

Luton Borough Council

96 Tomlinson Avenue (Respite Services)

Inspection report

96 Tomlinson Avenue
Luton
Bedfordshire
LU4 0QQ

Tel: 01582605196
Website: www.luton.gov.uk

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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

We carried out an unannounced inspection on 21 April 2016.

The service provides short-term respite care and support to people with physical disabilities, learning disabilities and/or autistic spectrum conditions. Four people are supported by the service at a time and they had around 31 people who occasionally use the service.

There was a registered manager in post. 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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm. The provider had effective recruitment processes in place and there was sufficient staff to support people safely.

Staff received regular supervision and they had been trained to meet people's individual needs. They understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care or make decisions about some aspects of their care, this was managed in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to make choices about how they lived their lives. People's health and wellbeing was promoted, and they were supported to access other health and care services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They were supported to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people who used the service and their relatives, and they acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements. The manager provided stable leadership and effective support to staff. They also promoted a caring culture within the service.

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.

There were systems in place to safeguard people from the risk of harm.

The provider had a robust recruitment procedure in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's consent was sought before any care or support was provided. Where people did not have capacity to make decisions about some aspects of their care, staff understood their roles and responsibilities to provide this in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health services when required to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by kind and caring staff.

Staff understood people's individual needs and they respected their choices.

Staff promoted people's privacy and dignity, and supported them in a way that helped them to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints and concerns.

Is the service well-led?

Good ●

The service was well-led.

The registered manager provided effective support to staff, and promoted a caring culture within the service.

People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these had been used effectively to drive continuous improvements.

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Detailed findings

Background to this inspection

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

This inspection took place on 21 April 2016 and it was unannounced. The inspection was carried out by one inspector.

Before the inspection, we reviewed information we held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with one person who used the service and their visiting fiancé, two care staff, the registered manager and their manager. The other three people who used the service had limited verbal communication skills. Therefore, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us.

We looked at care records for the four people who were staying at the service at the time of the inspection. We also looked at two staff files to review the provider's recruitment, supervision and training processes. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

The person we spoke with told us that they were safe and they found their short stay at the home really good. They also said, "I always feel safe. When I first came I wasn't sure what will happen, but I was happy after talking to staff." A member of staff we spoke with told us, "Service users are always safe here."

The provider had processes in place to safeguard people from risk of avoidable harm or abuse. This included safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace without fear of consequences of doing so. We noted that this information was displayed on a notice board by the entrance to the home so that people who used the service, visitors and staff had the details of organisations they could contact if they had concerns about a person's safety. A 'Keep Safe', easy read guide to personal safety was also available for people who used the service to read. Staff we spoke with showed good understanding of how to keep people safe and they had received appropriate training. A member of staff said, "Most of the service users are vulnerable adults and it is our role to make sure they are safe. I will always report any concerns I might have about their safety." Another member of staff told us, "I have never been concerned about service users being abused or mistreated. Whistleblowing and safeguarding policies are there to guide us on how to protect service users."

Each person had personalised risk assessments in place to minimise potential risks to their health and wellbeing. For example, one person had a general risk assessment that included risks associated with their lack of understanding of financial management and budgeting, unsteady on their feet, use of kitchen equipment and appliances, and the support they needed to meet their personal care needs. Another person's identified risks included road safety while accessing community facilities and not being able to manage their own medicine regime. We noted that the risk management plans included detailed information on how staff could support people in a way that minimised the risks, and these had been reviewed regularly. A member of staff said, "Service users are safe because we have risk assessments that we follow. Overall, this is a very safe environment for them."

The provider had systems in place to ensure that the physical environment of the home was always safe for people to live in during their short stays. We saw that they carried out regular health and safety checks and there was evidence that gas and electrical appliances had been checked and serviced regularly. Also, there were systems in place to ensure that the risk of a fire was significantly reduced, and the fire risk assessment had been last carried out in January 2016. There was an emergency evacuation file which contained the contact details of senior staff and a mobile phone that staff could use if they had no access to other means of communication. This also contained colour coded personal emergency evacuation plans (PEEP) for each person who stayed at the home, with red indicating people who needed the most support to evacuate the building safely. We noted that these were reviewed regularly to ensure that the information was still relevant and up to date. Additionally, records were kept of incidents and accidents, and the provider had guidance for staff on how to report these. Everyone knew who the first aider was on each shift because there was a list displayed by the entrance to the home. This also showed when their training was due to be updated, and it acted as a visual reminder for staff to update their training as soon as it had expired so that they continued to provide safe support to anyone who might have needed it.

We looked at the records for two members of staff and found that the provider had robust recruitment processes in place to carry out thorough pre-employment checks. These included checking each employee's identity, employment history, qualifications and experience. They also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

The duty rotas showed that sufficient numbers of staff were always planned to support people safely. There were always at least two members of staff to support up to four people staying at the home during the daytime and one at night. The person we spoke with told us that there was always enough staff to support them. They also said, "If I have a problem, I can say to staff and they support me." Staff told us that the staffing numbers were sufficient for them to support people safely and that they were able to cover most of the shifts with regular staff. They also had four casual staff who could provide staffing cover when required.

