

Swindon Borough Council

Swindon Family Breaks Service

Inspection report

3 Firethorn Close
Swindon
Wiltshire
SN2 1FH

Tel: 01793481373






Date of inspection visit:
19 December 2016

Date of publication:
17 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 December 2016 and was announced. Swindon Family Breaks Service provides a short break service to people with learning disabilities. The service is registered to provide accommodation and personal care for up to 14 people.

There was a registered manager in post at the time of our inspection. 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 did not receive appropriate care to make sure they were safe at night. Records concerning risks to people's health and safety did not always provide accurate information on how to manage these risks. Some of the information contradicted other information specified in people's care plans. Steps to manage risks were not always taken.

People felt safe living at the service and staff knew how to protect people from the risk of abuse. The provider's whistleblowing policy protected staff to make disclosures about poor staff conduct or practice, and staff confirmed the registered manager would take a responsive action if they reported such problems.

People's prescribed medicines were safely managed by staff. Relevant systems and protocols in place ensured people received their medicines as prescribed. Staff's competence was reviewed regularly to ensure medicines were administered safely at all times.

Recruitment and selection procedures were in place. Checks had been undertaken to ensure staff were suitable for the role. Staff had received induction when starting employment.

Records showed staff received the training they needed to keep people safe. The manager had taken action to ensure that training was kept up-to-date and future training was planned.

We found the Mental Capacity Act (2005) (MCA) was followed correctly to protect people who were not able to make their own decisions about the care they received.

People were provided with sufficient amounts of food and drink, with all recommendations from health care professionals taken into account. People had access to healthcare professionals should this be necessary. Appropriate health services were contacted when necessary to help people maintain their health.

People were encouraged to be independent and their privacy and dignity were respected. Each person had a personalised care plan in place containing information about their likes and dislikes as well as their care and support needs. The care plans were updated in line with changing needs and people and their relatives were involved in making decisions regarding people's care.

The service was responsive to people's needs. People, their relatives or representatives were involved in care planning and reviews. The care plans we reviewed were person-centred and contained unique information about people and how to meet their needs. People were given key information about the service. There were activities people could participate in if they chose to do so. The provider had a complaints procedure and system in operation.

The systems in place to monitor the quality of the service were not fully effective and did not always identify where care being delivered was not safe. There was a positive and transparent culture in the home and people who used the service and staff felt able to raise any issues with the registered manager. There was a range of means people could provide feedback about the service and their comments were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were not always consistent with care plans.
People did not receive care to ensure they were safe at night.

Staff had received training in safeguarding and knew their responsibilities for reporting any concerns regarding any possible abuse.

People received their medicine as prescribed and these medicines were stored and administered safely.

The environment and equipment was maintained appropriately.

Is the service effective?

Good ●

The service was effective.

Staff were effectively trained to care for and support people. Staff were supervised regularly to ensure they had up-to-date information and knowledge necessary to perform their roles.

The provider acted in accordance with the Mental Capacity Act (2005) to help protect people's rights. The registered manager and staff understood their responsibilities in relation to mental capacity and consent issues.

People were supported to access healthcare services. The provider sought appropriate support and guidance from healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity were maintained.

We observed people being treated with kindness and compassion.

People were encouraged to make choices about how they

wanted to be supported, and staff respected their preferences.

Is the service responsive?

Good ●

The service was responsive.

People were supported to pursue their interests and hobbies.

People and their relatives were involved in creating person centred care plans.

Complaints were recorded and investigated appropriately.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Staff felt they received a good level of support and direction from the registered manager. They also felt their contributions to the running of the service were valued and respected.

There was an open and transparent culture in the service.

There were systems in place to monitor the quality of care and service provision at this care home. However, the systems to identify, monitor and mitigate risks were not always effective.

Swindon Family Breaks Service

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

This inspection took place on 19 December and was announced. The provider was given 48 hours' notice because the location provides respite care and we needed to be sure that the parties concerned would be available to talk to us.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was supporting a relative using adult social care services.

