

Yarra Services Limited

Yarra Respite

Inspection report

67 Collingwood Road
Colchester
Essex
CO3 9AY

Tel: 01206579348

Date of inspection visit:
20 November 2019
26 November 2019

Date of publication:
09 January 2020

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

About the service

Yarra Service respite is a residential care home providing personal and nursing care up to two people aged 18 to 65 years. The service provides short break care, normally overnight and weekend care, only for people with learning disabilities who attend Yarra Care Farm or Day Care services. The three-bedroom house is domestic in nature, and due to the layout, is not being suitable for people with limited mobility.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Family carers were complimentary about the service and told us they would not hesitate to recommend it to others. One family carer said their family member had, "Never been cared for like that anywhere else."

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were supported to keep safe and protected from the risk of abuse. One family carer told us they felt, "Happy and confident," when they were staying on respite, "I don't worry at all." Family carers also told us there were enough staff to meet people's individual needs. Staff supported people to take their medicines as prescribed and keep their environment clean.

A family carer rated staff skills as, "100 percent," and felt confident in their abilities. Staff received training and support to carry out their role effectively. This included supporting people to choose, shop and join in with the preparation of their meals and snacks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People received kind and compassionate care. One family carer told us all the staff were, "Very caring,

always a friendly face every time," they visited. People's independence was promoted by staff, who supported people to learn new skills and make decisions about all aspects of their respite stay. Staff treated people with respect, building up positive relationships, with them and their family carers.

Everyone we spoke with were complimentary about the registered manager and provider, and the values which underpinned the service. One staff member told us the provider does, "An amazing job, ...they go beyond with their support." The provider had systems in place to monitor the quality and safety of the service people received; using feedback to continually develop and improve the service.

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

Rating at last inspection

The last rating for this service was good (published 2 March 2016). Since this rating was awarded the provider has altered its legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on our timescale since the service was registered with the CQC.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Yarra Respite

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Yarra services respite is a 'care home' which provides respite care. People in care homes receive accommodation and nursing or 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

As this is a respite service we contacted the provider on the day of the inspection to announce our visit. As no one was using the service at that time, we started the inspection at the provider's office located at the day service. We then arranged to visit the location when the respite service was in use.

What we did before the inspection

We reviewed information we had received about the service from the local authority and the provider's registration application. We also took into account the provider's last inspection report, prior to changing their legal entity. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this 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. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We reviewed a range of records held at the provider's office and the respite service. This included three people's care records, medicine and communication systems, and daily journals. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, fire and maintenance records, minutes of staff meetings and feedback surveys were reviewed.

We met the person using the respite service and spoke with the registered manager, who is also a director, the second director and co-owner (which we refer to as provider in this report) and six members of staff. This included team leader, senior support worker, CQC compliance officer, and support workers.

After the inspection

As only one person was using the service at the time of our inspection, we contacted four people's parents, referred to as family carers in this report, who shared their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Family carers told us people were receiving safe care. One said using the respite service gave them, "Peace of mind ... really a blessing we can be relaxed." Another commented, "With all the staff, I know [family member] will be 100 percent safe."
- Staff had received training in safeguarding and knew how to recognise and protect people from the risk of abuse. A box located in the office enabled staff to 'whistle blow' any concerns anonymously.
- Where people were vulnerable when visiting the community, their care records provided guidance to staff on how to protect the person, including awareness of interaction with strangers. A family carer told us, "I don't worry I know they are looking after [family member]."
- The service had a safeguarding policy and had recently produced an easy read safeguarding booklet for people. A staff member told us, to support people's different levels of understanding they also talked to people, "About abuse."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and when to inform the CQC.

Assessing risk, safety monitoring and management

- Staff supported people to keep safe.
- Personalised risk assessments in people's care plans gave staff guidance on providing safe care. This included risks associated when out in the community such as road awareness, and risks associated with social activities including swimming and trampolining.
- Minutes of staff meetings showed they were used as a forum to discuss risk, and remind staff, 'risk assessments are to be carried out before any service user goes to a new activity...if not available, they cannot go.'
- Personal evacuation plans were in place which gave staff guidance on supporting people in the event of fire. They took into account how the person's learning disability and autism could impact on their ability to make safe evacuation decisions, and sensory impact from the alarms.
- Environmental risks were assessed and regularly reviewed. The registered manager confirmed, although the radiators did not have 'cool touch' covers, they deemed people were not at risk, due to not having sensory loss, mobility needs and having the natural reaction of removing their hand if it felt hot. Reassurance was given that they would keep this under review.

