

The Brandon Trust

Oxford Respite Service

Inspection report

43 Saxon Way
Headington
Oxford
Oxfordshire
OX3 9DD

Date of inspection visit:
25 April 2018

Date of publication:
13 June 2018

Tel: 01865751115

Website: www.brandontrust.org

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 ●

Summary of findings

Overall summary

This inspection took place on 25 April 2018 and was announced. We gave the service prior notice because the location provides a small respite service and people are not always in the building during the day. We needed to make sure someone would be in the office. There were four people using the service on the day of the inspection.

This was the first inspection of Oxford Respite Service since Brandon Trust registered the service with the Care Quality Commission in June 2017. The service is registered as a care home without nursing and provides short term breaks for up to five adults at any one time with a learning disability and/or Autistic Spectrum Disorder. The degree of learning disability varies from mild to profound. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. Registering the Right Support CQC policy.

The service had a registered manager. 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.

A concern was raised about the suitability of the windows and security. We have made a recommendation about seeking suitable advice to ensure this potential risk is minimised.

Because of people's complex needs we were not able to gain verbal views from everyone in the service on the day of the inspection about their experiences of visiting Oxford Respite Service. We therefore observed staff interaction and people's responses throughout the day. We also contacted relatives by telephone who spoke positively about the standard of care and support their family member received.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or they suspected abuse. We found systems were in place to make sure people received their medicines safely. Staff recruitment procedures ensured people's safety was promoted.

There were sufficient staff to meet people's needs safely and effectively. The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice. People enjoyed the food provided and were supported to receive the right food and drink to remain healthy.

People were treated with dignity and respect and their privacy was protected. Relatives we spoke with made positive comments about the care provided by staff.

Staff were receiving regular training and supervision so they were skilled and competent to carry out their role.

We found people's support plans and risk assessments were reviewed regularly and in response to any change in needs.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place detailing how people wished to be supported. People receiving support, or their relative were involved in making decisions about their care. We saw people participated in a range of daily activities.

There was a comprehensive complaints policy and procedure. This was clearly displayed in the home and in the statement of purpose. Relatives said they could speak with staff if they had any worries or concerns and they would be listened to and action would be taken to address any concerns they had voiced.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff told us they felt they had a very good team. Staff and relatives said the registered manager was approachable and communication was good within the service.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

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.

We recommend the premises are reviewed to optimise security.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

There were sufficient numbers of staff and recruitment processes were in place to make sure, as far as possible, that people were protected from staff being employed who were not suitable.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Medicines were stored and handled correctly.

Is the service effective?

Good ●

The service was effective.

People benefitted from a staff team that was well trained. Staff had the skills and support needed to deliver care to a good standard.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and staff promoted people's rights to consent to their care and make their own decisions.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good ●

The service was caring.

People benefitted from a staff team that was caring and respectful. All the relatives we spoke with made positive comments about the care provided by staff.

People received individualised care from staff who understood and followed their known wishes and preferences. Equality and diversity needs were assessed and incorporated into the care provided.

People's right to confidentiality was protected and their dignity and privacy were respected.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised to meet their individual needs. The support provided was reviewed and adapted in response to people's changing needs.

People were able to enjoy a number of activities, based on their known likes and preferences.

People and their relatives knew how to raise concerns. Complaints were dealt with quickly and resolutions were recorded along with actions taken.

Is the service well-led?

Good ●

The service was well led.

Staff were happy working at the service and there was a good team spirit. They felt supported by management and felt the training and support they received helped them to do their job well.

Quality assurance systems were in place to assess, monitor and improve the safety of the services provided and to measure the service's compliance with the fundamental standards.

Local community professionals felt the service delivered good quality care and worked well in partnership with them.

Oxford Respite 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 25 April 2018 and was announced. The inspection team consisted of one inspector and an expert by experience who made phone calls to relatives of people who used the service to seek their feedback. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We gave the service prior notice because the location provides a small respite service and people are not in the building during the day. We needed to make sure someone would be in the office.

Before the inspection the service we reviewed the information we held about the service, including notifications of any accidents or incidents. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. The provider was in the process of completing the Provider Information Return (PIR) at the time of the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. As we undertook the inspection before the PIR was due to be returned we did not require its submission.

During our inspection we used different methods to help us understand the experiences of people using the service. These methods included informal observations throughout our inspection. Our observations enabled us to see how staff interacted with people and see how care was provided. We spoke with two people using the service and spoke over the telephone with seven relatives.

We spoke with the registered manager, the area manager, the care co-ordinator and three support staff. We also sought feedback from 12 community professionals and received responses from four. We looked at four people's support plans and medication administration records. We also looked at three staff training and supervision records. We saw a number of other documents relating to the management of the service. For example, the fire risk assessment, quality audit reports and staff meeting minutes.

Is the service safe?

