

Blackpool Borough Council

# Coopers Way Respite Service

## Inspection report

Coopers Way  
1A Coopers Way  
Blackpool  
Lancashire  
FY1 3RJ

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Tel: 01253477864

Website: [www.blackpool.gov.uk](http://www.blackpool.gov.uk)

## 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

Coopers Way respite service is a purpose built home situated in a residential area and within reach of local amenities and shops. It is a detached two storey property, providing accommodation for 6 people who require nursing or personal care. The building has six bedrooms, one lounge, kitchen/dining area and a sensory lounge. The service provides respite care (short stay). The period of stay depends on the needs of the individual person and their relatives. At the time of our inspection visit there were six people staying with the service.

At the last inspection carried out on 14 March 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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.

People who used this service had complex needs and were not able to tell us about their experiences. To assist us to gain an overview of the service we spoke with family members of 12 people who used the service. We also observed the care and support provided for two people staying at the home. We saw staff communicated with both people by their preferred method and displayed a warm and caring attitude. Both people appeared comfortable in their surroundings and enjoyed interacting with the staff on duty.

We received positive feedback from family members who told us their relatives were well supported, safe and treated with dignity and respect when they stayed at the home. Comments received included, "This service has been a god send to me. [Relative] loves coming, the staff are just fantastic." And, "I honestly cannot praise them high enough. I know [relative] is well looked after and I have no concerns about anything."

The service had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We found sufficient staffing levels were in place to provide support people required. We saw the duty rota was on display in pictorial form in the hallway. This enabled people who used the service to identify which

staff would be supporting them during their stay.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The design of the building and facilities provided were appropriate for the care and support provided. Specialised equipment including ceiling track hoists were in place. These enabled staff to safely move and transfer people with complex physical disabilities. Staff spoken with confirmed they had received training to enable them to use the hoists safely.

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

The service had safe infection control procedures in place and staff had received infection control training. Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection.

People who used the service had a care and support plan created with their involvement or a family member. The care plan was person centred and documented all aspects of the persons needs including how they wanted their care and support to be provided, their wants, needs, likes and dislikes.

The relatives of people who stayed at home told us their family members enjoyed the meals and choices made available to them during their stay.

We found people had access to healthcare professionals during their stays and their healthcare needs had been met.

The relatives we spoke with told us staff were caring towards their family members. Staff we spoke with understood the importance of high standards of care to give people meaningful lives.

The service had information with regards to support from an external advocate should this be required by people they supported.

People who stayed at the home told us they enjoyed a variety of activities which were organised for their entertainment.

The service had a complaints procedure which was made available to people and their family when they commenced using the service. The people we spoke with told us they were happy with the service and had no complaints.

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek the views of people who used stayed at the home and their relatives about the service provided.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Coopers Way Respite Service

## **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.

Coopers Way respite service is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This comprehensive inspection visit took place on 04 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the service was a small care home for younger adults who are often out during the day, we needed to be sure someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection on 04 June 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make.

We contacted the commissioning department at Blackpool Council and Healthwatch Blackpool. Healthwatch Blackpool an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During the visit we spoke with a range of people about the service. They included the relatives of 12 people who used the service, a representative of the registered provider, the registered manager, senior respite worker and three staff members. We also observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people, staff training matrix, supervision records of two staff and arrangements for meal provision. We also looked at records relating to the management of the home and the medication records of two people. We reviewed the recruitment of one staff member and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to stay.

## Is the service safe?

### Our findings

We spoke with the family members of people who used the service. They told us their relatives were well supported, safe and treated with dignity and respect when they stayed at the home. Comments received included, "I know [relative] is well and safe when they stay with the service. I have absolutely no concerns whatsoever." And, "We have no problems or concerns about the service. [Relative] loves staying there and counts the days for their next stay."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Potential risks to people's welfare had been assessed and procedures put in place to minimise these. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.

We saw personal evacuation plans (PEEPS) were in place at the home for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The service continued to ensure there were sufficient numbers of safely recruited and appropriately trained staff available to meet people's needs. We saw the duty rota reflected the needs of people who stayed at the home and care and support was provided in a relaxed and timely manner. We saw the duty rota was on display in pictorial form in the hallway. This enabled people who used the service to identify which staff would be supporting them during their stay. Staff were in attendance in communal areas providing supervision and support for people who stayed at the home.

