

Lancashire County Council

Preston Short Break Services

Inspection report

50 Larches Avenue, Ashton, Preston
Lancashire, PR2 1LN
Tel: 01772 722681
Website: www.lancashire.gov.uk

Date of inspection visit: 25 and 28 November 2014
Date of publication: 06/02/2015

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?

Outstanding 

Is the service well-led?

Good 

Overall summary

This inspection took place over two days on 25 and 28 November 2014. It was unannounced on 25 November 2014 and announced on 28 November 2014.

The last inspection of this service took place on 25 July 2013 when the service was found to be compliant with all regulations inspected.

Preston Short Break Service is registered with the Care Quality Commission (CQC) to provide accommodation for persons who require personal care. The home is a purpose built bungalow which can accommodate up to six people with a learning disability and/or a physical disability on a short term basis. Showers, bathrooms and bedrooms were designed to meet the needs of people

with a learning or physical disability. One area could be divided off into a separate annexe, allowing for people to be supported in two groups, should this better meet their needs.

A registered manager had been in post since November 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People who stayed at Preston Short Breaks Service told us that they felt safe and well looked after. Relatives/carers we spoke with also confirmed this. All believed the service was unique and that their relative/friend was safe from abuse.

Policies and procedures were in place to protect people. Staff we spoke with told us they had all received training in the safeguarding of vulnerable adults and were able to explain to us how they would deal with and report suggestion of abuse.

We saw that the service operated a system of 'staff matching'. This ensured that the correct numbers and most appropriately trained members of staff were on duty to support each particular person who stayed there in order to keep them safe. Robust recruitment and selection procedures were in place. Records we looked at confirmed this.

The service did not store medication and people brought their own medication with them. We did see that procedures were in place to make sure people received their medicines in a safe way whilst using the service.

We were shown around the whole building as part of the inspection. The home had been purpose built and each room was fitted with a wide range of specialised innovative equipment to cater for any number of disabilities and conditions to keep people safe from harm.

People who used the service and their relatives/carers told us they felt staff had the skills and knowledge to support them. Staff told us they had received a comprehensive induction to the service which included essential mandatory training such as moving and handling, infection control and health and safety. Specialist training around more complex medical conditions had been received in order to support them and improve their skills.

Staff received regular supervision which included one to one meetings with their line manager as well as annual staff appraisals. Staff meetings took place and staff told us they liked working there and felt listened to.

Relatives/carers told us that with peoples' consent they were consulted as part of the process of decision making relating to the care and support of their relative/friend.

Where people lacked the capacity to consent to their care and support we saw that Preston Short Break Service had policies and procedures in place around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This legislation is designed to protect people who are unable to make decisions for themselves. It was clear from talking to staff that staff they fully understood the principles of the MCA and DoLS.

As people used this service for breaks or holidays, people chose their own food and drink. Staff informed us that they tried to encourage healthy eating but in the end people made their own choices.

People, their relatives/cares and health and social care professionals we spoke with all confirmed that people who stayed at the service were able to see doctors, dentists and other health people if needed.

People we spoke with told us they were happy with the care and support received. We were told care was provided from familiar and consistent care staff that were kind and caring. Staff demonstrated a good understanding of the needs of people who stayed at the home. We saw staff respect people's privacy.

People's records were updated by way of conversations with relatives/carers and professionals before a person returned. People who used the service and their relatives/carers were actively encouraged to share their views. One of the relatives/carers we spoke with said that they had been involved and consulted about the building since day one.

Documents and forms were available with pictures and symbols, to aid the understanding of people with learning disabilities. Relatives/carers we spoke with both praised the unit and the staff, one person told us her relative was terminally ill and the staff did a tremendous job caring for her.

We saw that support plans for people were person centred and included preferences, routines, likes, dislikes and how best to provide the necessary support. Initial referral to the service was followed up by a home visit. This involved the person concerned, family friends and professionals from other services to obtain as much information as possible.

Summary of findings

Before a person arrived the registered manager or team manager matched the support workers to the individual's needs and each person had a key worker responsible for them. This meant that people received consistent support during their stay from care staff who knew them.

