Action for Children

North Somerset Short Breaks

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

Overall summary

North Somerset Short Breaks provides personal care and support to young adults with learning disabilities who may also have additional complex needs in their own homes. The service provides support predominately to children, it also has a provision for young adults.

At the time of this inspection there was one person who received support from the service. The person received 24 hour support, this type of service is often referred to as a supported living service. A supported living service is where people have a tenancy agreement with a landlord and receive their care and support from a care provider. As the housing and care arrangements were entirely separate people can choose to change their care provider if they wished without losing their home.

The inspection took place on 07 January 2016 and was announced.

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.

Summary of findings

Relatives were happy with support arrangements provided. They told us their family member was safe and treated with respect. Professionals spoke positively about the service provided. The person was cared for by an established, motivated and well trained staff team.

Systems were in place to protect the person from harm and abuse and staff knew how to follow them. The service had systems to ensure medicines were administered and stored correctly and securely. There were enough staff available to keep the person safe and meet their needs. A recruitment procedure was in place and staff received pre-employment checks before starting work with the service.

Risk assessments had been carried out and they contained guidance for staff on protecting the person. The care plan provided information about how the person wished to be cared for and staff were aware of the person's individual care needs. The person had access to healthcare services and were supported to attend health appointments where required.

Staff received training to understand their role and they completed training to ensure the care and support provided to the person was safe. New members of staff received an induction which included shadowing experienced staff before working independently. Staff received supervision and appraisals and told us they felt supported.

The person's preferences were recorded and arrangements were in place to ensure that these were responded to. Staff were knowledgeable regarding the individual care needs and preferences of the person. Relatives were involved in the care planning process.

There were systems in place to receive feedback from relatives. Relatives were confident if they raised concerns these would be responded to. The service sought the views of relatives to gauge their satisfaction and make improvements to the service. The registered manager and provider had systems in place to monitor the quality of the service.

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?

Good

The service was safe.

The person was protected from the risk of abuse because staff were trained and understood how to report it.

The person was protected from the risk of abuse because the provider followed safe recruitment procedures.

The person's medicines were managed safely.

Risks to the person's safety were identified and care plans identified the support they required to minimise risks.

Is the service effective?

Good

The service was effective.

The person's rights were protected because the correct procedures were followed where people lacked capacity to make decisions for themselves.

The person received care and support from staff who had the skills and knowledge to meet their needs.

The person's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good

The service was caring.

Relatives told us they were happy with the care and support their family member received to help them maintain their independence.

Relatives were involved in making decisions for people about their care and staff took account of their individual needs and preferences.

The person was supported by staff who told us how they respected dignity and maintained privacy.

Staff knew the person they were supporting well and relatives said they had developed good rapport with them.

Is the service responsive?

Good

The service was responsive.

The person was supported to become independent and make their own decisions and staff respected this.

Support was provided flexibly to help the person achieve the outcomes they wanted.

Care planning was person centred and focused on the person's individual needs, well-being and aspirations.

Summary of findings

Relative's views on the service were sought to gauge their satisfaction and make improvements.	
Is the service well-led? The service was well led. The registered manager encouraged a positive and open culture by being supportive to all staff and encouraging feedback. The person was supported and cared for by staff who felt supported by a approachable manager. Systems were in place to monitor and improve the quality of the service for the person.	Good

North Somerset Short Breaks

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 07 January 2016 and was announced. The provider was given 48 hours' notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of an adult social care inspector.

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 looked at the information in the PIR and also looked at other information held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also obtained the views of service commissioners from the local council who also monitor the service provided by the agency.

During the inspection we spoke with the registered manager and four staff members. We looked at documentation relating to the person who used the service, three staff recruitment and training records and records relating to the management of the service. After the inspection we spoke with one relative and two visiting professionals.

Good

Is the service safe?

Our findings

The service was safe. Relatives told us their family member was safe in their home with the staff supporting them. The relative told us, "I have no worries for my family member safety, they feel safe and secure with the staff".

