

The Camden Society

Short Term Breaks - 69 Neithrop Avenue

Inspection report

69 Neithrop Avenue
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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Short Term Breaks 69 Neithrop Avenue on the 24 October 2015. 69 Neithrop Avenue provides a respite service for people with a physical or learning disability. There were four people using the service at the time of our inspection. This was an unannounced inspection. This service was last inspected in 22 July 2013 and was meeting all the standards required at that time.

There was a registered manager in post at the service. A registered manager is a person who has registered with

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

People were safe. Risk assessments were in place to support staff to meet people's needs safely. Staff numbers were planned around people's needs and

Summary of findings

sufficient staff were deployed to meet their needs. People received their medicine as prescribed. People were protected from harm by a staff team that understood how to identify and report abuse.

Staff felt supported and had regular supervision and appraisal. These were one to one meetings to reflect on practise and identify areas of improvement through support and guidance. Staff received regular training and were able to work towards professional qualifications.

People benefited from a varied diet that reflected their personal and cultural preferences.

People described staff as caring and we observed a number of caring interactions. Friendships between people were encouraged by staff who went out of their way to ensure visits were planned with these friendships in mind. Relationships between staff and people were

positive and seen as important. People's independence was encouraged through staff that supported them to do as much as they could for themselves before assisting when needed.

The service was responsive to people needs and views. When people's needs changed the service responded with amending guidance to reflect these changes. People's views were actively sought and used to improve the service to ensure people felt involved.

The Registered Manger had a clear vision for the service and ensured the culture provided high quality support to people. This was monitored through effective audit systems as well as day to day observation. There was an open culture that staff, people that used the service and their relatives felt able to speak up and share their views.

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

People had risk assessments in relation to their needs. These assessments were reviewed regularly or as needed.

Medicines were stored and administered safely. Clear information was available to support people's needs in relation to their medicines.

There were enough experienced and suitably qualified staff to meet people's needs. Staffing was arranged around the needs of people that used the service.

Good



Is the service effective?

The service was effective.

People's needs were clearly understood by the people supporting them.

There was a good system of support amongst the staff team through formal supervision and appraisal processes.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

People had access to a varied diet that reflected the preferences and faith.

Good



Is the service caring?

The service was caring.

The care provided at the service was described as outstanding by peoples relatives.

There were positive relationships between people and the staff who cared for them. Positive relationships were encouraged between people who used the service.

People's independence was encouraged.

People were involved in decisions relating to their care and there was a system in place to support people at end of life.

Outstanding



Is the service responsive?

The service was responsive.

People's needs were assessed and regularly reviewed.

The service was person centred and designed people's care around the needs and preferences.

People had access to activities that interested them.

The views of people using the service and their relatives was actively sought and acted upon.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a system in place to monitor the quality and safety of the service.

There were clear roles of accountability within the service.

There was a clear vision within the service that was underpinned by the day to day approach of staff.

Good



Short Term Breaks - 69 Neithrop Avenue

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 October 2015 and it was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed the information we held about the service. This included notifications, which is

information about important events which the service is required to send us by law. We also reviewed the services Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of the inspection there were four people being supported by the service. We spoke with three people who were using the service and three people's relatives. We spoke with the registered manager, the deputy manager and four staff. We reviewed two people's care files, records relating to training, and the general management of the home. We also review three staff files.

Is the service safe?

Our findings

People we spoke with felt safe. Comments included, “I feel safe thank you” and “Oh yes, very safe”. People’s relatives we spoke with also felt the service was safe. Comments included, “It’s a very safe service, no worries at all there” and “We have never had reason to feel [relative] is unsafe”. There was a good understanding of safeguarding people in the service, what constitutes abuse and what to do in the event of suspecting abuse. Safeguarding procedures were clearly displayed and safeguarding alerts had been raised appropriately with the local authority safeguarding team. People were also protected from the risks of financial abuse as there were clear arrangements in place for the storage and management of finances. We looked at people’s financial records. We saw people’s finances had been clearly recorded and were accurately accounted for.

People had risk assessments in place to ensure risks in relation to their needs could be supported safely. For example, people with risks in relation to their behaviour that may present as challenging, had risk assessments in place with clear guidance to ensure their safety around the house and in public. Staff we spoke with understood this guidance and we also observed it being followed. Another person had a specific health condition. We saw a clear plan was in place to support this person in the event of an episode with clear guidance staff should follow. We saw staff had received training to ensure they could follow the

guidance safely. These risk assessments were reviewed regularly or when required. For example, we saw one risk assessment that had been updated due to new behaviours being presented.