Activities at the service were dictated by the wishes to the individuals who stayed. People we spoke with told us there was enough for them to do.

We saw that Preston Short Breaks Service had policies and procedures in place to deal with any complaints made about the service. Information for people was produced in an easy to read format and gave details of how to complain and to whom. There were no outstanding complaints at the time of our inspection.

Staff we spoke with told us they liked working at Preston Short Break service. Staff told us they were able to air

their views and were listened to. All the people we spoke with told us how the management and registered manager created an informal, approachable and atmosphere.

The business support officer for the service was able to tell us about a range of surveys completed to ensure the service met the needs of people who stayed there. People we spoke with who stayed there told us: "Yes I get a yearly survey and you get phone calls".

Regular audits and checks were carried out by the registered manager and team manager for the home. These helped to ensure that high standards were maintained. Records evidenced that safety checks took place.

The home was also subject to internal inspections and audits by the organisation, for instance the regional manager visited the home on a frequent basis.

Summary of findings

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 safe.

People who used the service and their relatives/cares told us they felt the service was safe. Policies and procedures were in place to protect people and staff had received training in how to keep people safe.

Robust recruitment and selection procedures were in place. A system of staff matching ensured that sufficient numbers of appropriately trained staff were on duty to keep people safe.

People received their medicines in a safe manner. The building was suitably designed with innovative fixtures and fittings and adapted to keep people safe from harm.

Good



Is the service effective?

The service was effective.

People who used the service and their relatives/carers told us they felt staff had the skills and knowledge to support them. Staff had received a comprehensive induction and specialist training was available. Staff felt supported.

People were consulted about their care. Relatives/carers told us that with peoples' consent they were also consulted. Where people lacked the capacity to consent, policies and Procedures in place around the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

As people used this service for breaks or holidays, people chose their own food and drink but were encouraged to eat in a healthy manner. People were able to access on going health needs when required.

Good



Is the service caring?

The service was caring.

People told us they received support from care staff that were kind and caring. Relatives/carers supported this view.

Staff had a good understanding of people's needs and we saw staff respected their privacy and dignity. Clear and constantly updated records about changes to people's situations assisted this.

People who used the service and their relatives were actively encouraged to share their views. Documents and forms were available with pictures and symbols, to aid the understanding of people with learning disabilities.

Good



Is the service responsive?

The service was responsive.

Outstanding



Summary of findings

The home is a purpose built bungalow. The interior decoration and cleanliness was first class and it was equipped with a vast range of state of the art equipment to meet the diverse needs of people who stayed there.

Support plans for people were person centred. Before a person arrived the registered manager or team manager matched the support workers to the individual's needs and each person had a key worker responsible for them. This meant that people received consistent support during their stay from care staff who knew them.

Activities at the service were dictated by the wishes of the individuals who stayed. People we spoke with told us there was enough for them to do.

We saw that Preston Short Breaks Service had policies and procedures in place deal with any complaints made about the service.

Is the service well-led?

The service was well-led.

Staff we spoke with told us they liked working at Preston Short Break service. Managers were very accessible and that there was an open door policy. Staff told us they were able to air their views and were listened to.

All the people we spoke with told us the registered manager and management team created an informal, relaxed atmosphere within the home.

We were shown a range of surveys completed to ensure the service met the needs of people who stayed there. People we spoke with told us: "Yes I get a yearly survey and you get phone calls".

Regular audits and checks were carried out by the registered manager and team manager for the home. The home was also subject to internal inspections and audits by the organisation, for instance the regional manager visited the home on a frequent basis.

Good



Preston Short Break Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place over two days on 25 and 28 November 2014. It was unannounced on 25 November 2014 and announced on 28 November 2014.

The inspection team consisted of one adult social care inspector assisted by an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. This expert-by-experience was an expert with a learning disability who was supported by his father.

Prior to this inspection we completed a planning tool. We looked at intelligence held on our own systems about the service. This included statutory notifications, safeguarding

information and any comments or concerns received. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information from external sources such as NHS choices website. This is a website where people can leave reviews and comments about services.

Prior to the inspection we also spoke with commissioners as well as health and social care professionals who visited the service in order to gain their views and opinions on the level of care provided.

