

The Brandon Trust

Short Term Breaks - 69 Neithrop Avenue

Inspection report

69 Neithrop Avenue
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Date of inspection visit:
10 October 2019
16 October 2019
17 October 2019

Date of publication:
14 November 2019

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

Short Term Breaks-69 Neithrop Avenue is a respite service for people with learning and/or physical disabilities. The respite service offers a range of support agreed via the local authority, which can include, emergency respite stays, tea visits and overnight stays. The service can support up to five people and 31 people were currently accessing the service.

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.

There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The provider's quality assurance systems and processes to monitor people's records had not been effective in ensuring these were checked and updated in a timely way. People's support records needed to be reviewed so that the provider could be confident staff had all the up to date information they needed to support people.

People's medicines were managed safely and effectively. Although, records relating to how people take their medicines and express if they need 'as required' medicines had not been in place on the first day of the inspection.

Other audits and checks on different aspects of the service, for example, health and safety, were effective in identifying if there were areas needing to be improved.

People told us they enjoyed visiting the service and had friends they could meet up with whilst they stayed at the service.

Relatives were happy with the service and although spoke about the changes with the staff team, they felt people were safe whilst using the service. There were sufficient numbers of staff in place and they understood how to provide people with safe, person centred care and support.

We saw people taking part in activities and people told us they liked going out and this was offered to them whenever they were staying at the service. People, and where applicable their relatives, could discuss their support needs and they were involved with how they wanted to be supported. Accessible information was

provided to help people make an informed choice.

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.

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 enjoying their stay at the respite service and having as many opportunities as possible for them to gain new skills and socialise with other people.

Complaints and safeguarding concerns were handled and responded to in line with the provider's policies and procedures.

Accidents and incidents were investigated so that any identified patterns could be investigated and acted on so that lessons could be learnt.

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

Rating at last inspection: This service was registered with us on 16/10/2018 and this is the first inspection. The last rating for this service was good (published 25 April 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating good to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating and the registration date of the service under the new registered provider

Enforcement

We have identified a breach in relation to regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Short Term Breaks - 69 Neithrop Avenue

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 site visit was carried out by one inspector. Phone calls to people using the service and relatives was carried out by one assistant inspector.

Service and service type

Short Term Breaks-69 Neithrop Avenue is a 'respite care home'. People in care homes or respite services 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

This inspection was announced.

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with the registered manager, team leader and three support workers.

We reviewed a range of records. This included two people's care records and checked one person's medicines and associated medicine records for two additional people. 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 audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback via email from one social care professional. We gained the views of the service, via the telephone, from one person who uses the service and eight relatives.

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 Requires improvement This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely as there were areas that needed some improvement with regards to records. During the first day of the inspection, the team leader and registered manager confirmed that not every person who used the service had medicine profiles in place. These give information to staff such as the medicines prescribed and how the person likes to receive their medicines.
- The provider's medicines policies and procedures stated 'as required' medicine protocols needed to be completed for every person using the service. The registered manager informed us that not all people had these in place.
- The registered manager confirmed medicine risk assessments were still in the process of being completed.
- On the second day of the inspection the registered manager confirmed every person using the service now had medicine profiles and 'as required' protocols in place to inform staff on how to safely give people their medicines. We checked the records of the people we had viewed on the first day of the inspection and saw these had been completed.
- We carried out checks and counts for one person's medicines and these tallied with the amount recorded on medicine balance sheets. Effective systems were in place to check people's medicines in and out when they came to stay at the respite service. One relative confirmed, "I know they lock it [medicines] away and are very careful."
- Staff had been trained in administering medicines and their competency checked.

Learning lessons when things go wrong

- The registered manager was receptive to the findings of the inspection and confirmed they had prioritised health and safety checks before ensuring people's records were all checked and accurate and were keen to rectify this.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary. The recording system enabled management and the provider to analyse accidents and incidents and keep an overview of any actions needed.

Assessing risk, safety monitoring and management

- Risk assessments were completed on areas associated with health issues. There was clear guidance in one person's records on how staff needed to safely support the person if they were having a seizure.
- People had individualised fire risk assessments and emergency evacuation plans where necessary. Fire drill records showed staff and people were involved in fire drills.

