closely monitored the cause of injuries.

People’s risks were assessed and there were clear management arrangements in place to keep people safe. We saw, if a person had an identified risk, for example an allergy or were at risk of choking, their information was stored in a red care file rather than the standard black file, so staff were immediately aware of the potential for harm. There was a positive approach to managing risk which supported people to enjoy elements of their care, for example bathing, in the safest way possible for them. This meant staff worked with people to reduce their risk of harm without spoiling the aspects of care they enjoyed.

There were personal emergency evacuation procedures in place for each person which detailed the support they would need during the day or the night if an emergency, for example, a fire, occurred. Staff made regular checks on the environment and the equipment to ensure they remained safe and fit for purpose. These meant risks to people’s safety were reduced.

Staffing levels were flexible and determined by the number of people using the service and their individual support needs. We observed people being supported by staff and receiving attention in a timely manner. Staff told us they felt there were enough staff to provide care to people. One member of staff said, “We do well because staff help each other out”.

The provider had a safe recruitment process in place. Staff were not able to start work until all of the pre-employment checks had been completed. The staff files we looked at contained references from previous employers, evidence of identity and disclosure and barring checks. Information in one of the records had been mislaid and a risk assessment had been undertaken to ensure any risks this might pose would be identified. This meant people were protected by robust recruitment procedures.

# Is the service effective?

## Our findings

A person who used the service told us, “I’m happy about coming here to stay”. A relative told us, “They enjoy coming here”.

People we spoke with were unable to judge if staff were appropriately skilled to care for them but told us they liked the staff. The deputy manager told us she was responsible for organising and co-ordinating training for staff in addition to providing care and told us, “I like to be ‘hands on’ as it gives me the opportunity to observe staff and ensure equipment is used correctly”. Staff told us they had access to training which provided them with the knowledge and skills required to care for the people who used the service. One member of staff said, “They’re really good with training here”.

There was an induction programme in place for anyone new starting work at Carlton Drive. One member of staff had been working on a casual basis for some years but had recently taken on a permanent role and was undertaking the full induction training. The member of staff told us the programme took up to 12 weeks depending on how quickly staff were able to complete the standards required and said, “I’ve had good support, there’s always someone around to ask”. This meant the service ensured all members of staff had the benefit of a full induction programme.

Staff received regular supervision and told us they felt well supported by the senior members of staff. One member of staff told us, “We work as a team and support each other really well”.

People were involved as much as possible in the planning of their short stay. People or their relatives were contacted the week before and asked to complete a questionnaire so that staff had up to date information which might be relevant to people’s health and wellbeing whilst they were on their short break. If people had pre-arranged appointments with health care professionals such as the dentist, the deputy manager told us staff would accompany them so their appointment was not missed. This meant people were supported to maintain their health and wellbeing whilst on their short break.

People were given choices about the food they received. On the day of our inspection people were enjoying a barbeque meal which one person had requested earlier in the day. This person told us, “I like having barbeques and Chinese food”. Another person said, “The food is nice”. We observed two people helping staff prepare the food and other people sitting outside in their wheelchairs so they could enjoy the social element of the outdoor cooking, which meant everyone could be included in the social element of the meal.

No one in the home during our inspection required a special diet. One person was at risk when they were eating and needed to be supervised when eating. We saw staff providing support in a calm and encouraging manner which meant the person could enjoy a positive meal experience.

# Is the service caring?

## Our findings

We saw staff speaking to people in a polite, kind and caring manner. Requests for personal care were responded to with discretion, in a timely manner. One person told us, “If I need help they come quickly”.

People were very relaxed in the company of staff and it was evident from the laughter and banter between people and staff that they enjoyed being in their company. One person said, “The staff are kind. They take me out in the minibus on trips”. Some people were unable to communicate verbally and we saw staff recognised signs which would indicate a person was uncomfortable or unhappy. A relative we spoke with told us, “We trust the service. We’d know if they weren’t happy here”.