During the inspection we spoke with one of the two people who were staying at Preston Short Break Service at the time. The other person did not wish to speak with us so we respected their wishes. We spoke with two relatives/carers of people who had used the service, two members of staff present on the first day of our inspection, the business officer and the registered manager. We observed the care people received throughout and reviewed three records of people's care which included pre-admission assessments, daily records and medicine administration records.

Is the service safe?

Our findings

There were only two people who were staying at Preston Short Breaks Service at the time of our inspection. One person had little communication and did not want to be interviewed by us. The other person did have some communication and was happy to speak. We asked this person if they felt safe from abuse and harm from your care workers. The reply we received was: "Yes, I enjoy it here". We then asked if they also felt safe from abuse and harm from others. We were told: "Yes, no one abuses me".

We also spoke to two relatives/carers by phone, one the day of the visit and the second relative/carer the day after. Both felt the service was excellent. We asked if they believed their relative/friend was safe from abuse and harm from the staff at this service. We were told: "Yes I do" And: "Yes definitely, the staff are wonderful".

Staff we spoke with told us they had all received training in how to keep people safe. We were told this had been on one of two dedicated days during their induction period. They had been taught to recognise the signs and symptoms of abuse as well as how and to who they should report such concerns. One member of staff told us: "I thought it was done well".

Policies and procedures were in place to protect people who used the service which gave clear instructions to staff so that they could act appropriately if needed. We were shown training records by the registered manager which confirmed all staff who worked for the service had received such training and that it had been regularly updated.

Risks to people were discussed with the person and or their relative/carer before they came to stay. Throughout their stay the records were constantly updated and any incidents which took place were recorded on separate incident forms and brought to the attention of the team manager and registered manager. A decision would then be made to refer the incident to the local authority as a safeguarding incident or not. If required the person's information and care plan would be amended and adjusted in consultation with the person and or their relative/carers and any involved professionals. We saw that very few incidents happened. Staff we spoke with were able to demonstrate good knowledge and background

information about the people they supported which enabled them to be creative in spotting trends and triggers and dealing with behaviour which challenged the service before it got out of hand.

We were told by the registered manager that when people were booked in to use the service a process of staff matching took place. The aim of this was to get the most appropriate staff members with the right training and knowledge of the person from the staff team on duty on those days to meet the specific needs of the person who would be staying. We asked a person using the service if staff had the required skills and ability to support them. We were told: "Yes, I have got [named 1] and [named 2] the driver, and [named 3], [named 3] washes my hair sometimes and there is [named 4] as well, and [named 5], they are all good".

Relatives/carers we spoke with thought the service unique and told us: "Yes, they always get to know him". "Always, they also tend to have a get together and all the staff come and introduce themselves to the family as well". And: "Yes. Definitely, way above and beyond and it is not just about my son, they care about the family and they supplement what I am doing".

Staff we spoke with confirmed staff matching process took place. This helped to make people feel comfortable and safe when staying at Preston Short Break Service. It also ensured that there were sufficient numbers of staff with the correct skills on duty to meet individual people's needs. Throughout the inspection we observed that the staffing levels at the time were sufficient to meet the complex needs of the people who were there at the time.

Preston Short Break Service sits under the umbrella of Lancashire County Council. As such robust recruitment and selection procedures were in place to ensure as far as possible that any staff employed were safe to work with vulnerable people. Staff we spoke with told us they had completed an application form, been interviewed and had been asked to provide proof of identification and references. One of which had to have been from the previous employer. We were also told that no one was allowed to start work until such time as checks had been completed with the Disclosure and Barring Service (DBS). The DBS provides a criminal record and background check

Is the service safe?

on people who are trying to gain employment in certain designated employment fields. Staff records we looked at confirmed that such recruitment checks had taken place and references had been checked and followed up.

We looked at the systems in place at Preston Short Break Service to ensure people who came to stay received their medicines in a safe way. Policies and procedures were in place to ensure good and safe practice with the administration of medicines. People who came to stay at the service brought their own prescribed medicines with them. People and or their relatives/carers were given clear instruction on the amount of medication brought in along with how medicines should be packaged and labelled in order that people had the correct amount of medication brought in safely to last them during their stay. The service did not order or keep any stocks of medicines on site.