Our findings

During our observations we saw people were comfortable in the presence of the staff and when people showed they needed assistance this was provided. We saw staff were aware of people's individual demeanour and behaviour and of the potential risks associated with this. We asked two people if they felt safe when they visited and they both confirmed they felt safe and liked the staff.

All the relatives we spoke with were confident that their loved ones were safe when visiting the service. Their comments included, "I know my [relative] is safe. If there are any problems, staff will call me straight away. About two months ago my [relative] was unwell, so we were told and we went to collect him."

We asked staff if they felt confident that people were kept safe. A member of staff said, "No concerns about person's safety but I have a slight concern about the security of the windows". The member of staff said other staff also had concerns in respect of this. We asked the registered manager who said this issue had been raised with the building's owners. However, they had no feedback that this issue was being addressed. We looked at the windows which were single glazed and had restrictors which could be removed. The concerns were mainly around potential for access into the building and also during the winter months the ineffectiveness of the glazing around heat loss. Although no incidents had occurred we asked the registered manager to pursue any actions with the appropriate bodies to risk assess the concerns expressed.

We recommend that the service seek advice and guidance from appropriate bodies, about the suitability of the windows and their security to ensure people are kept safe from potential harm.

The registered provider had a process in place to respond to and record safeguarding concerns. Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

Where an incident had occurred we saw this had been thoroughly investigated and measures put in place to ensure this risk was reduced. This had included purchasing equipment to make a bathing procedure safer. The service had updated the local authority and the person's family about actions taken. This meant lessons were learnt when things went wrong. This also ensured a similar situation happening again was minimised.

We saw each person had individual risk assessments for areas such as, bathing, moving and handling and choking. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly. We saw people were supported safely and in line with their risk assessments. We saw staff had received the required training to support people safely, for example, in specialist feeding equipment. A professional commented, "The managers are very hands on and ensure they know of any risks before agreeing that they can provide support. They ensure

there are enough staff to meet the needs of the clients".

Relatives and staff all thought there were enough staff to help support people when they needed it. The number of staff on duty was planned taking into consideration the individual support needs of each person. We observed staff were visible around the home and responded to people's needs as required. We also observed staff taking time to sit and engage with people on a one to one basis.

We looked at three staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. All of the staff spoken with confirmed they had provided references, attended interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

People received their medicines as prescribed. Medicines were stored securely and disposed of safely and accurate records of medicines were completed. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. The registered manager also regularly checked staff competency in administering medicines and staff told us action was taken if they were found to be not administering medicines safely.

Regular checks of the equipment were carried out to keep people safe and the home well maintained. We found a fire risk assessment had been undertaken to identify and mitigate any risks in relation to fire. Personal emergency evacuation plans were kept for each person for use in an emergency to support safe evacuation.

We found the home was clean with no unpleasant malodours observed. There was a policy and procedures in place for infection control and to keep the building clean and free from malodours. A relative we spoke with said, "The premises are usually nice and clean".

Is the service effective?

Our findings

The service's garden was being improved, for example, purchasing new equipment and furniture to encourage people to use and enjoy the garden. However, two members of staff said it would benefit from having better screening to ensure people's dignity and privacy was observed. We looked at the garden which was overlooked by nearby houses and a footpath at the boundary where people walked past. This could mean that if people were in the garden, they would not have the privacy which would be important if they wanted to sit quietly.

We looked at four people's support plans and saw assessments had taken place which evidenced that people and their relatives had been consulted. The registered manager explained that when people were referred to the service, the social worker for the person sent an overview assessment with details of the support they would need. The registered manager or care co-ordinator then used this information to build upon, meeting with the person and their representatives to find out further information such as any specialist equipment or specific training needs for staff. Other information gathered included any cultural needs such as particular diets.

People's needs relating to equality and diversity were assessed at the start of the service. Care plans included detailed instructions to staff on what actions they needed to take to meet people's individual cultural needs. Those instructions included guidance on people's diet, hygiene and dress. Where applicable it was noted in the file that someone should receive care from a member of staff of the same gender. Staff had received training on equality and diversity and people's needs were reviewed on an ongoing basis.

After assessment, people were encouraged to visit the service as many times as they liked to see if they wanted to stay. This showed people had been able to make an informed decision. A professional said, "The service usually offers tea visits as needed to introduce a service user to the service and staff before offering overnight or day respite".

We checked the staff training matrix which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Training such as moving and handling, medicines and safeguarding was provided. The matrix showed training in specific subjects to provide staff with further relevant skills were also undertaken, for example, epilepsy support and enteral feeding. Enteral feeding is the delivery of a nutritionally complete feed directly into the stomach, duodenum or jejunum. A member of staff said, "I've identified further training which has been agreed. Brandon are committed to developing staff". Community professionals said the service provided effective care from staff that had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented, "They (staff) certainly appear to have skills in abundance. The team is very established which is always a good sign".