Some people were being supported to take their medicines and we saw that this had been managed safely by trained staff. The person we spoke with managed their own medicines and they did not have any concerns about their medicines. The medicine administration records (MAR) we looked at had been completed correctly with no unexplained gaps. This showed that people were being given their medicines as prescribed by their doctors.

Is the service effective?

Our findings

Staff had been trained to acquire the right skills and knowledge to support people appropriately. We observed that staff were skilled when they supported people with limited verbal communication skills and they understood how to provide the right support to each person. The person we spoke with was happy with how staff supported them.

Staff had received training in a range of subjects relevant to their role. This included first aid, food safety, safeguarding, medicines management, and epilepsy awareness. Staff told us the training had been effective in enabling them to develop the skills and knowledge necessary for them to support people effectively. A member of staff said, "Training is really good. We do attend regularly for updates too." Another member of staff said, "Training is good. They provide us with different and ongoing training." The member of staff also told us that they were hoping to start a level 3 Qualifications and Credit Framework (QCF) course in health and social care in the near future. We saw that other members of staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ).

Staff told us that they had regular supervision meetings and we saw evidence of this in the records we looked at. A member of staff said, "I have regular supervision and I am happy with the level of support from the managers. I am also happy to support new staff to the service." Another member of staff said, "I get good support. The senior staff are always willing to help with any issues."

Staff told us that they made sure that people consented to their care and support before any support was provided. Where possible, some people had signed forms to show that they consented to their care and support, including being supported with their medicines. For example, the care records of the person we spoke with showed that they were able to understand information given to them and to make informed decisions about their support needs. However, some of the people's health and care needs meant that they did not have capacity to make decisions about some aspects of their care. In such cases, we saw that relevant mental capacity assessments had been completed to ensure that any support provided was in accordance with the requirements of the Mental Capacity Act 2015 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that the provider had taken appropriate steps to refer people for assessment if the way their care was provided could result in their liberty being restricted. For example, three of the four people staying at the home at the time of the inspection required authorisations as they needed constant staff supervision in order to remain safe.

We saw that people had been provided with a variety of nutritious food. Regular meetings were held with

people so that as much as possible, they could choose what they wanted to eat. A member of staff told us, "Menus are planned every Sunday and we use service users' food profiles to plan for those who will not be at the meeting. Each morning, we tell service users what is on the menu and help them to decide if they want that or something else." The person we spoke with told us that they enjoyed the food and that staff prepared this for them. They said, "The food is good. Staff ask me what I would like to eat and if I don't like something, they will give me something else." There was no one at the home during lunchtime because the majority of people had gone to day services, but we were able to observe the evening meal. We saw that a choice of food had been given as a person who did not like mashed potatoes had chips and sausages for their meal. Staff sat at the dining table with people and supported them to eat their meal. A member of staff prepared two jugs of orange and blackcurrant squash and they asked people which flavour of drink they wanted. One person was able to communicate their choice by pointing at the one they wanted. We saw that a meal had been saved for a person who returned to the home after others had already eaten. It was nice to see that they also offered food to the person's visiting fiancé.

People were not always supported by the service to access other health services, such as GPs, dentists, chiropodists, and opticians because they only lived there for short periods. However, we saw that staff had the information they needed to ensure that people had the right support and treatment if they became unwell while at the home.

Is the service caring?

Our findings

The person we spoke with told us that staff were kind and caring to everyone they supported. They also said, "It's really good here and staff are friendly. They help us all." The manager had displayed photographs and names of staff working at the home in a calendar style so that people knew which members of staff would be supporting them each day. The person we spoke with had checked this and was able to tell us who would be working that afternoon, when everyone had returned from their day services. They also knew who the night staff would be.

We observed that staff communicated with people in a positive and respectful manner. It was evident that staff were able to communicate effectively with people who had limited verbal communication skills. A member of staff said that people were happy at the home. They added, "I'm sure you could tell by their body language." Another member of staff said, "I have learnt people's different communication methods. Some staff have done Makaton training and I would like to do this. I will learn better with face to face training as I have found it difficult following the guidance on file." The person we spoke with told us that they normally got on really well with other people at the home, but staff supported them if they found another person's behaviour challenging.

The person we spoke with told us that their views were listened to and they were able to make choices about how they lived their lives. They said, "I always choose what I want to do during the day while I am here." A member of staff told us that they supported people to make choices and to be as independent as possible. They added, "We are here to try and promote independence, enhance service users' skills by giving them challenges or tasks to do." They went on to give us an example that they always encouraged people to lay the table before meals and help to clear the table after, if they were able to do so. Another member of staff told us that they also worked closely with people's relatives to ensure that they had the information they needed to support people well. They told us, "Communication with service users' family members is very helpful in helping us to fully understand their needs." Staff showed that they understood how to maintain people's confidentiality. They told us that they would not discuss about people's care outside of work or with agencies that were not directly involved in their care. We also saw that people's care records were stored securely within the home.