We were informed that each person had their own personal medication profile. Contact would be made with the person or their relative/carer before they came to stay to see if there had been any changes or updates. When people arrived at the service, their medicine would be itemised, counted and placed in a locked and secure safe by two members of staff. A fridge was available for those medicines which needed to be kept at specific temperatures. This meant there were appropriate measures in place for the safe and effective storage of medication.

A medication administration record (MAR) sheet would be completed and used throughout the time of the persons stay. A reverse of this process took place as and when people left the service. We checked the MAR sheets for the people who were at the service during our inspection. The people who had arrived on the day of our inspection had not been given any medicines so we looked at some records for people who had recently left. We saw the process, as described had been followed. People's records contained a photograph, full details of the medication along with information about any allergies the person may have. We saw no gaps in recordings. Where people had 'As required' medicines also known as PRN medication we saw information which told staff when and under what circumstances this should be given. There were also clear guidelines in place for the use of 'over the counter' medicines.

We did note that there was no fire instruction on the wall telling people who the fire warden was and the muster point, but the registered manager said this had been an oversight as one was present at another home for which she was also the registered manager. This issue had been addressed by the time of our second visit.

Health and social care professionals who we spoke with all told us they felt the service was exceptional and that people were completely safe.

Is the service effective?

Our findings

We asked one person who used the service if they felt staff had the skills and knowledge to support them. We were told: “Yes they do”.

Staff we spoke with told us they had been through a comprehensive induction. This had included one specific day dedicated to the safeguarding of adults. Training had covered the essential mandatory training such as moving and handling, infection control and health and safety. Fire training had also been included along with a period of mentoring with more experienced staff. Staff told us they had been required to work through an induction checklist during which regular reviews on their progress had been completed. Staff records we looked at confirmed this and showed staff received suitable induction into the service to perform their role.

Staff we spoke with also confirmed that additional specialist training had been received in order to support and improve their work. Specialised training was provided to help staff meet the needs of people with complex needs. This had included the use of nebulisers, tracheostomy care (tracheostomy is a surgical procedure to assist breathing), and the care and maintenance of (PEG) Percutaneous Endoscopic Gastrostomy feeding tubes. PEG feeding is a way of introducing food and fluids directly into the stomach. This meant staff were suitably trained to care for with people with complex needs. Staff told us they were encouraged to obtain qualifications. One staff member told us: “The goal would be to get everyone trained to a high level, then everyone can cover for everyone else no matter who is coming here”.

Staff we spoke with told us they received regular supervision which included one to one meetings with their line manager as well as annual staff appraisals. One staff member told us “At first it was after 4, 8, 12, 20 and 24 weeks. Now about every four weeks”. And: “I just had one about two to three weeks ago”. We were told by staff that they also had regular staff meetings during which they had ample opportunity to raise issues and put forward suggestions to the registered manager and team manager in relation to the running and improvement of the service. Staff told us they felt listened to. We looked at a sample of supervision and appraisal records where we saw topics such as work performance, training needs and professional development had been discussed.

Relatives/carers told us that with peoples’ consent they were consulted as part of the process of making decisions relating to the care and support of their relative. We were told: “Yes I am. Definitely, without doubt, no decisions are made without consultation”.

We were informed by the registered manager that assessments involved family members and other professionals, such as community nurses, as well as any other people involved in the life of the individual concerned. This assessment helped to define the requirements of the person along with any individual preferences. We saw records where introductory visits had taken place along with recorded evidence that people and or their relatives/carers, with consent, had been involved in this process.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

We saw that Preston Short Break Service had policies and Procedures in place around the MCA and DoLS. Records we looked at confirmed that staff had received training in this area. Discussions with staff showed us that staff fully understood the principles of the MCA and DoLS along with their respective codes of practice. Throughout our time on site we observed staff putting these principles into practice.

We discussed DoLS in particular with the registered manager as the model of short breaks did not fit easily with the DoLS legislation. For example if someone who lacked the appropriate capacity were to have restrictions placed on them as part of their care plan in order to keep them safe, there would be a good chance that they would have left the service and returned home before any formal assessments of the restrictions could take place. We were shown evidence that regular discussions were taking place with the Local Authority DoLS team about this issue. We

Is the service effective?

also spoke with the DoLS team who told us the registered manager fully understood the issues and the service was doing everything possible to arrive at appropriate solutions.