We found medicines were administered safely to people who required them in line with documented guidance. We also saw that medicines were stored safely and stock levels were regularly checked. Each person also had information relating to their medicines which was reviewed and updated each time people used the service. This was in case changes had occurred to people’s medicines. Where medicines were due to be taken as and when required there were protocols in place to ensure this was done safely.

There were enough suitably qualified staff to meet people’s needs. The staffing deployment was based around the needs of people using the service. For example, people who required one to one staffing received this and additional staff calls were planned in at times where people had chosen to do activities. The services benefited from a consistent and stable staff team who had all worked at the service for a number of years.

The service followed safe recruitment practices. We looked at five staff files that included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records were also seen which confirmed that staff members were entitled to work in the UK.

Is the service effective?

Our findings

People's relatives felt the service was effective. Comments included, "People's needs are very well understood, the staff are excellent, very well trained", "The staff have been together so long they are in sync, and this benefits people" and "People's needs are understood in great detail it very reassuring, I put my full faith in them".

Staff we spoke with felt supported. Comments included, "The support is great, we're a close team and support each other" and "I get as much support as I need and also happy to offer it when needed". Staff had access to regular supervision and appraisal. Supervision is a meeting for staff to discuss and improve their practise, raise issues and access the support required to fulfil their role in a formal meeting. An appraisal is an annual meeting where objectives for the year are discussed and performance for the previous year is reviewed. These processes support staff to reflect on their work, to benefit themselves and the people they support. One member of staff did mention they would sometimes appreciate more planning around the times of supervision, to give them time to be better prepared. We saw staff were supported to raise issues regarding the people they support as well as any issues that may be impacting on their role.

Staff within the service had a good understating of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA is the legal framework for ensuring that people are not unlawfully having specific decisions made on their behalf. DoLS are in place to ensure that people's freedom is not unlawfully restricted or when assessed to be in their best interest, is the least restrictive means. We saw MCA assessments in people's folders and DoLS applications being made and reviewed when the service felt they may be restricting people's liberty to ensure their safety.

Staff we spoke with felt they received adequate training. Comments included, "The training is very regular here, we

could do more class based, but it's good" and "There is always lots of training we could do". We saw staff undertook mandatory training such as fire safety, first aid, and health and safety. Staff told us they had received periodic renewals of mandatory training. We also saw that staff received more specialised training around Epilepsy and Autism. Staff were also encouraged to take further professional qualifications. One staff member we spoke with was close to completing their Level 3 qualification in Health and social care.

People's preferred methods of communication were understood and clearly documented. Where people had limited verbal communication they had their own individualised methods of communicating that staff understood and used. For example, one person used picture cards and visual aids to support their communication. Another person had an ongoing communication log. Each time staff were successful in understanding a means of communication this was recorded, so all staff could use this method to benefit the person.

People benefited from a varied and balanced diet of their choosing. We saw each person choosing their own breakfast which could be cooked or cereal based depending on their preferences. People were also able to choose their own meals for lunch and dinner. There was quick reference guidance within the staff information folder with regard to people's preferences and also an assessment as to whether people could communicate if their food was too hot. This protected people from the risks of burns in the event they did not have the ability to communicate if food was too hot.

People had access to appropriate professionals as and when required. People were supported to attend GP appointments and visits to the dentists. The service also accessed support of other professionals such as speech and language therapist (SALT) and district nurses when required.



Is the service caring?

Our findings

People who this service cared for often had life limiting disabilities or disabilities that made making relationships very difficult. People would come to this service for short term breaks away from their families. The nature of this short term care meant that the areas of safety, responsiveness, effectiveness and the overall leadership all contributed to the High quality care people received and led to people and their relatives describing the services care as outstanding. Comments included, "They are excellent, its hard as they see so many different people at different times, they have to be on top of things. There approach makes both my relative and me feel cared about", "Staff are very caring", "The care is excellent, I can't fault it", "This service has given me my life back, they support my [relative] wonderfully" and "The care is outstanding, first class, from the manager and the staff, they are responsive and incredibly effective". These comments matched our observations with every interaction we observed being patient, suited to each individual person and respectful. We also saw why relatives felt the overall approach of the service was considering both people and their families.