Before our inspection we reviewed the information we held about the service including notifications the provider sent us. A notification is information about important events that happen in the service which the provider is required to send us by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the provider.

During the inspection we spoke with seven people, four staff members, the support coordinator and the registered manager. We used different methods of communication including the Makaton language and communication aids used by people. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring.

We looked at the care records for four people who use the service, and four staff files. We also examined a range of records relating to the running of the service which included audits carried out by the registered

manager and the provider.

Is the service safe?

Our findings

The service's information about risks to people's health and safety did not always provide accurate guidance on how to manage these risks. Some pieces of information contained in risk assessments were contradictory to other information in people's care plans. For example, one person's risk assessment clearly stated that staff should check the person's condition at night every 15 minutes. However, according to the care plan, the person was supposed to be checked every 30 minutes. We could not find any records of regular checks for that person. Another risk assessment stated that a different person should be regularly monitored at night. However, the risk assessment did not specify how often staff needed to check the person at night. As a result, according to the records some staff members checked the person every 15 minutes while another staff member monitored the person's condition at three-hour intervals. According to another risk assessment, a third person was supposed to be checked every 15 minutes. However, the records showed that the person was checked on an hourly basis. This meant that the safety of people could be compromised at night as staff were either not provided with clear guidance or were not following the guidance that was in place. We brought this to the registered manager's attention. They took immediate action to address the issue and the care plans and risk assessments were instantly updated. The information about the changes in the frequency of monitoring people was appropriately recorded in the message book. Following the inspection, the registered manager provided us with evidence of regular checks carried out at night on people who required this due to their condition.

We asked people if they felt safe at the service. One person said, "I feel safe here". Another informed us, using the Makaton language that they were 'happy' at the service. Another person told us through their communication aid that they were safe.

There were whistleblowing and safeguarding policies and procedures in place. The registered manager and the staff team demonstrated a clear knowledge of what actions to take in the event of any safeguarding concerns. Staff members confirmed they had received training to acquire the necessary skills and knowledge to recognise abusive practice. Staff were clear that any suspicions of abuse should be reported immediately. A member of staff told us, "I would report things immediately to my manager. I would also report things to the local safeguarding team".

On the day of the inspection we saw that there were sufficient numbers of staff available to support people, which corresponded with the staff rota. Most staff told us they had no concerns about staffing levels during the day. We observed staff providing care to people and, when required, assisting people promptly.

Staff files demonstrated the service followed safe recruitment practice. The records showed the service had collected references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. Staff members were not offered a post without first providing the information required to protect people from unsuitable staff being employed at the service. This corresponded with the start date recorded in the staff files.

We looked at the storage and administration of medicines. We looked through the medication

administration records (MARs) and it was clear all medicines had been administered and recorded correctly. We saw medicine administration competency checks which were carried out regularly on a yearly basis. Medicines were stored appropriately within locked cabinets in people's rooms. We looked at the medicine administration records (MAR), and found that these had been completed correctly, with no unexplained gaps.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

We saw evidence which demonstrated that appropriate gas safety, electrical safety, legionnaires and portable appliance checks were undertaken by qualified professionals. The checks did not highlight any concerns. The service had made plans for foreseeable emergencies. Regular fire tests and evacuations drills were carried out and a fire risk assessment was in place to ensure people were kept safe in the event of an emergency.

Is the service effective?

Our findings

People and relatives told us that staff members were skilled and knowledgeable. One person told us, "The staff are good and they know what to do". A relative commented on staff's skills, "Staff are clearly well-trained and they know how to take care about their service users".

Staff told us they had received an induction, which included opportunities to shadow a more experienced member of staff and familiarise with the care plans. This ensured staff had the basic knowledge needed to begin work. Staff undertook regular training to refresh and develop their skills, and the training covered topics such as safeguarding, moving and handling safely, infection prevention and control, and safe medicines management. Staff's skills were regularly checked by the registered manager. This demonstrated that staff were supported to develop the skills the provider considered necessary to support people.