We were shown around the whole building as part of the inspection. We saw that the interior decoration was clean and bright and well maintained. We saw that rooms had been specially designed with innovative décor, fixtures, fittings and other state of the art equipment. As an example, one room in particular had been specially adapted to accommodate any person who may have Pica. Pica is a disorder which is characterised by persistent and compulsive cravings to eat non-food items for example flakes of dried paint, wood, plastic or pieces of metal. Other rooms had other special adaptations such as ceiling track hoist and special baths designed to keep people with special needs safe from harm. The home was designed and able to support people with any form of learning or physical disability.

We looked at the way people received nutrition and hydration whilst at the service. As people used this service for breaks or holidays, people chose their own food and drink. One person who used the service told us they got enough to eat and drink. They told us: "I do, I help myself sometimes". And: "I pick what I want to have, maybe lasagne or something else and sponge and custard". This person opted to go out to a local carvery for a meal on the evening we were there. Other people we spoke with told us their relative sent out for take-a-way meal if they wished or

went with staff to buy food in. Staff we spoke with told us that they tried to encourage healthy eating but in the end it was people's choice as to what they ate or drank during their stay. Records we looked at gave detailed instructions as to people's preferences for staff to follow. As an example one person's record stated 'Pork sausages as long as not cooked too much or thick skinned'.

We asked a person who stayed at the service if they were able to see doctors, dentists and other health people if needed. We were told: "I go to the doctors and dentist sometimes, they give me the needle and do my blood, my Mum and Dad take me as well".

Relatives/carers we spoke with told us that their relative/friend was able to get healthcare outside of the service if needed. One person told us: "Yes, he has his own Doctor. Yes, we take him".

The registered manager and staff we spoke with told us that district nurses would come in when required. Each person had their own personal emergency plan on file which covered medical treatment. We also saw from records that one person when they stayed at Preston Short Breaks Service brought their own medical staff in with them to deal with complex medical procedures whilst they were there. This meant people were supported and able to continue with on-going healthcare needs during their stay.

Prior to the inspection we made contact with three health and social care professionals who had dealings with the service. None had any concerns.

Is the service caring?

Our findings

People we spoke with told us they were happy with the care and support received from this service and that they were treated with dignity and respect. We were told: “Yes, support good”. And: “They treat me nice”.

People told us they received care from familiar and consistent care staff who were kind and caring. People told us: “Yes, ‘cause [named care staff] sleeps in different rooms to look after me”. “Yes I do”. And: “If I need something they help me”.

Relatives/carers we spoke with told us: “Yes they do. Of course, always, sometimes better than me and I’m his mother”. “Yes. Yes they are wonderful, they even ring before he goes in to check if everything is alright and if there are any concerns”.

We saw staff respect people’s privacy. One person who was staying at the service during our inspection wanted to spend time alone in the sensory room. Staff informed the person that we were on site but respected the person’s wishes to spend time in the room on his own and not speak with us. Throughout the inspection we saw staff treat people who stayed there in a friendly manner displaying genuine warmth and affection towards them.

Staff we spoke with told us people’s files were well organised, meaning that important information about individuals was easy to find. This helped them to learn

about people’s preferences and habits. We saw from people records that detailed notes were kept during a person’s stay. These notes were updated by way of conversations with relatives/carers and professionals before a person returned in order to highlight any changes staff needed to know about and to ask if there was any particular activity the person wanted to do during their visit.

Staff demonstrated a good understanding of the needs of people who stayed at the home and we observed staff communicating with people using the individual’s preferred communication method, such as signing. One staff member told us: “I view them as guests. They are on holiday”.

People who stayed at the service and their relatives/carers were actively encouraged to share their views. Documents and forms were available with pictures and symbols, to aid the understanding of people with learning disabilities. Relatives we spoke with told us: “Yes, they give me a sheet of what they have done with my daughter and they bring me up to speed with whatever I should know, and we get phone calls from the service”. And: “Yes they do, they are very good at this”.