Staffing and recruitment

- The staffing levels enabled flexible support to meet people's individual needs. This included one to one support and two to one support.

- Family carers told us there was good consistency of staff. One said it enabled people to be supported by, "Familiar faces."
- Staff had been recruited safely to ensure they were of good character and suitable to work with vulnerable people, before they started work in the respite service.

Using medicines safely; Learning lessons when things go wrong

- The service had systems in place to ensure when staying on respite, it did not impact on the continuity of people receiving their medicines as prescribed.
- Where people were able to self-medication safely, staff supported them to continue during their stay.
- Prior to supporting people with their medicines, staff received training, and had their competency checked to ensure they followed safe practice.
- A delegated 'medication champion', carried out audits and spot checks of the medicines systems to ensure staff were continually following safe practice. Where any shortfalls in practice were identified, action was taken to reduce the risk of it happening again.
- For example, when staff found a box of a person's tablets was missing, they identified it had fallen out of the person's bag into the car, when transferring between the day and respite service. A staff member told us they now transferred the medicines in a locked container to prevent it happening again.

Preventing and controlling infection

- The service was clean. People were supported to keep their environment clean and tidy.
- Staff received training in infection control and knew how to prevent the risk of healthcare related infections spreading. This included the use of disposable gloves and dispersible washing machine bags to wash items that had come in contact with body fluids.
- We observed staff following good hand hygiene processes including prompting a person to wash their hands prior to preparing food.
- Systems were in place to monitor the cleanliness of the premises. This included a staff member who took on the responsibility of 'infection control champion'. Their role included carrying out spot checks of the environment to ensure cleaning tasks were being undertaken to the required standard.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- The respite service was used as an extension of the provider's day care services. The same staff worked across both. This supported staff to have a good understanding of people's needs.
- The pre-assessment was completed with the input of the person using the service, their family carers, teachers and other social, health care professionals involved, where appropriate.
- Staff described how the pre-assessment periods were tailored to the person. This ensured the person being assessed was fully supported to gain a good insight of the service before a decision was made.
- The registered manager told us whilst supporting people at the day services, and how they interacted, supported them to check their compatibility with the people they would be sharing the respite service with. A family carer commented on, "How well," their family member got on with the person they shared with.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge they needed to carry out their roles effectively, in line with best practice, which family carers told us led to good outcomes for people.
- One family carer felt the staff had the right skills to, "To understand," their family member. In having these skills, it had enabled them to, "Get a lot out of," the person, including learning new skills.
- Staff induction procedures and ongoing training, supervision and support, provided staff with the skills and competencies to carry out their role effectively.
- A family carer told us, "New staff will shadow for a few times to get to," know people staying in respite. They thought this was good, as it enabled both the people staying on respite, as well as the staff, to get to know each other.
- The service had just instigated the Care Certificate for staff new to care. The Care Certificate is a national approach to ensure staff received thorough training related to a career in care. As it was new to the service, the registered manager had enrolled all staff, including themselves on the Care Certificate. They felt it was a good way to refresh all staff's knowledge, regardless to what care qualifications they held, to keep up to date with best practice.
- Family carers told us they felt the staff had the skills and experience to provide good, individualised care. They provided examples of how staff had supported people with autism related behaviours, which supported their family member's wellbeing.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were being met. Staff supported people to choose, shop for, and prepare meals, snacks and drinks during their respite stay. This enabled complete flexibility around meal planning,

so it fitted in with a person's preferred routines.

- During the inspection a person returning from the local supermarket, showed us the items they had chosen to cook and eat that night. We saw how the staff member, with gentle prompting, supported the person to cook their chosen items.
- Detailed records were kept of the different foods and beverages people enjoyed, and foods they didn't like. This supported the service's nutrition champion to monitor what people were choosing to eat and make any suggestions to support healthy food choices.