Records showed that the service maintained a system of appraisals and supervision. Formal individual one-to-one supervisions were carried out regularly. Staff confirmed they received regular supervision and appraisals. They told us they could talk about concerns and any training needs. A senior member of staff told us, "You give the staff confidence through the supervision. You provide them with good feedback and sometimes negative feedback". A member of staff told us, "Supervisions are for me to be supported, to make sure I do everything right for the service users". Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2016.

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 Act 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. We checked whether the service was working within the principles of the MCA. Staff had been trained in the Mental Capacity Act (MCA) 2005 and received updated training. The provider and staff had a clear understanding of the MCA. They knew how to make sure people who did not have the mental capacity could have decisions made on their behalf and in their best interests. Where people lacked capacity to understand or make certain decisions, best interest meetings were held to make decisions on their behalf to keep them safe. For example, one person had been assessed as lacking capacity to make decisions about their nutrition.

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. At the time of our inspection, there were no applications in place to deprive people of their liberty.

People received the support they needed to ensure their diet was nutritious and well-balanced. Staff had a good understanding of each person's nutritional needs, which had been assessed and documented, and how these were supposed to be met. Staff were aware of people's dietary requirements and preferences and were able to provide specialist diets as needed. For example, a lactose-free or soft diet.

People were supported to access healthcare services when needed. We saw that support plans contained clear and thorough information about a person's medical history and any current conditions. This allowed staff to provide support that met people's identified medical and emotional needs. Records showed that staff obtained appropriate support and guidance from healthcare professionals when required.

Is the service caring?

Our findings

People and relatives told us they were satisfied with the care people received. One person told us, "I like people who are working here. They care about me". One person's relative admitted, "Staff are very caring and they treat [person] with respect".

People were treated with respect and their dignity was preserved at all times. A member of staff told us, "I always knock the door before I enter somebody's room. We always try to give people as much respect and dignity as we can. When we help people with their personal care, we always close the door and draw the curtains. We try to cover people with towels so they feel more comfortable". Staff displayed patience and a caring attitude throughout our visit. Staff were knowledgeable about the needs of people and had developed strong relationships with them.

Support plans indicated that cultural and spiritual needs were considered for each person. For example, one person could not consume a certain type of food and could be only assisted by a female member of staff in order to meet their cultural needs.

Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff were able to describe the background of people and the support they required. Staff told us that they were provided with information on the needs of people using the service and were given time to read people's assessments, care plans and risk assessments. This helped staff to gain an understanding of the needs of people using the service and how best to support them.

The service actively encouraged and supported people to be independent. One member of staff told us, "We encourage people to do as much as they can themselves." For example, one person was supported cook their food whenever that person wished to do it. Another person was supported to do as much personal care as they could. This meant staff supported people to be independent and people were encouraged to care for themselves where possible.

Staff were aware of their responsibilities relating to confidentiality and preserving information securely. They knew they were bound by a legal duty of confidence to protect personal information they may encounter during the course of their work. Staff understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis and with people's consent.

Is the service responsive?

Our findings

The care plans were person-centred and reflected people's individual needs, goals and preferences. They provided clear information for staff about how to provide care and support in the way the person preferred. We found that the care plans had been reviewed regularly to ensure that they continued to reflect people's needs.

Care plans were reviewed six monthly by staff and were updated as soon as people's needs changed. There was a handover meeting after each shift and daily records of people's progress were completed every day. When asked, staff were able to tell us about people's personal and individual needs.

Staff were able to provide us with detailed information about what was important to people and how people liked to be supported. For example, one person needed to be given clear and simple instructions before they attended activities and this was confirmed by their care records.

People's diversity was respected as part of the strong culture of individualised care. The care plans gave detailed descriptions of people. Each person was provided with activities, food and a lifestyle that respected and suited their choices and preferences. The care plans included each person's history, noted their religion, what they preferred and enjoyed and how they expressed themselves. For example, one person was fond of music, dancing and singing, however, they did not like certain types of animals and being given too much information at once. A member of staff told us, "The care plans are quite good. They are produced in a way that explains everything to people who have never worked in the care sector before".