The service had suitable arrangements in place to ensure that the person was safe and protected from abuse. The registered manager and staff knew the importance of safeguarding the person they supported. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. Staff described how they would recognise potential signs of abuse through the person's body language, facial expressions and physical signs such as bruises. They told us this would be reported to the registered manager and they were confident it would be dealt with appropriately. They were also aware they could report this to the local authority safeguarding department. One staff member said, "I am absolutely confident the manager would deal with it, we discuss safeguarding in team meetings and supervisions and I would go to an outside agency if needed". Staff were aware of the provider's safeguarding policy. The service also had a whistleblowing policy and staff told us they would report concerns to external agencies such as the police or the safeguarding team if required. Staff told us they had received safeguarding training and records confirmed this.

A recruitment procedure was in place to ensure the person was supported by staff with the experience and character required to meet the needs of people. We looked at three staff files to ensure checks had been carried out before staff worked with the person. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant had any convictions that may prevent them working with vulnerable people. Staff told us these checks were completed prior to them starting work.

Records showed assessments were undertaken to identify risks to the person who used the service, these assessments were reviewed regularly. The relative told us they were aware of the risk assessments in place. The assessments covered areas where the person could be at risk, such as managing their medicines, going out in a vehicle and staff working alone. We also noted that risk assessments of the person's environment were carried out to ensure the safety of them and the staff.

We looked at the staff records and discussed staffing levels with the registered manager. The registered manager told us staffing levels were based on the person's individual assessed hours and the staffing rota was arranged around this. Staffing rota's reflected the person's individual hours and identified when they required support. Staff and relatives thought there were enough staff available to meet the person's needs. One staff member told us, "Staffing is ok, we never struggle". The relative said, "We have no staffing concerns, there are always regular staff on". We looked at the staffing rotas and confirmed the staff support hours identified for the person were covered. The registered manager told us they were able to provide additional hours where required if the person's needs changed.

There were systems in place for the administration and recording of medicines. Records showed that the person had guidelines on how and when they take their medicines. Staff told us medicines were stored securely. The relative told us they were happy with the medicines arrangements in place for their family member. Staff told us they were working with the person to enable them to be more independent with their medicines. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that medicine administration records (MAR) were signed and medicines were administered. We noted that following medicine errors this was discussed with the staff member involved during supervision to reduce the likelihood of further incidents.

Good

Is the service effective?

Our findings

The service was effective. The person received support from staff who knew them well and had the knowledge and skills to meet their needs. The relative told us they thought staff were trained to meet the needs of their family member.

Staff completed an induction when they commenced employment, the registered manager told us the induction linked to The Care Certificate. The Care Certificate Standards are standards set by Skills for Care to ensure staff have the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff told us the induction included a period of shadowing experienced staff and looking through records, they said this could be extended if they needed more time to feel confident. One staff member said, "There was lots of communication, checking out if I was happy and confident and prepared for the role". Staff had attended a week induction relating to the person who used the service and they told us this was a good opportunity to understand the needs of the person before working with them. One staff member said, "We had a week where the team got together, lots of professionals came to talk about [name of person]. The training was based on their [the person's] needs, it was definitely good to have that, very beneficial".

The relative told us they thought staff were trained to meet the needs of their family member. Staff felt they had enough training to keep the person safe and meet their needs. Training included core skills training that the provider had identified such as medicines, safeguarding adults from abuse, positive behaviour management and fire safety. Staff also received training to meet the person's health needs. We looked at the training matrix and identified there were some staff who needed updated refresher training for some subjects. The registered manager told us they had arranged for training to be delivered to these staff. Staff told us there were good opportunities for on-going training and for obtaining additional qualifications. One staff member told us, "The training is very comprehensive and regular, anything specific you want to access you can". Another commented, "The manager is very staff focused and keen on developing staff".