- Regular health and safety checks were carried out both by staff and external organisations. Maintenance checks took place which included fire equipment, water and electrical equipment to ensure people's safety.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the service was safe. One person told us, "There are always staff around so I feel safe."
- Staff received safeguarding training, were clear in reporting safeguarding concerns and had access to relevant contact details to report concerns.
- The provider had safeguarding policies and procedures in place and concerns were recorded and investigated appropriately.

Staffing and recruitment

- Staffing levels were assessed by the local authority and not by the respite service. Therefore, this could vary depending on who was staying at the service. Bank (casual staff) were employed by the provider and regular external agency staff worked in the service to offer a consistent level of support to people.
- There were enough staff to meet people's needs. We saw people were supported in a timely manner and staff were not rushed.
- The provider followed safe recruitment practices to avoid the employment of unsuitable staff.

Preventing and controlling infection

- Bedrooms and communal areas were well maintained and clean.
- Cleaning schedules were in place to guide staff on areas to check and clean.
- Staff received infection control training. They had access to equipment to minimise the spread of infection, for example protective gloves.

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

- Assessments were completed prior to people using the service and were used to develop person-centred support plans.
- Support plans described how information was initially gathered from people, their families and professionals previously involved with the person.
- Care and support was being delivered in line with legislation, standards and guidance to achieve effective outcomes. The support plans we viewed detailed how to offer person centred support to the person. Work, as noted elsewhere in this report, was being made to review and update people's care records by mid-November 2019.

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

- The building was maintained by a housing provider. The provider highlighted areas needing to be improved and overall this was acted on in a timely way.
- The registered manager showed us one bedroom where there was a toilet in the same room as the bedroom and had been like this for many years. They had been informed this would not be removed by the housing provider. However, the registered manager said they would look at ways to screen this off as it was not ideal for most people staying in this bedroom.
- Communal areas and bedrooms had been painted and overall the building was bright, warm and accessible for people to use.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Due to the nature of the service, most health appointments were dealt with by people's families.
- Where there was contact with health professionals this would be documented so staff could monitor any changes in people's health needs.
- People's health needs were outlined on the records we viewed, although as noted above other people's records would need to be reviewed to ensure they were all up to date.
- Staff worked closely with other agencies such as social workers, GPs and day services to make sure that people's needs were met. One social care professional commented, "I have great faith in what Brandon at the respite home offer."

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs as they received ongoing training and guidance. Relatives were confident that staff received appropriate training to support

people using the service.

- Staff undertook an introduction to their role when they first started working at the service. They were observed by experienced staff and their competency was assessed before they began to provide people with support independently.
- Staff had access to receive additional specialist training, such as mental health awareness, to ensure they could meet the person's needs.
- Staff were provided with supervision where they could reflect on their role with their line manager. Staff told us they felt supported and that "Everyone works well as a team."

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

- Staff mainly provided the meals for people. Some people enjoyed helping with food preparation and cooking under staff supervision.
- Meals were recorded so that if people stayed for any length of time staff could ensure people had a range of different meals.
- Staff were aware of people's allergies, how they needed their meals to be provided, for example, if people required their food to be cut into small pieces. Information was available for staff on the International Dysphagia Diet Standardisation Initiative (IDDSI). This guidance related to safely supporting those people with swallowing difficulties or at risk of choking or aspiration.

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 respite services), 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 registered manager confirmed they had been advised by the relevant professionals from the local authority that due to the nature of the respite service, with most people staying for just an overnight stay DoLS applications did not need to be submitted. The registered manager confirmed they would seek to obtain this in writing.
- The registered manager confirmed they were involved in best interest decisions, such as deciding if the respite service could safely offer support to a person. This involved the person, their relatives and all relevant professionals who wanted to ensure the person's best interests had been considered.
- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff told us that they assumed people could make decisions unless assessed otherwise, and supported people to make independent decisions where appropriate.
- A staff member told us, "I always ask people to make their own choices. I want to enhance people's lives."