Adapting service, design, decoration to meet people's needs

- The accommodation provided a homely environment, and supported people to live as part of the community and access local facilities during their stay.
- The provider's pre-assessment took into account people's mobility and environmental needs. Due to the layout of the property, including bedrooms located upstairs, they would be unable to offer respite care to people with limited mobility.
- During their stay, people could bring items to personalise their bedrooms if they chose to.

Supporting people to live healthier lives, access healthcare services and support

- The service had a, "Wellness policy," which informed family carers that if a person became or appeared unwell it was better for the person to be in their own home. A family carer confirmed they were aware of the policy and agreed their family member should not attend if they were ill.
- The registered manager said as people only stayed for a short time, if a person became unwell whilst using the service, they would consult with the family member, take advice from the 111 service, and or, use the NHS 'walk in' service.
- To support people's individual health and behavioural needs, the service had built up links with health professionals, who they contacted when needed for advice and support. This included the learning disability nurse, nurse practitioners, GPs, speech and language therapist, behavioural support teams and occupational therapist.
- To support people's health and wellbeing, people's care records, showed when advice had been sought from healthcare professionals and their recommendations acted on.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The provider had sought the advice from a social care professional to clarify if they needed to submit a DoLS application, linked to the short time scales and it was not a person's permanent home. They had been informed it was not required.
- People's care records showed people were being supported to make their own decisions, and where best interests decisions had been made, to ensure their safety, with the involvement of family carers, or where appropriate, involved professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Family carers said people were supported by kind, committed, compassionate and caring staff, who respected people's individual and right to lead a fulfilled life.
- One family carer told us, "All you need is a little love and care," which was what their family member received. They said, "[Family member] loves them, just as much as they [staff] do."
- Another family carer said, "All the staff are really great, a lot have been there a long time...got to want to do it, got to be a special person," who enjoyed supporting people with learning disabilities, "Because they are not in it for the money, it's because they want to be there."
- Staff's knowledge of people and their family structure demonstrated they knew people well. Staff adapted their approach to support people in a caring and inclusive manner. This ensured their interaction was meaningful to the person and enhance their wellbeing.
- Family carers confirmed this was normal practice, and provided personal examples where staff had interacted well with their family member.

Supporting people to express their views and be involved in making decisions about their care

- Staff understood people's preferred routines, likes and dislikes, and what mattered to them.
- People and their family carers were involved in discussions about how people wanted to be supported.
- Information held in people's care and support plans, and our observations further demonstrated how staff were ensuring people were being actively involved in making decisions about their care, were being listened to, and their choices acted on.
- During the inspection we saw how a staff member supported a person to make their own choices. This included what they were going to eat and when, when they were going to have a shower and what activity they were going out to that evening. The staff member acted on what the person told them.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected. People's care records provided staff guidance on how to ensure this.
- People were encouraged to be as independent as possible. Staff provided examples of how they did this. This included supporting people to use the service credit card, or 'wallet' when purchasing items covered in their respite fee, such as meals and cinema tickets.
- Care records confirmed this. In one person's daily journal it stated the person had gone to the supermarket and, 'paid for the shopping with the [service credit] card.'
- When staying on respite, people were supported to maintain relationships with their peers. This included

meeting up at social venues and taking part together.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support plans held information about people's specific needs, personal preferences, routines and how staff should support them in a way they preferred to ensure their wellbeing.
- Family carers told us their family members were provided with quality personalised care which was responsive to their needs. One family carer told us staff were, "Brilliant" in the way they interacted and supported people.
- The provider feedback survey showed family carers all felt staff were being responsive to people's needs. A comment made was, '[Family member] loves respite at Yarra and looks forward to [their] stay for weeks, and the level of care they get is second to none.'
- The registered manager said they used, "Measurable outcomes" to support them in monitoring people's progress in developing / maintaining new skills to support their independence. They provided examples where this had supported people to move into supported living.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing and recording the level of support a person required on admission in their care plan.
- A staff member described how they used picture cards to support a person unable to verbally tell staff of their needs. We saw one person using their version of sign to communicate, which staff were able to understand, and reply.
- Communication passports used were used, which supported people who could not easily speak up for themselves to pass on key information about themselves.
- A person used Makaton to communicate and their family carer commented, "A lot of the staff have done the Makaton course."
- A speech and language therapist had made recommendations to support a person communication, this was reflected in their support plan and discussion with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to join in with activities which supported their interests and wellbeing. This included accessing the local community, learning new skills, and meeting up with friends.