Records showed staff received regular supervision and appraisal from their supervisors. This gave staff an opportunity to discuss their performance and identify any further training they required. One staff member told us, "We discuss safeguarding and general concerns, they are definitely supportive and a good opportunity to have a chat about how things are going". Another commented, "Supervisions are really good, open and honest, the manager wants you to come up with ideas".

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. 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.

Care records showed the service recorded whether the person had the capacity to make decisions about their care. For example, care records described how they might have capacity to make some daily decisions like choosing their clothes or what they wanted to eat or drink. However, more significant decisions about their care and finances would need to be made on their behalf in conjunction with their family and other healthcare professionals. For example, any decision about medicines administration, the cost of leasing a vehicle and sharing information.

Records showed the person was supported to have regular contact with health professionals including their GP, dentist, district nurse, dietician and occupational therapist where required. The service worked closely with the intensive support team in developing approaches to supporting the person. The relative told us they were kept up to date with their family members changing needs. Staff told us handovers were used to communicate changes in the person's needs. All staff also had secure emails and the registered manager told us they used this to cascade information and updates relating to people's needs.

Good

Is the service caring?

Our findings

The service was caring. The relative told us their family member was supported by kind and caring staff. They commented, “The staff are absolutely caring, they are wonderful, friendly and positive”.

The person was supported by staff who knew them. The relative thought staff knew their family member well. They told us, “The staff know [name of person] well, it is essential for them to know of and be aware of their needs, they are a fantastic team who understand [name of person]”. The health professionals we spoke with said they felt the staff had a good knowledge of the people they were supporting.

Staff spoke positively about working for North Somerset Short Breaks and the people they support. One staff member said, “We want to do the best job we can”. Staff told us they knew the person they were supporting well. They were able to tell us what was important to the person and describe their likes and dislikes. Staff described the importance of developing trusting relationships with the person they supported. One staff member said, “We know [name of person] really well, it is really important they are familiar and comfortable with the staff around them”.

Staff described how they ensured the person had privacy and how people’s modesty was protected when providing personal care. For example, closing doors and curtains, covering people up whilst providing personal care and explaining to the person what they were doing. One staff member said, “When providing personal care I think about how I would want to be treated”. The relative told us they could visit at any time and there were no restrictions.

The relative told us they were involved in decisions and planning for their family members care. They commented, “We are totally involved in all decisions; we go to all the meetings”. The registered manager told us they had involved relatives in the interview process for staff to enable them to be part of the process of creating the staff team. They told us the interview was completed with value based questionnaires to enable them to recruit staff with the right values. Staff told us how they involved the person in making decisions about their care, one staff member said, “We encourage choice making, [name of person] is directly involved in day to day life choices such as what to wear, food choices, supermarket shopping and activities we have developed choices hugely over the past year. We want [name of person] to be as independent as possible and enable them to make choices and have a fulfilled life”. The relative also commented about the staff and service, “They undertake care in a confident and professional way”.

We saw feedback from the relative that demonstrated positive comments had been received by the service that included; ‘Words cannot say what a fantastic job you and the team do’.

The registered manager told us how they and the staff team completed activities in their own time in order to support the person using the service. This had involved completing fundraising activities in order to raise money and awareness for vulnerable young people. For one activity the staff slept outside in a local city overnight and had been successful in raising money. The registered manager told us the staff had completed this for two years running and they were planning on taking part again during 2016. They told us money raised from charity events had funded a gazebo for the person for them to host a garden party, arts and craft materials and to fund a family fun day. The registered manager told us staff were also looking into other ways to raise funds such as completing fundraising walks. They said the staff had also arranged for the person to have a Christmas hamper delivered and this had been arranged outside of their working hours.

Good

Is the service responsive?

Our findings

The service was very responsive. The person received care that was responsive to their needs and personalised to their wishes and preferences. The person had a care plan that was personal to them. The care plan contained records of the person's preferred daily living routines and described their personal likes, dislikes and what was important to them. They included information about what the person was able to do for themselves, where they needed support and what decisions they were able to make.