People and their relatives clearly appreciated the relationships staff had with the people they supported. Comments included, "I like all the staff" and "They are all nice". Relatives also commented on the relationship between staff and the people they support. Comments included, "The staff treat each person with huge respect, It's a very caring team" and "I see some wonderful things when I go and visit, people are cared for like they are family".

We saw a number of caring interactions throughout the day between staff and the people they supported. One person who became slightly anxious on our arrival were supported to remain calm and the needs of this person was put first. This interaction displayed how well peoples own communication methods were understood by staff and how skilled staff were at identifying behaviour as communication. We also saw another person being encouraged to make their own cereal in a gentle and supportive manner. When this person made a mistake they were encouraged to put things right with a respectful and calm approach. This person visibly enjoyed the time with the staff member. On another occasion a person was

making their own drink and had put too much juice in the cup. A staff member noticed this and asked the person respectfully if they needed to pour a little bit out. The person responded positively allowing the staff member to support them.

Positive relationships between people that lived in the service was encouraged and had a profound effect on their lives. We saw that people got on well and were laughing and joking with each other. We observed people referring to the people they lived with as friends. This culture was protected by an approach that valued the compatibility of people that used the service. The registered manager told us, "We always consider which people we have here at one time, we want to make the stay comfortable for everyone". Relatives also told us how the service went out of their way to ensure people were staying with people they got on well with. We were given an example of a person who didn't want to attend. The staff team, along with the manager looked into why this was the case and made changes to suit. This person has now been happily accessing the service regularly. This approach was also respected in the event of unplanned stays. The registered manager told us, "We would only accept an unplanned stay if it was suitable for the people already staying at the time". We saw photos all around the home of people who used the service enjoying time with the staff and each other.

Care staff were highly motivated to provide excellent care and enrich peoples lives. This meant the staff went above and beyond what was expected of them to support the people within the service. For example one member of the team did regular car boot sales in their own time and took people from the service who may enjoy the experience. The money raised went towards improving the environment and more activities that may have otherwise not been accessible. For example, people benefited from better furniture in the garden areas and more expensive trips such as theme parks. Other staff members had used their own time to decorate the rooms within the home so that people using the service benefited from a more homely experience. Comments from relatives and staff included, "It feels like a home away from home, the effort staff put in a wonderful", "We want people to feel like they are in another safe and comfortable place that's familiar". Another relative told us what impact this approach was having on their relative. We were told, "This service gives my [relative] opportunities I did not think they would ever have".



Is the service caring?

People were involved in decisions relating to their own care. We observed people being consulted throughout the day and we were informed that people are involved daily in what they want and need. The registered manager told us, "We are talking with people about their needs all of the time". Staff also told us how they ensured people were involved in their care. Comments included, "We are continuously involving people in their care, their plans, everything. The great thing is as they go and come back it's an ideal way to ensure we involve them each time" and "We are constantly discussing care with people, from what they want, to when they want it, relatives can be involved as well". One relative commented, "What I like most is how they don't assume, even though [relative] has been going for some time, they show the kindness and respect to always ask".

We also saw that people's independence was supported. We observed throughout the day people were encouraged to do as much as they could for themselves. We observed people being encouraged to put their mealtime items in the dishwasher and access the kitchen with support if they

wanted anything to eat and drink. We also saw the service was working with families to support people to travel to and from the service independently by looking at ways risks could be managed safely. People were also encouraged to self-medicate where appropriate through a process of assessment and observation. Relatives we spoke with told us how their relative's independence had been supported. Comments included, "[relative] confidence has just grown and grown since being there" and "I see the benefits of what the service does every day in my [relative], he's grown in so many ways".

People benefited from a service that respected the importance of equality and diversity. People's cultural and religious needs were collected at their initial assessment and this information was clearly recorded in their support plans. For example one person's faith meant that they did not wish to eat some foods. This was clearly recorded and understood by staff. Another person was bilingual and occasionally spoke in different languages. This was respected by staff who made an effort to understand this communication.

Is the service responsive?

Our findings

People's relatives described the service as responsive. Comments included, "They are incredibly responsive, my [relative] was using known equipment at home, I mentioned it to the service and they got the same there immediately" and "They are totally responsive as individual staff and as a service, excellent".

People who used the service could stay between one day and two weeks. The service would also take unplanned stays in the event of an emergency. Each person that used the service had an assessment. These assessments identified the level of support each person required as well as identify their interests and preferences. As part of this process people also received home visits to ensure family involvement. This information was used to create support plans. These plans were reviewed before each stay to ensure any changing needs were identified. Each person had a quick reference support plan on their file to ensure their needs could be understood quickly in the event there may not always be time to review the whole folder.