Most of the information given to people was in 'easy read' format so that they could understand it in order to make informed choices and decisions. There was a 'service user guide' available to people and their relatives. This included information about the service and where they could find other information, such as the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed. Additionally, there was information about an independent advocacy service that people could contact if they required additional support.

Is the service responsive?

Our findings

People's needs had been assessed prior to them using the service and care plans had been developed so that they received appropriate care and support. The care plans we looked at were person centred and showed that people's life history, hobbies and interests, how they communicated with others, their preferences, wishes and choices had been taken into account. These identified what support people needed while at the home, and they had been reviewed and updated regularly with involvement from people and their relatives. For example, a person had a 'positive handling plan', which showed that they needed support to manage behaviours that challenge others. Staff told us that they had been trained to support the person without the need to physically restrain them. The manager told us that they were a 'Team Teach' instructor for the provider and therefore was able to support staff with using appropriate techniques to support people. 'Team Teach' is a programme that teaches staff to use the least restrictive techniques to manage behaviours that may challenge.

The person we spoke with told us that they stayed at the home when their 'shared lives' carers were away on holiday. They said that staff supported them well and in a way that met their individual needs. We saw that staff had guidance on how to manage bookings for people's short stays at the home. Monthly records were kept of who stayed at the home and how long for. Staff told us that advance bookings helped them to prepare for people's arrival, including planning what food they would need to buy. A member of staff said, "Service users change a lot at this service and staff need to be aware of their care plans in order to understand their support needs. Sometimes we need to see service users a few times before we fully understand their needs."

Most people who stayed at the home attended day centres during weekdays. On the day of the inspection, three of the four people were at day services until the evening and the other person left for shopping with their fiancé during early afternoon. The person we spoke with told us that they were always able to choose how they spent their day. They said, "I am able to do what I enjoy. I like drawing, going out for shopping and spending time with my fiancé." They also said that they attended a social club while at the home and they sometimes went to a day centre. A 'social activities' file had information about what people did to positively occupy their time. After people had eaten their evening meal, a member of staff asked them if they wanted to watch TV or listen to music and the three people who were there at the time, chose to listen to music.

The provider had a complaints procedure in place so that people knew how to raise any complaints they might have about the service. The person we spoke with said that they had nothing to complain about because they were happy with how they were being supported. There had been four recorded complaints in the 12 months prior to the inspection and we saw that appropriate action had been taken to investigate and resolve the issues raised by people's relatives.

Is the service well-led?

Our findings

The service had a registered manager who was supported by a senior support worker. Staff we spoke with told us that the service was well managed and they were very happy about the support they received from the registered manager and the senior support worker. A member of staff said, "It's a lovely environment to work in. We work well as a team and get on really well with each other. Everyone is always supportive." Another member of staff said, "It's a good service and I have enjoyed working here." They further told us that the care they showed for their colleagues translated to how they supported people, adding, "Service users are well looked after. We get attached to them and look after them really well."

The manager and staff told us that there were plans to move the service to a new, purpose-built location. One of the members of staff we spoke with was disappointed that they would not be able to move to the new location because it was too far for them to travel by public transport. However, they said that the new home would provide more room and quiet spaces, particularly for people who sometimes exhibited behaviours that challenge others. Staff also told us that they had been encouraged to contribute to the development of the service. They held regular team meetings where a variety of relevant issues were discussed and we saw the minutes of the last six meetings.

There was evidence that the provider sought feedback from people who used the service and their relatives so that they had the information needed to continually improve the service. Weekly meetings were held with people there at the time to plan menus and activities, as well as, to discuss any issues people might have about their stay. The provider also sent surveys to people and their relatives. The 21 responses received in 2015 showed that people were mainly happy with the quality of the service and some included suggestions to improve the experiences of individual people who used the service. We saw that these had been collated into an action plan so that actions could be taken to make improvements. We noted that people's comments were acted on. For example, a person's care plan had been updated following feedback from their relative that they would benefit from support to cut up their food. The manager told us that they had not yet sent questionnaires for 2016 due to the proposed changes to the service. Additionally, from January 2015 the manager started sending a regular newsletter to people and their relatives. The contents of this included information about staff changes, medicine management processes, booking procedures, requesting that people's personal items were named, and the results of an internal audit by the provider.

The provider had effective processes in place to assess and monitor the quality of the service provided. The manager and the senior support worker completed a range of audits including checking people's care records to ensure that they contained the information necessary for staff to provide safe and effective care. The provider also audited the service annually and they had produced a service plan for 2015-2018, which set out the purpose of the service, its key priorities, key actions and key performance indicators. It was evident that their aim was to deliver a safe service that met people's needs and their expectations.