Relatives/carers told us that they could not speak highly enough of the service and would not hesitate to recommend it to others. We were told: “Yes. Yes, I do all the time, people get tired of listening to me when I tell them how good the service is, because I tell them so often”.



Is the service responsive?

Our findings

Preston Short Breaks Service is a purpose built bungalow consisting of six ensuite bedrooms and a further three bathrooms, two of which were referred to as 'Jack and Jill' rooms, this was because they could be accessed from two separate bedrooms, one door locked when the person from the other room was using it.

People told us they felt involved with the service. We were told by one of the relatives/carers we spoke with that they had been involved and consulted about the building since its conception. Although there were only two people staying on the first evening of our inspection the first person who arrived immediately made themselves at home, took his coat off and his shoes and socks and went into the sensory room completely at ease and supported by a staff member. The second person arrived and he made himself at ease in the registered manager's office where we were able to speak with him.

Relatives/carers we spoke with both praised the unit and the staff, one said "I think the service is absolutely brilliant, I don't have any worries at all and my daughter loves it". This person also said that her daughter was terminally ill and the staff did a tremendous job caring for her. Another carer said, "I am ecstatic with the care he receives here, the staff work with me and that's a nice feeling".

We saw that support plans for people were person centred and included preferences, routines, likes, dislikes and how best to provide the necessary support. Each person had a 'support planning and assessment' document on their file. This was constantly updated before the person arrived and during their stay which showed the service was flexible and responsive to people individual needs and preferences. We saw one person's plan amended within minutes of their arrival as a result of a request they made.

The registered manager told us about the process carried out when a person wished to have a stay at the service. The initial referral was followed up by a home visit. This would be arranged and involve the person concerned, family friends and professionals from other services involved with the person. An individual personal profile would be drawn up from this meeting. We were informed that this would be added to over time as people's needs changed through age, circumstances and preferences. Much information was updated during a person's actual stay.

Symbols and pictures were used as part of this document to assist the person concerned in decisions around their care and support. Other areas in the planning document included information on a person's 'Circle of support' (relatives, education, friends and support equipment), information on what would constitute a good day as opposed to a bad day, and how best to support them.

Each person booked in advance to stay at the service. Prior to their arrival the service matched the support workers to the individual's needs and each person had a key worker responsible for them. This meant that people received support during their stay from care staff who knew them, their needs and requirements and most importantly, got on well with them. Prior to the arrival the allocated support staff would open the relevant care file and speak to carers, family, friends and professionals to update the file to ensure any changes to the person needs since their last visit were recorded in time for the stay. This ensured people's care and support whilst away from home was maintained at an equivalent standard to that which they would normally receive.

People we spoke with told us they were involved in making decisions about their care and support to enable them to remain as independent as possible. People told us: "Yes". "Yes, I get my pyjamas on and before I go to bed I do some yoga".

Staff we spoke with told us: "It's up to them what they do". "It's like a holiday for them. They can do whatever they want".

Relatives we spoke with told us: "Yes, I think the service is absolutely brilliant and I have no complaints whatsoever, I don't have any worries and she loves it". "Yes. As I said before, definitely no decision made without consultation". And: "Yes. He has not moved anywhere but when he moved to this service the staff came out to see me and they had the paper work from where he was moving and they talked to all of us before he went to the service".

Activities at the service were dictated by the wishes to the individuals who stayed. There were two kitchens, two lounges, one of which had a number of items for activities; art, games, guitar, and a modern purpose built sensory room. This contained a range of electronic lighting, audio visual equipment, along with physical fittings designed to stimulate the senses. We saw one person spend some considerable time in this facility. We were shown a



Is the service responsive?

conservatory in which there was a pool table and another games, as well as a well maintained garden. People we spoke with told us there was enough for them to do. One person said: “Yes, I go on the internet here, the staff help me, I am on Face Book and I go on the music sites, I like the 80’s music”. And: “I go to my bedroom; they take me out sometimes to Blackpool. They have got a sensory room and a pool table”.

Relatives /carers we spoke with told us: “My Daughter is terminally ill but they do as much as they can with her. They are wonderful and they take her on outings, they do look after her”. And: “The care [named] receives goes above and beyond”.