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

- People spoke fondly about the staff who supported them. One person said staff were, "Funny, they make me laugh. The staff are kind."
- Relatives were happy with the level of care people received from staff. One relative commented, "They [staff] are very kind and caring."
- Staff showed a commitment to making the respite experience as stress free as possible. This included changing furniture and the bed around when a person could not stay in their usual bedroom. By making these changes, the person felt more comfortable to stay in a different room.
- Staff told us they respected people's differences and provided them with person-centred care. For example, staff said one person had expressed an interest in attending church when the stay at the service and staff would facilitate this in order to respect and accommodate their religious needs.
- Staff demonstrated their awareness of people's likes and dislikes. Staff knew which people required space and time to settle into the service, whereas other people were at ease visiting the service and interacted with other people easily.

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

- Person centred information was recorded in people's records. This included what activities helped the person feel more at ease. One person's records noted their well-being improved when they had a bath as this relaxed them.
- Staff understood the importance of involving people in the support they received whilst staying in the service. Relatives views were also taken into account.
- Relatives spoke about the care and interest staff show to people using the service. When people were ill, relatives spoke of the phone calls they received from the team leader who checked to see how the person was doing.
- Staff took time to speak with people and listen to their responses, showing they respected people's right to express themselves.

Respecting and promoting people's privacy, dignity and independence

- Feedback from people on how staff supported them was positive. One person told us, "Staff help me with the things I can't do."
- Staff spoke respectfully to people. One person confirmed, staff always knocked on their bedroom door before entering and were respectful towards them.
- Staff took time to speak with people and listen to their responses, showing they listened and respected

people's right to express themselves.

- People's independence was promoted by using appropriate assistive technology. This included equipment to alert staff when individuals may be having a seizure.
- Staff helped people if they were moving to their own accommodation. This included, visiting the new home with the person and helping them prepare for the move. The person told us, "Staff help me decorate my new place."

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

- People told us they were involved in the review of their care records. One person said, "I see my care plan all the time and I agree to my care plan." During the inspection, we observed a staff member carrying out a review of one person's support plan and care records. They actively involved the person with this task.
- Although people told us of their involvement in seeing their support plans, some relatives said they did not recall recently viewing these documents. The registered manager confirmed review meetings had not been held for some time and this was something they planned to introduce so that there was a more formal system in looking at the support the person needed alongside their care records.
- The service occasionally had people staying if they required an emergency place to live. Staff managed this well. One social care professional confirmed staff recently supported a person with complex needs and said, "[Staff] supported [person using the service] effectively and appropriately meeting their needs and keeping them safe."
- We heard of another example where staff supported people to successfully access the respite service. One person struggled to visit a different respite service, therefore it was recognised that the person could benefit more from accessing the Banbury service. This was partly because they might recognise some of the people also accessing the service which in turn could make them feel less anxious.
- There was a gradual transition period, with respite staff team visiting the person at the day centre. This helped staff and the person get to know each other before the person started to use the service. We saw the person during the inspection and they appeared happy and sat by staff. Accessing this service gave them the chance to spend time with other people outside of the day service which had a positive impact on them.

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.

- People's communication needs were identified, recorded and highlighted in support plans.
- Staff were very clear on how people communicated their needs. This included, using pictures, objects of references or supporting people to point to what they wanted.
- Easy to read pictorial documents were widely available for people to access. This included keeping safe and information on positive behaviour support.

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

- People usually stayed at the respite service for short periods of time. However, daily activities were offered to ensure people enjoyed their time at the service. One person described the different things they did, such as going out for meals and going to the cinema. They confirmed this was one of the good things about visiting the service.
- Staff took into account compatibility, so people stayed with others they got on with. One person told us, "I have people to talk with, and another person said, "We all talk together and get on."

Improving care quality in response to complaints or concerns

- People and relatives were clear about the procedure to follow if they had a complaint. Comments included, "I have no complaints. If I was unhappy about something I would talk with staff" and "If I had a complaint staff would listen to me and act on things."
- One person described a complaint they had and told us, this had been dealt with appropriately.
- There was an easy to read complaints policy and procedure available in the communal area of the service. Records showed action was taken to address concerns raised to the registered manager. One person had asked for a TV to be in the bedroom they usually stayed in and this was purchased.

