

Browns Short Break Respite Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Browns Short Breaks Respite Ltd is a service that provides domiciliary care and a supported living. In addition, the service provides short term residential care and support for up to four people. All of these services are provided from the same address.

The service supports people living in their own tenancy with up to 24hr support. Staff support up to two people living in their homes at one time. Some people receive support through the night by a member of staff who sleeps on the premises in an allocated bedroom. In addition, people received domiciliary care and support within their homes, community and whilst away from home.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We have made a recommendation about establishing people's best interest decisions. Although 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; systems in the service did not fully support this practice. The registered manager took immediate action to seek further guidance in this area.

We have made a recommendation about the current system in place for reviewing the quality and safety of the service. Although checks were taking place, the monitoring system did not demonstrate when areas of improvement that had been identified would be addressed.

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 did not support this practice.

People felt safe using the service and were protected from abuse and the risk of abuse. Procedures were in place for the safe management of medicines and people received them on time. Safe recruitment practices were followed. Infection control practices were followed to minimise the risk of the spread of infection and regular safety checks were carried out on the environment and equipment.

Systems were in place to monitor the quality of the service that people received. People's needs and choices were assessed prior to moving into the service. People received care and support from experienced staff who received training and supported for their role. People were supported to have a nutritious and balanced diet and their healthcare needs were met.

People and their family members and felt the service met their needs and positive relationships had been formed with the staff delivering care and support.

People and their family members had access to information about how to make a complaint about the service.

Systems were in place to monitor the quality of the service that people received. The registered manager sought information and guidance from other agencies to continually develop the service.

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 having as many opportunities as possible for them to gain new skills and become more independent.

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 (report published 12 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Browns Short Break Respite Limited

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

This inspection was carried out by one inspector.

Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own houses and flat.

This service provides care and support to five people living in three 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Browns Short Break Respite is a care home offering short breaks for up to four people at one time. People in care homes receive accommodation and nursing or personal care as a 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of 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 spoke with three people and three family members of people who used the domiciliary service. We spoke to one person and visited two people who were receiving supported living support, and a family member. We spoke with three people and a family member who accessed the short breaks service. We spoke with seven members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data records relating to the overall management 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding procedures were in place. The majority of staff had completed safeguarding awareness training. Staff had access to information on how to protect people from the risk of harm.
- Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe using the service.

Assessing risk, safety monitoring and management

- Risks to people were assessed and known to staff and plans were in place to minimise those risks. Following discussion, the registered manager further developed the service's system for assessing risk. This included guidance to staff on how to ascertain the level of risk when planning people's care and support.
- Staff had access to policies and procedures in relation to health and safety and the majority of staff had received training in this area.
- People and family members told us they were involved in the planning of care which included minimising any identified risk.
- Regular safety checks were carried out on the environment and equipment in use. We found that regular checks were not being carried out on the temperature of the hot water available in the short break service. The registered manager addressed this immediately.

Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were deployed to safely meet people's needs.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered employment.
- People told us that staff were always available to meet their needs. People using the domiciliary service told us that staff generally turn up on time. Comments included "More or less they turn up on time" and, "Always turn up on time".

Using medicines safely

- The service utilised medication procedures developed by the local authority to promote the safe administration of people's medicines. These procedures included specific guidance for people using the short break service and the domiciliary service.
- Staff responsible for managing people's medicines had completed training in this area.
- People told us that they received their medicines when they needed them.
- Regular reviews of medicines records took place. We saw that the coding used by staff to sign on medication administration (MAR) records did not always correspond with the guidance available to staff. We

discussed this with the registered manager who made a commitment to address this.

Preventing and controlling infection

- The majority of staff had completed infection control training and followed good practice to minimise the risk of the spread of infection.
- Regular checks were carried out on the cleanliness of the short break service.
- Equipment was available to prevent the spread of infection.

Learning lessons when things go wrong

- Lessons were learnt and improvements made following accidents and incidents.
 - Accident and incidents were recorded and reviewed to look for ways of minimising further occurrences.
- One family member told us "If anything happens, they ring".

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of this inspection none of the people using the service had a DoLS in place or had an authorisation by the Court of Protection to deprive them of their liberty.

- Information relating to people unable to make specific decisions had not always been discussed or recorded as identified within MCA guidance. For example, for the use of covert medication. Following discussion, the registered manager sought advice from the local authority and took immediate action to ensure that best interest discussions were arranged to ensure that the principles of the MCA were considered during any decision making process.