The registered manager told us how the person's wellbeing was regularly monitored by staff and we saw records of this. They said the person's care and staff support was adjusted to meet their needs in response to this. For example, they told us how activities had been arranged at specific times of the day to meet the persons individual needs, medicines times had been adjusted and medical input had been sought following an identified theme in the monitoring records. One staff member told us, "We adapt our approach to meet [name of person's] changing needs and have regular discussions in team meetings". Another staff member commented, "It's their home and they can decide how and when things are done and we adapt to that".

The relative told us they were happy with the care plans in place commenting, "They seem to have it spot on with assessing needs". They also said they were involved all aspect of care planning commenting, "We are totally involved". All of the staff we spoke with were aware of the care plan and had a good understanding of the person's needs and preferences. One staff member commented, "We know [name of person] and what's really important to them, we have developed a realtionship with them and that's really important".

The relative was happy with the range of activities offered commenting, "There are well balanced activities to meet their needs". Records showed there were a range of activities offered such as cycling, dance therapy, swimming and attending local youth clubs. A staff member told us. "We try and encourage new things, this has been developed hugely over the past year". The registered manager told us the person had started to display an interest in rugby and a staff member had been allocated to look into arranging a visit to the local rugby club to attend a game. They also told us how staff supported the person to attend a party at Christmas time to enable them to see their old school friends.

The registered manager told us how the staff had worked with a local store to raise money to purchase equipment for the person. They said this has made it possible to develop arts and crafts activities for the person. They showed us pictures of the equipment purchased. They also told us staff had also worked with the local rugby club to raise money for the service.

The relative told us how their family member was supported to achieve goals. For example, it was identified that they would enjoy a swimming activity. The registered manager told us how staff had obtained funding for the person to attend a specialised pool. The relative said how staff had worked in a planned and patient way with the person to enable them to attend the activity. Their comments included, "The activities are tailored to [name of person], staff encourage new activities, they are patient and committed and it has improved their quality of life". They went on to say, "The achievements that have been made are staggering, [name of person] is a completely different person with what they do". The relative also felt that staff were supporting their family member to develop their independence. Commenting, "The staff encouraged independence and [name of person] would not do these things if the care was not spot on". A staff member told us, "We encourage [name of person] to be as independent as possible to enable them to have a fulfilled life".

One health professional told us how the service had created a "Perfect environment" for the person. The said the service had "Worked brilliantly" and "Gently supported" the person to achieve goals. They went on to say how they, "Pulled out all of the stops" to support the persons transition into the service and had "Opened up the persons world going above and beyond".

The registered manager told us how the staff team had spent their own time liaising with the housing departments and estate agents in order to find a suitable property for the person. This involved staff voluntarily visiting properties in their own time. They told us how they had challenged estate agents who had listed properties that stated they

Good

Is the service responsive?

were not suitable for people receiving housing benefit. The result of this was that they secured a property in the persons local community, which meant the person could live close to their family and support network.

The relative told us they knew how to raise a concern or complain however they have never had the need to formally do this. They told us, "We can express concerns and they are always met with positive and friendly feedback". There had been no complaints received by the service.

Surveys were undertaken to receive feedback from relatives on the service annually. The survey included relative's views on activities, staff relationships and skills, decision making, health and quality of family life. We saw feedback from the March 2015 survey that identified the relatives thought these areas were 'very good'. The survey also identified that relatives were satisfied with the standard of care.

Good

Is the service well-led?

Our findings

The service was well led. There was a clear management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about management and the culture within the service.

There was a registered manager in post at North Somerset Short Breaks. The registered manager told us they kept themselves up to date with best practice and changes in legislation by attending relevant training. They also met with other managers within the service that were CQC registered to share best practice and discuss policy updates. They told us they attended the local provider forums and care provider forums organised by Quality Matters. They said how following the forum they had implemented systems to enable them to monitor the quality of the service that linked in with CQCs methodology. We saw monitoring the forms that were created as a result of this.