Information which was relevant to people was produced in differing formats and explained to individuals in a way which gave them the best opportunity to understand it. This included pictures of reference, photographs and symbols. Additionally, staff used signs and other specialised communication methods throughout the day. People understood staff and staff understood them. Care staff and people who live in the home constantly communicated and interacted with each other.

A range of activities was available to people using the service and each person had an individualised activity timetable. People were supported to engage in activities outside the service to help ensure they remained part of the community. People told us they were encouraged to participate in a variety of activities within the service and the broader community. For example, people went out for shopping, attended day centres or an educational trust. The service consisted of two units. People from both units told us they got on really well together and were able to visit one another. A member of staff told us, "We have many activities to offer. For example, one person loves to cook and will always help us with Sunday dinner. People recently decorated the service for Christmas and sent Christmas cards to their family members". We asked people about their opinion on the activities provided by the service. One person expressed their satisfaction with the service using the Makaton. Another person gave us positive feedback using their communication aid. One person gave us verbal feedback saying, "I like to do things with staff. I like my activities".

Some people enjoyed indoor activities and this was recorded in their care plans. The service was equipped

with games, puzzles, pool table, books, art and crafts materials. A member of staff told us that some people preferred to have a rest in the privacy of their room and this was always respected by staff. The member of staff told us, "People have choice not to participate in activities. One person said, 'I'm on the break' and asked me to assist her to have her hair brushed instead".

People and relatives told us they felt confident to raise concerns and knew how to make a complaint. 15 complaints had been raised over the last year. The complaints mainly concerned hygiene problems, communication books not being filled in, and one instance of incorrect diet being provided. We saw evidence that above mentioned issues had been raised on staff meetings and staff supervision meetings. All the complaints were resolved to people's and their relatives' satisfaction.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager. When asked about the registered manager, one person used the Makaton signs which meant 'good' and 'happy'. Another person told us, "I know and I like the manager".

There was an honest and open culture in the service. Staff were aware of their responsibilities and understood the importance of cooperation with the whole team. Staff informed us the registered manager and senior staff were always available to provide expert advice when required. A member of staff told us, "I couldn't wish for better manager. They have been absolutely lovely".

Staff meetings were arranged regularly to ensure good communication of any changes or new systems. Staff and the registered manager raised and discussed subjects relating to key working, training and changes in organisational policies. Staff told us staff meetings took place each month and their outcomes significantly contributed to the improvement of the service. A member of staff told us, "We always participate in monthly staff meetings. We discuss things that went wrong like complaints but also things that went right. We can also bring up any concerns we wish to discuss".

The service liaised with health and social care professionals to achieve the best possible care for the people they supported. People's needs were accurately reflected in the detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

The registered manager understood their legal responsibilities as a registered person. They ensured that the local authority's safeguarding team and the CQC were notified of incidents that had to be reported and maintained records of these for monitoring purposes. The provider had completed a Provider Information Return (PIR) and sent it to us. We saw that the information provided in the return was similar to what we heard and observed during the inspection.

The provider had a system in place to monitor the quality of the service. This included monthly audits which covered areas such as environmental safety, management of medicines, and people's finances. The audits showed that the service used the information they gathered to enhance the quality of care people received. For example, the garden facilities had been improved as a result of one of the recent audits. However, systems to assess, monitor and mitigate risks to people were not always effective. The registered manager had failed to identify that three people were not receiving safe care at night to mitigate risks associated with their medical conditions.

We found people were encouraged to participate in a satisfaction survey so they could make comments about the quality of the service provision. The registered manager told us that the purpose of the survey was to glean information which would be analysed and form part of the organisation's future business development plans. As a result of the annual survey, the service had improved on recording details of people's choices and activities, and purchased new mattresses for people's bedrooms.

The provider and the registered manager had produced a business continuity plan which covered many possibilities, for instance, bad weather conditions or events of flu epidemic or pandemic. The business continuity plan prepared the service for running smoothly through possible events that could affect the well-being of people.