Our own expert by experience, who also lived with a learning disability, told us after the inspection: “I think I would describe this service as a leader and a target for other services to achieve”. This comment was based on experience inspecting similar services throughout the Northwest and was included in their report.

We saw that Preston Short Breaks Service had policies and procedures in place to deal with any complaints made

about the service. We saw leaflets giving this information were available in the registered manager’s office which was open to all. Information was also given as part of pre-admission information. It was provided in an easy to read format which included pictures, with details of how to complain, to whom and it what timescales any complaint would be dealt with. The complaints form itself was also in an easy read format which ensured the procedure and mechanism for complaints was accessible and easy to understand. There had been no formal complaints made about the service. Any issues raised locally had been resolved informally and the persons support plan had been reviewed and amended to reflect this. We were shown one example where this had happened.

People we spoke with told us they knew how to make a complaint. One person told us: “There is no big telly in the bedrooms, just a small one, I haven’t told anyone”. Whilst a relative/carer told us: “I don’t have any. I have never had any, if I had concerns even about anywhere else I feel I could talk about them without being judged”.

Is the service well-led?

Our findings

The service had a current statement of purpose. This is a document which outlines the vision, aims and objectives of the service. There were clear lines of responsibility and accountability. All the staff we spoke with were knowledgeable and dedicated to providing a high standard of care and support to people who stayed at the home. Staff referred to people as their guests as they felt people were on holiday.

The registered manager in place had registered with the Care Quality Commission (CQC) in November 2011. The fact that this service had the same registered manager in place for a number of years helped to ensure continuity of the service provided.

Staff we spoke with told us they liked working at Preston Short Break Service. Staff told us: “I would be happy for my child to be here”. “I like it. The diversity of different people”. And: “We have two managers in practice. [Named] is the service manager for here and another home whilst [named] is the team manager at this house”. We were informed that both managers were very accessible and that there was an open door policy. Staff told us they were able to air their views and were listened to.

We spoke with people, staff and visiting health and social care professionals for their thoughts on the leadership of the home. All the people we spoke with told us about the management and registered manager of the home and how there was an informal approachable atmosphere in which it was easy to chat, ask about things or be helped. We observed positive interactions between the registered manager and staff throughout our time at the service.

We spoke with the business support officer for the service. This person was not involved in the care of people who stayed there. This person was able to tell us about and show us a range of surveys completed to ensure the service met the needs of people who stayed there. We were told that quarterly surveys were done of people who stayed at the service along with two full surveys each year to relatives/carers including people they supported. One of

which was a telephone survey and the other a postal questionnaire. Results were collated, analysed and a list of comments created. Any adverse comments made were dealt with personally by the registered manager. We were told: “The surveys can be anonymous if the people prefer, but she [the registered manager] does like to know if there is something that she has to address”.

People we spoke with told us: “[Named staff] asks me”. “I can speak to [named] or anyone”. And: “They ask Mum”. Whilst a relative/carer told us: “Yes I get a yearly survey and you get phone calls”.

We also looked at some of the feedback from surveys returned by relatives/carers and these contained much positive feedback about the quality of the service. As an example we saw one compliment where a relative felt that the quality of care provided for a relative with complex needs and behaviour had ‘broken the cycle’ of behaviour.

Regular audits and checks were carried out by the registered manager and team manager for the home. These helped to ensure that high standards were maintained. Records evidenced that safety checks took place. We saw records of fire equipment, emergency lighting, water temperatures and the electrical system being checked. Risk assessments addressed the potential risks of using certain equipment at the home as well as making sure that the correct environment was maintained for the diverse needs of people who stayed at the service.

The home was also subject to internal inspections and audits by the organisation, for instance the regional manager visited the home on a frequent basis. Information gathered during these quality monitoring visits was compiled into a report, which set out the developments of the home as it continued to find ways to improve. The regional manager made checks on risk assessments, audits on care plans, training, supervision and the home’s improvement plan.

We saw evidence that the service worked in partnership with other agencies e.g. schools, children's short breaks to ensure best practice and high quality care was maintained and consistent.