The registered manager told us they were a lead practitioner in reflective practice. This role involved coaching staff to work through their concerns by asking them questions and enabling them to resolve their issues. They said this process also enabled them to reflect on their own practice and they had worked with the team to promote a culture of staff being more autonomous around making decisions and problem solving. The registered manager said this had empowered staff to work through issues and as a result there had been less calls made to the on call management as staff felt more confident to deal with issues as they arose. One staff member told us, "The manager wants you to come up with ideas and what's best for [name of person] and the team; they are so approachable and willing to look at things and explore, a very inspiring manager". Another commented, "We are a dynamic team and we all bring different qualities to the team, we work well together and draw on the teams experience".

The registered manager told us they regularly spent time working alongside staff and observing them, giving them feedback to support their development and promote best practice. They told us this, "Gave them the opportunity to model good behaviour, mentor individual staff and be able to immediately respond to situations as they emerge".

We saw records that demonstrated observations had been completed on staff performance and feedback was given as a result of this. The registered manager said they promoted an 'open door policy' for staff to approach them with any concerns. One staff member told us, "The manager is definitely available and always at the end of the phone if needed". Staff told us the registered manager was approachable and assessable and they felt confident raising concerns with them. Other comments included; "The manager is very approachable, they go above and beyond what they should do and always gives 110%" and "[Name of registered manager] is an amazing manager, they are willing to listen to how you are feeling, very supportive, approachable and takes your ideas on board".

We saw the registered manager had been nominated for an 'inspirational managers' award by a colleague. The colleague had commented that the registered manager 'is an inspiration, she leads by example, and will do any work that needs to be done. She sets high standards, and is driven by achieving the best outcome for the children, young people, and adults with whom she works'.

The service had a quality assurance system in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included medicines, the environment, care records, risk assessments, safeguarding and complaints. All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. One staff member told us, "We look at each incident, what was the cause and what could be done differently, we have open discussions and lots of feedback, it helps we definitely have a culture of learning". Staff told us they received debriefings following incidents. The audit identified actions required for improvements.

We looked at staff meeting records and they were held to address any issues and communicate messages to staff. Items discussed included, training, recording information, and information relating to the person and staff responsibilities. Staff told us, "We have regular team meetings, they are an opportunity to express our views and things change" and "Team meetings are really important we absolutely all have a voice".

We spoke to the manager about the challenges to the service. They told us one of their main challenges was developing community awareness and acceptance for the people they support. They described how they had worked

Good

Is the service well-led?

closely with the dentists arranging appointments at specific times of the day to enable people to access the service. They told us they planned to work with other community facilities to enable more community access for people. The registered manager told us they had developed links with the local community by arranging parties and barbeques and inviting neighbours and friends of the person.

The registered manager told us how they were recently involved in an organisational development day. They told us these days were regularly arranged by the provider and used to discuss changes and explore options for delivering support services to people. They said this involved sharing these ideas with other managers and commissioners. The registered manager told us they had been invited to deliver a presentation during the day about 'alternative ways to meet the needs of young people and bring them in to their community'. They told us they discussed the bespoke service they provided to the person and this was shared with other managers. They also told us how they shared the information relating to the changes of the service with the staff team during a team meeting.

We spoke with the registered manager about the values and vision for the service. They told us their vision was, "To develop bespoke services to enable people to remain in the community and have a care team built around them". They told us how they were looking into expanding their services to provide more tailored services to young adults to meet their needs. The registered manager told us their vision was shared with the team through team meetings. Staff told us the vision of the service was to, "Enable people to be as independent as possible, enable them to make choices and have a fulfilled life" they went on to say how supporting people to make achievements had an uplifting impact on the staff team.