People benefitted from receiving care from staff who were well supervised. Staff told us they received regular supervision and appraisal from the registered manager which enhanced their skills and learning. A member of staff said "I'd like to become a (staff role) and mentioned this in my appraisal. My manager has

now referred me for this course".

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA) and had a good understanding of their responsibilities to ensure people's rights to make their own decisions were promoted. The 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.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had sought advice from the local authority DoLS team to ensure they were working within the legal parameters of the Act. From our conversations with care staff it was clear they had good working knowledge of the MCA and DoLS. They understood the importance of the MCA in protecting people and the importance of involving people in making decisions.

People were able to choose their meals during their stay. Support plans listed people's preferences and likes and dislikes and staff supported people to make choices from their known preferences where necessary. Where people followed a cultural diet this had been identified at assessment and detailed in their care plan. Where people may have risks associated with eating, such as choking, we saw advice had been sought from a Speech and Language Therapist (SALT) and information recorded and understood and followed by staff. We asked one person if they liked the food and they said they did. Other people showed positive body language, for example smiling and other body movements to express satisfaction.

Care records showed people were provided with support from a range of health professionals both before and during their stays. These included Occupational Therapists (OT) and GP's.

Is the service caring?

Our findings

People were able to express their happiness and satisfaction with the care they received by facial expression (smile) and body languages and gestures.

Relatives we spoke with were all very positive about Oxford Respite Service and the staff who worked there. A relative said, "My [relative] is very happy with all the staff. They take good care of her there. I have no doubts, otherwise, if there were any concerns my [relative] wouldn't be happy and I wouldn't send her there". Another relative said, "My [relative] has been going there for (a very long time). She loves going there and staff are nice and friendly".

People were treated with care and kindness. Community professionals felt the service was successful in developing positive, caring relationships with people using the service. One professional told us, "From my experience I believe the staff are caring and motivated. I have never had any reason to question the quality of their care. I believe our organisations share the same values of equality and fairness putting the people we support at the centre". Another professional said, "The staff I have met came across as enthusiastic and caring. Certainly when they interacted with my client they were warm toward her, and my client responded positively to them. When I meet my client they regularly ask about the service and when they can go back!"

Each person had an assessment of their communication needs, together with details of methods of communication specific to the person, to help staff when working with them. For example, communication plan had information such as what phrases a person may use and what it mean. It also detailed what certain actions may mean so that staff can easily interpret this. Staff understood the importance of how they provided support and had undergone some scenarios around communication on a team day. This meant that people were given the best chance of expressing their views around decisions concerning their care and support from staff. A relative said, "Sometimes, if staff are unaware of my [relative's] gestures or noises they will call and ask what does it mean? Only females do personal care with my [relative]. All staff are very attentive to detail, and really good at communicating with my [relative]."

People's likes, dislikes and how they liked things done were set out in their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence safely and wherever possible. The care plans were drawn up with people, using input from their relatives and from the local authority multi-disciplinary team. People were able to continue their usual daily activities, such as attending day centres or evening clubs when staying at the service.

Staff protected people's rights to privacy and dignity. Community professionals thought the service promoted and respected people's privacy and dignity. A relative said the care and support workers always treated their family member with respect and dignity and were kind and caring. One said, "When my [relative] needs a pad changed, they take her to her bedroom, close the curtains and wear gloves."

People's right to confidentiality was protected. All personal records were kept in a locked cabinet and were not left out in public areas of the service.

Is the service responsive?

Our findings

Support plans were individualised to people's personal preferences and needs. The plans contained information about how the person wanted their care and support to be delivered. Staff were focussing on working with people to identify and create goals or outcomes of what they wanted to achieve when staying at the service. For example, one person had said they wanted more independence. We heard that with time and support this person now walked to the shops on their own and "loved it".

The support plans had recorded information in a way that gave staff a clear idea of the person as an individual. For example, information such as a person enjoying company, having access to the community, sensory lights and musical instruments, crinkle sheets to touch, listening to music and watching DVDs. Daily records were kept during people's stays and recorded information such activities undertaken, food and drink consumed, mood and behaviour and any personal care delivered. This ensured support plans could be kept up to date with any additions or changes added as needed.

A member of staff who had worked under the management of the previous provider said, "Brandon Trust has a less clinical way of working with people. They are more person centered and people have more purpose to their stays". The support plans also had information about people's emotional welfare. For example, stating how a particular mood may present and ways to help such as providing a hand, foot or shoulder massage. A professional commented, "The management and staff I saw interact with my client were brilliant! They provided support at a time of great need and have built up a great rapport with her".