We recommend that the provider follows current best practice, in relation to establishing best interest decisions on behalf of people and take action to update their practice accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs and choices were assessed prior to using the service.
- People and their family members were involved in the assessment and planning of their care. One family member told us "I'm involved in the care. At the assessment was asked for a lot of information".
- People and their family members told us that they took part in care plan review meetings.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Training records showed that a number of staff needed to complete refresher training in some areas. The registered manager explained that they were in the process of reviewing all of the training available to staff.
- People spoke positively about the staff team. Comments included "Confident in the care" and, "They do a good job".
- Staff received regular support and guidance from their manager.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain a healthy balance diet.
- People using the short breaks service had a choice of what meals they wanted.
- People in receipt of supported living services told us that with the support of staff, they planned their meals and went shopping for food.
- Advice from healthcare professionals in relation to eating, drinks and specific health conditions were planned for and recorded in people's care plans.

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

- The short breaks service had been adapted to ensure that people had freedom of movement and was accessible to all.
- People had access to equipment to assist them in maintaining their independence.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us that they were happy using the service. Their comments included, "Very well supported", "All the staff are fantastic", "Treat me with respect" and, "I just like being happy, staff make me happy". One person using the short breaks service at the time of the general election told us that they had received support from staff to vote. Another person told us that staff always offer to help with other tasks during their visits. For example, help with washing up.
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed. Comments from people included "Have a laugh" and, "A lot of banter".
- Family members spoke positively about the service their family member received. One family member told us that staff always talk to their relative and explain what they are going to do prior to delivering personal care. In addition, they also take time to encourage their relative to eat and drink during their visits.
- A family member of a person who used the short breaks service on regular basis told us "He absolutely loves it", "Its home from home" and, "I know staff generally care".

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

- People and their family members were encouraged to share their views about the care provided.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People's comments included, "Staff are respectful, they give me the space I need when I am getting upset and they are good listeners".
- People told us they were given choice and control over their day to day lives. People's comments included "Staff always respect choices" and, "I choose what's on the TV, when I go to bed and when I have a shower".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as <insert rating>. At this inspection this key question has remained the same. 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's identified needs had been planned for and were recorded in their care plans. People who used the service and staff had access to this information.
- Records were maintained of the care and support offered and delivered to people.
- Family members told us that they were updated about their relative's care and where appropriate, were involved in care plan reviews.

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 specific communication needs were recorded in their care plans.
- Information was provided in different formats where this was needed to support people's understanding.

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 had access to activities within the service and the local community to offer stimulation to prevent social isolation.
- People using the short breaks and supporting people services were supported to attend local days services and events within the local area.
- People were supported to pursue their hobbies and interests. One person described the service as "Versatile" in supporting them with their care and support needs when travelling around the country to attend meetings and events.

Improving care quality in response to complaints or concerns

- People and their family members knew who to speak to if they were unhappy about the service they received. Their comments included "Would ring the office if I had a concern", "I would phone the office if I was not happy" and, "No complaints, can't speak highly enough".
- A system was in place to record and monitor any complaints received about the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place for monitoring the quality and safety of the service. However, the system in use was on occasions repetitive and did not demonstrate when areas of improvement for staff were identified, would be addressed. For example, when a member of staff had failed to record information. We discussed this with the registered manager who had a commitment to review the systems in place for quality checks on records.

We recommend the provider considers current guidance in relation to monitoring the quality and safety of the service and take action to update their practice accordingly.

- The registered manager and staff were responsive to suggestions made during the inspection to further improve good practice.
- People and staff spoke positively about the registered manager stating that they were approachable. One person told us "The registered manager is always there if I have a problem."
- Policies and procedures to promote safe, effective care for people were available to staff.
- The provider and registered manager were regularly available at the service to offer support to the staff team.
- Managers and staff had a clear understanding of their role and responsibilities and regulatory requirements. Notifications were submitted to the CQC when this was required.

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 their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Arrangements were in place to engage and involve people using the service, family members and staff.
- Staff followed advice and worked in partnership with others such as health care professionals to ensure the best possible outcomes for people.

Continuous learning and improving care

- Staff received regular support and training for their role to ensure their practice was up to date and safe.
- The provider sought information and guidance from other agencies to continue to develop the service.