- One family carer told us people were, "Not stuck in," but supported to access plenty of activities they enjoyed. Another said they were envious as their family member had, "Far too much fun." They listed the range of activities, their family member took part in, including, bowling, swimming, crazy golf, cinema shows, "[Family member] really enjoys the shows, and is looking forward to the pantomime coming up."
- Another family carer said when their family member first started using the respite service, staff sent them photographs showing them developing their activity of daily living skills. This included making their bed and sweeping up. They said, "It's good for their confidence and self-worth."

Improving care quality in response to complaints or concerns

- Staff were aware of the provider's complaints policy and confirmed they would report / act on any concerns raised.
- We saw smiley faces were used to support people to rate their stay. The registered manager confirmed that any none smiling faces would be investigated. This included having discussions with the family carers and staff to try and identify why the person may feel like that, and take action to address it.
- Family carers said if they had any concerns, which they hadn't, they would raise it with the management straight away, as they were confident it would be dealt with.
- The registered manager confirmed that they had not received any formal complaints.

End of life care and support

- As a respite service for young adults, who lived with their parents, the registered manager told us they would not be supporting people with end of life care.
- If a person became seriously ill whilst using the service, staff would accompany them to hospital, where the parent would take over; and be involved in any medical decisions in the person's best interests.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, family carers and staff were all complimentary about the quality of the service provided. Feedback given in the provider survey questions from people using the service included, "I like the staff."
- One family carer described the leadership of the service as, "Very open, always looking [anyway they can improve] always willing to listen, very approachable, lovely, lovely people."
- All the family carers we spoke with said they wouldn't hesitate to recommend the service to others. One family carer said this was, "Because of the level of care."
- Staff described the positive culture of the service where they felt valued by the provider. One staff member told us they always had time to listen and consult with staff, "If any issues arise, they will ask everyone what to do think we should do...more of a team," approach.

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

- Management and staff were very motivated and shared the same values, "To fulfil people's highest potential in a safe, fun and invigorating environment." A staff member told us, "I love seeing the [people using the service] enjoyment of doing the activities we have found for them and done."
- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role.
- A family carer described the registered manager as being very approachable and helpful, "Will bend over backwards to put things right."
- Where a family carer said they had raised concerns with the registered manager, over the quality of support given by a new staff member, it had been acted on, and resolved.
- The registered manager said they were, "Very strict," in monitoring new staff during their probation period, and would not retain them if they did not demonstrate the expected values, and commitment.
- Since the service registered with the CQC, there had been changes to the organisational structure. The leadership team had been enhanced with the appointment of two senior team members. Their role to support with the day to day management, keep updated with CQC publications, carrying out audits and checks to support continual improvement and ongoing regulatory compliance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, family carers and staff were actively engaged in developing the service through a range of forums. This included six monthly feedback surveys, end of stay surveys, staff meetings and supervision.
- At the time of the inspection, the provider was in the process of receiving back their latest survey feedback from people using the service and their family carers. The registered manager told us how they would use the information to support ongoing improvement.
- Minutes from the weekly Monday staff meetings, demonstrated how staff were kept up to date with what was happening in the service, and provided a forum for staff to raise any issues and share their views to influence change. This included how to deal with individual behaviours to support a consistent approach.

Working in partnership with others

- Staff were aware of external community and voluntary organisations and supported people to socialise and be part of the wider community to improve their wellbeing.
- A staff member provided an example how they had worked with a local leisure centre to support a person being able to access activities they wanted to do, by working together to overcome the environmental and sensory issues.
- The CCG had reviewed the service's medicines systems, and recommendations for improvements had been acted on.