The nature of this service means that people only received allotted respite hours to access the service. We saw how the service worked creatively around these times to the maximum benefit of people. We were informed of one example where staff worked flexibly around the needs of one individual due to the planning of their stay causing anxiety. The changes made supported this person to settle but also meant they could maintain contact with people who were very important to them. One staff member told us, "The people we support are definitely at the centre here". This statement was supported by our experiences on the day.

We saw that people enjoyed a variety of activities that interested them. These ranged from in house craft and games to trips to the seaside, theme parks and the local pub. People were also able to come up with other ideas for

activities and the service would share the idea to see if other people had similar interests. On the day of our inspection we saw people enjoying each other's company around the television and also spending time doing arts and crafts. We noted the household was full of pictures and crafts that people had made.

We saw when people's needs changed the service responded. For example, we saw that one person had been involved in low level incidents that potentially put other people at risk. This person's needs were assessed and they were allocated another member of staff. We saw this reflected on the staffing rota and also within their support plan and risk assessment.

People benefited from a service that saw the feedback as important in improving the service. The registered manager held regular meetings with people's carers and relatives. These meetings were used to help improve the service and share information about upcoming events. People and their relatives also filled in satisfaction surveys. We reviewed a sample of these surveys and noted that each survey was mainly positive. Where there was constructive feedback the service responded. For example, one person had fed back regarding access to transport. Action was taken to ensure transport was more accessible. Another person had mentioned being unhappy about another person's behaviour. The service made sure that these people were not scheduled to stay at the same time in the future.

There was a clear complaints procedure in place and everyone we spoke with knew how to access it. We saw people's concerns were recorded and managed effectively. For example, one person had raised concerns regarding the food. The service met with this person and their family to discuss the concerns they had raised. This approach meant that issues were resolved swiftly and to people's satisfaction before there was a need to raise a formal complaint.

Is the service well-led?

Our findings

The service was described by people and their relatives as well led. Comments included, “The manager is superb and so are the team”, “The manager and deputy are excellent and they have a fabulous team with them” and “It’s a very well led service, good communication, nothing is too much trouble”. Another relatives comment made reference to how the leadership creates the high levels of care we observed and heard about. We were told, “For me caring starts at the top, if the manager cares, the service will be caring, and this manager definitely cares”.

The service was managed by an experienced registered manager who had a clear passion for the service and commitment to staying in touch with the direct support of people that use the service. This experience and passion was clear from speaking to the manager but also observing the standards expected within the service. The registered manager had a clear vision for the service that put people at the centre of what they do. This involved a clear respect and commitment for involving families and people with significant relationships to people that use the service. The registered manager told us, “People relatives put so much trust in us, we respect that. If we make sure there is no need to worry about little things, then there will be no need to worry about the big things”.

The registered manager also ensured a culture of support existed for staff to create an overall high quality culture. The registered manager told us, “If staff feel valued and supported then they will provide better support for people, you support better when you are supported”. There were clear roles of accountability within the home. Staff were all clear on their roles and told us they felt able to develop

those roles. Comments included, “I feel involved in leading this home, I have ideas and the manager supports and appreciates them” and “I am clear on all tasks that I need to do, and it all gets followed up, but I am trusted”.

There was a system in place to monitor the quality and safety of the service. The organisational policy was for service managers to visit the service monthly. We noted this hadn’t occurred formally since July. However the most recent visits had identified improvements that had been actioned. The manager also did their own quality monitoring audits covering a range of areas. For example, health and safety and fire checks had been conducted. The quality of the service was monitored day to day. The registered manager told us how they had decided against a proposed office move away from the house due to wanting to remain available to the team and people the service supported. The registered manager had designed a tool for recording their day to day observations and used them to inform supervisions and on-going support for staff to maintain a culture of high quality care.

Quality checks also included a case study of a person. This identified the areas of the service that were effective and also highlight where things could improve. Quality audits also considered the actual experiences of people using the service. We saw audits contained case studies regarding people using the service and the benefits the service had provided for them. For example, one audit we reviewed showed how the person’s confidence had grown since joining the service.

All staff we spoke with understood the whistleblowing policy and where to raise concerns if they had them. Relative’s we spoke with felt the service was open to feedback and they would have no issues in raising their views and concerns.