End of life care and support

- Due to the service offering respite accommodation, staff did not provide end of life support.
- Staff had people's relatives and next of kin details so that if people's needs changed or they fell ill during a respite stay the next of kin would be informed. This enabled people and their families to act on and where necessary, make end of life care decisions.
- The registered manager confirmed any known end of life wishes would be recorded in people's support plans.

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 Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality care.

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

- The provider's quality assurance processes were not always effective. The registered manager informed us that approximately 20 people's support plans needed to be checked and updated where necessary. This was a work in progress since the new provider took over almost twelve months earlier. Although the registered manager was aware this needed to be actioned, it had not been effectively managed to ensure these were checked in a timely manner.
- Documents needed to be checked for one person as they had not always been signed by staff who had completed the records. There was some conflicting information on whether a highlighted risk was a high, medium or low risk as all boxes had been ticked, instead of the one relevant to the person.
- The team leader was following up external health professionals who completed health action plans as some of these were out of date and the one we viewed was not dated to know when it had been completed.
- The team leader confirmed health passports, (these are documents used if people are admitted into hospital), were not in place for every person accessing the service. The two people's records we checked did not have these in place and a third person's health passport was shown to us but was dated March 2018 and had not been reviewed since.
- Quality assurance systems were in place for a more objective assessment of the service. Audits were carried out on different aspects of the service, usually this was done by a registered manager from another service. We viewed a 2019 report which had identified that some of the documentation was still on the previous provider's format, but had not noted that some documents had been missing, for example the 'as required' medicines protocols. Therefore, this monitoring visit had not highlighted the work needed to be done to ensure people's records were all checked and up to date.
- The registered manager had submitted a provider information return (PIR) prior to the inspection. However, this had not highlighted the improvements needed to be made to ensure every person's records contained all required documentation and that progress on updating these records had been slow.

We found no evidence that people had been harmed however, quality assurance systems were either not in place or robust enough to demonstrate safety was effectively managed and records were reviewed on an ongoing basis. This could have placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. A more detailed action plan included who would be accountable for auditing each person's records and had a clear timescale of 15 November

2019 for when these records would all be updated.

- There were a range of audits in place to ensure people were supported appropriately and safely. This included, regular health and safety checks and detailed medicines audits.

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

- The registered manager understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about any incidents, providing reasonable support, providing truthful information and an apology when needed. The registered manager understood their responsibilities.
- Relatives were kept informed of incidents and outcomes of any concerns or complaints.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were satisfied with how the service was run. They clearly knew which staff to talk with if they had a query. One relative said that "We have good communication" between themselves and the staff team.
- Staff told us they felt supported. One commented, "It is really nice to work here." They also said the best thing about working in the service were the people who came to stay.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback through meetings held in the service, social events and surveys. One relative confirmed that the provider had recruited to the staff vacant posts which had pleased them as this had been raised by them to the registered manager.
- People and relatives felt happy to speak with staff about anything relating to the service, one relative said when they had asked for changes to who the person stayed when they came to the service as there had been problems this was addressed quickly.
- One person told us, "The manager is lovely, we all get on." People were clearly happy with visiting the service.

Continuous learning and improving care

- The registered manager and team leader were on a leadership and management course to gain skills and up to date knowledge.
- The registered manager met with other registered managers on a regular basis to share ideas and best practice. They also kept up to date via the Care Quality Commission and Skills for Care, which is a national organisation to offer guidance and information for those working in the social care sector.
- Staff had opportunities to keep their knowledge up to date and staff meetings were held so that staff could express their views on the service and consider where changes needed to be made.

Working in partnership with others

- Staff worked with a variety of professionals to ensure there was good communication between all those involved in a person's life. One professional told us, "I have found this respite centre to be really good, they [staff] are positive and reliable."
- The service worked in partnership with key organisations including the local authority that commissioned the service and other health and social care professionals to provide joined up care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always establish and operate effective systems to assess, monitor and improve the quality and safety of the services provided.</p> <p>The registered person did not maintain a complete and contemporaneous record in respect of each service user.</p>