One person told us they were unhappy because they felt staff should do more for them and wanted to speak to the manager. The manager listened to their concern and explained that staff were trying to encourage the person to become more independent however if it was worrying them, they would make a change to their care record. The care record was amended during our inspection and the manager checked that the person who used the service was happy with what had been written. This meant the person views had been listened to and acted upon.

We observed staff gaining consent from people before providing care and knocking on bedroom doors prior to entry. One person who used the service told us, “They always knock on my door and I usually just shout for them to come in”. This meant staff respected the privacy of the people they cared for.

People living in the home could receive visitors at any time. One relative told us, “We can come and visit anytime we want”. Another relative told us, “We can come in at any time so we can see what’s going on”.

We looked at the care records for five people who were staying in the home on the day of our inspection. The records were written in a way that focused on the person as an individual. Each care record contained a ‘This is me’ booklet which had extensive information about the person, their likes, dislikes and preferences. For instance we saw that one person liked to watch a particular DVD and became upset if this was not available. A member of staff told us they had purchased several copies of the DVD to ensure there was always a copy available when they were staying. We saw, when this person arrived back at the home from the day service; the staff setup the DVD for them immediately. This meant staff valued and respected people’s likes and preferences.



# Is the service responsive?

## Our findings

We looked at people's care records and saw they provided detailed information about the person including their likes, dislikes and preferences. For people who were unable to verbalise their needs there was information for staff about the body language they should observe. We read one person would touch the member of staff's arm to gain attention and another person, if they were unhappy with something, would start to wriggle in their chair and staff we spoke with confirmed this. This meant staff could support people who were unable to communicate verbally.

Staff we spoke with knew the people who used the service well and were able to tell us with detail and consistency how they liked their care to be provided. One person did not like having a bath or shower when they were away from their own home and staff told us they provided this person with a full daily wash instead. Another person was

unsettled by pictures on the walls and staff ensured these were removed before this person came to stay. This meant staff recognised and supported people's individual preferences.

People we spoke with knew what to do if they were unhappy. One person said, "If I wasn't happy I'd tell them". Both the registered manager and her deputy were known to the people who used the service, their relatives and the staff. Relatives we spoke with told us, "There's good communication with the family". There was a communication book in place to keep staff updated about changes in the service. We saw the book contained information about people's changing needs, health and safety concerns and reminders to staff.

One formal complaint had been received since our last inspection. We saw this had been thoroughly investigated and staff had met with the complainant to ensure they were happy with the response they received. We spoke to the relative and they confirmed their complaint had been dealt with appropriately. This meant the provider listened to and acted upon people's concerns.

# Is the service well-led?

## Our findings

The registered manager had worked at the service for a year during which time new management processes had been implemented. The vision and values for the provider had been set out for us in the PIR. The registered manager had prioritised the areas for improvement in an action plan and we saw changes had been implemented in line with the timescales set. A member of staff we spoke with said, “It has been a very positive year for us”. This meant staff felt the management of the home was improving.

Staff we spoke with said they felt the management of the home worked well. Staff told us they would have no hesitation in approaching either the manager or deputy directly if they had any concerns. A person who used the service told us they knew where the manager’s office was if they wanted to speak with them. A member of staff told us, “The manager is really good at the paperwork, policies and management and the deputy manager is good at sorting out the training and overseeing the day to day running of the home. It all works very well”. This meant there was an open culture within the home.

We saw there was a quality monitoring audit programme in place to measure the standard of service people received. Information was collected on several aspects of the service including the maintenance of the home and the safety of the complex equipment in use. A full health and safety had been undertaken shortly before our inspection which identified there was ‘a strong management and application of health and safety’ within the home. A member of staff said, “Everything feels a lot more in order now”.

Staff understood their right to share concerns about care in the home. The staff we spoke with were aware of whistle blowing policies and situations when they might need to use them. A whistle-blower is a person who raises concerns or questions practice in an organisation. Staff said they would feel comfortable going to either the manager or her deputy to raise concerns and were also aware of external organisations they could contact, including ourselves. This meant staff felt empowered to report concerns internally or externally.

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.