Support plans were reviewed each month or sooner if changes to a person's care and support was made. Relatives told us they were included in reviews and were always appropriately updated with regular contact and discussions with staff. All the relatives we spoke with said communication was good and they could contact the service at any time". A relative said, "Transition from the day centre to the respite unit is great; staff have good communication and are happy to see my [relative], and equally he is very happy to see them too. They offer my [relative] lots of drinks, cups of tea, which he needs to flush out his system." Another relative said, "If you've got a worry, you just ring up". [Name] comes home happy. I thought we'd never find anyone for her".

A community professional said, "My client went for emergency respite. The service liaised with the duty manager on the day, via telephone and email, and considered the needs and risks, as noted in the client's overview assessment. Before offering her an emergency bed, they ensured they'd be able to meet her needs and those of the clients who were already there/due to attend".

Community professionals told us they thought the service provided personalised care that was responsive to people's needs. One professional commented, "The service responds well to requests for respite stays and will consult with the family and myself if there are any issues meaning that they cannot respond to an individual's needs. The service will request additional assessments from appropriate services if the individual's needs change".

People who used the service continued with their usual daily activities, such as attending day services. When Brandon Trust took over the management of the service, coffee mornings were held for families to introduce the Trust. The service has organised fundraising which people and families have been involved in. They were hoping to raise funds to improve the garden and purchase some more sensory equipment. The registered manager had also applied to the Brandon Trust's Dream Fund to get some money for the garden. Other activities included movie nights, an Italian evening including cooking pizza. We heard a bulldog that visited the service was very popular with people. There was also arts and crafts and games for people to enjoy. A relative said, "It's a really good service; they do loads of activities i.e. make cards for Mother's Day, Easter bonnets and other arts and craft activities. Staff are meeting my [relative's] needs well; they know when he is happy or unhappy".

People could be confident that concerns raised would be listened to and relatives knew how to raise issues. Care plans detailed signs of distress people may demonstrate if they were anxious. This meant staff could recognise early signs of concern or distress from people staying at the service and take prompt and appropriate action to reassure people when needed. There was a clear complaints procedure in place. A copy of the complaints procedure was displayed in areas around the home and also provided in an Easy Read format for people. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. None of the relatives we spoke with had made any complaints. One said, "The manager is very helpful, flexible, approachable and accommodating".

One community professional commented, "The few times that I have contacted management with either a question or a complaint, they have responded and fed back in a professional and a swift manner. They also seem to support their staff effectively". Another professional said, "No one we support has come to me and complained about [the service]. Many of the people we support really look forward to their stays. They see [the service] as a positive part of their lives".

Is the service well-led?

Our findings

We checked the service had good management and leadership in place, and delivered high quality care. The service had a registered manager. 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.

During the inspection, people came into the office to ask the registered manager questions and the interaction and rapport reflected they had a good relationship. The relatives spoke positively about the registered manager stating, "The manager is so good. I worry with the pressures of service that she might jump ship one day and the service wouldn't be the same. I'm pleased that we had the same manager and consistent staff for some time, which is good, at least there is continuity."

Community professionals thought the service delivered high quality care and worked well in partnership with them. One professional told us, "The service is flexible and responsive to people's needs. They are able to offer emergency respite if a carer was unwell or if there was an emergency". Another professional said, "We have excellent two way communication. I have often asked the staff team for advice concerning the people we support".

We had feedback from the professionals we contacted. One commented, "In email communication with the manager as and when required, she has always responded in a timely manner and been open to assist whenever she can". Another commented, "[Name of care co-ordinator] is easy to work with; effective in her communication and flexible in her approach. We appreciate her. [Name of care co-ordinator] always has time for me and my team".

We found the provider was proactive in supporting staff and nurturing their development thereby improving outcomes for people. Staff told us they felt supported by the management team and enjoyed working at the service. They said managers were accessible and approachable and dealt effectively with any concerns they raised. They said they would feel confident about reporting any concerns or poor practice to the managers. One staff member commented, "We [the team] all get on so well together. It is important as people can pick up if there is a bad atmosphere amongst staff".

We heard from a member of staff who had been encouraged to progress in their career. They commented, "I can't see myself working anywhere else". Staff enjoyed their jobs and spoke highly of the registered manager. A member of staff said, "Management are very approachable and the door is always open".

Staff meetings took place every month where staff were able to raise concerns or ideas and where ongoing plans for the service were discussed and shared.

Regular feedback was sought in relation to the care and support given to people. We reviewed the findings from the last survey which stated the key areas for improvement were to improve people's social lives and

provide more choice for people with more complex needs. Action had taken place to start recording goals with people and reviewing these regularly.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Quality assurance systems were in place to ensure continuous improvements to the service. We saw a range of audits to monitor areas such as accidents, incidents, complaints, medication, health and safety and fire safety.

The registered manager was aware of when and how to make notifications to CQC. Notifications are events that the registered person is required by law to inform us of. Management records were up to date and kept confidential where required.