We found people's medicines continued to be managed safely by the service. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.

We looked around the home and found it was clean, tidy and maintained. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene.

We looked at how accidents and incidents were managed by the service. There had been few accidents. However, where they occurred any accident or 'near miss' was reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.

## Is the service effective?

### Our findings

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.

Comments received from the relatives of people who used the service included, "Excellent service. We were involved in the care planning process right from the beginning and still feel fully involved which is important to us." And, "The transition for [relative] moving into the service was first class. They did everything they said they would."

Care plan records seen confirmed a full assessment of people's needs had been completed before they commenced using the service. During this process the persons care and support plan was produced detailing their abilities, the support they required and how they would like this delivered. The family members we spoke with said they had been impressed with the professional introduction procedures followed by the service.

We spoke with staff members and looked at the services training matrix. All staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

People who used the service had their dietary needs recorded on their care plan and we saw staff consulted this when planning meals. We spoke with a number of family members of people who used the service and they told us they were happy their relative's nutritional needs were met.

The service shared information with other professional's about people's needs on a need to know basis. For example, when people visited healthcare services staff would assist with the visit to provide information about the person's communication and support needs. This meant health professionals had information about people's care needs to ensure the right care or treatment could be provided for them.

People's healthcare needs continued to be carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

We looked around the building and found it was appropriate for the care and support provided. There was a lift that serviced the upper floors to ensure it could be accessed by people with mobility problems. All bedrooms were single with ensuite facilities and a nurse call system to enable people to request support if needed. Specialised equipment including ceiling track hoists to assist staff with safely moving and transferring people with complex physical disabilities were in place. The service had recently created a sensory room which had an interactive floor projection system providing entertainment and stimulation for people who used the service. We observed two people entertaining themselves during the afternoon in the sensor room. We saw there was lots of laughter whilst they used the floor projection system.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff working in this service made sure that people had choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

## Is the service caring?

### Our findings

We spoke with family members of people who used the service. We received positive feedback about the caring and professional attitude of the staff who work there. They told us staff were polite, respectful and kind and showed compassion to their family members. Comments received included, "The staff are really caring and show a genuine interest in [relative]. They have my complete trust." And, "I cannot praise the management and staff high enough. They really care and are supportive of me as a parent."

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. Information covered any support people who used the service wanted to retain their independence and live a meaningful life.

For example, the service had arrangements to ensure specific and cultural values were respected. Staff could demonstrate how these could be met. Separate food storage arrangements, cooking utensils, crockery, cutlery and food preparation were available to meet people's cultural and religious needs. The service was also able to protect people's dignity, personal wishes and cultural values by ensuring they were only supported by staff of their chosen gender.

One person who used the service had specific dietary needs because of their religion. These had been met by the service who provided separate food storage arrangements, cooking utensils, crockery, cutlery and food preparation. The service had also ensured to protect the person's dignity, personal wishes and cultural values they were only supported by female staff.

Care plans seen and discussion with family members of people who used the service confirmed they had been involved in the care planning process. The plans contained information about people's needs as well as their wishes and preferences for their care delivery. Daily records described the support people received and the activities they had undertaken.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

The service had policies in place in relation to privacy and dignity. Staff spoken with had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed staff demonstrated compassion towards people in their care and treated them with respect.

## Is the service responsive?

### Our findings

The service continued to provide personalised care which was responsive to the needs of people who stay at the home. The family members we spoke with were all extremely positive regarding the support and engagement they experienced from Coopers way Respite Service. All the relatives we spoke with couldn't praise the service high enough. Comments received included, "Relative loves staying here. The staff are just fantastic, I know I don't need to worry about anything." And, "All the staff are amazing. [Relative] counts down the days when they will be coming to what they call the big house."

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. The service used a number of pictorial signs to communicate with people who were none verbal and understood people's physical responses.

We found the service had supported staff to communicate with people, taking into account their individual needs and communication aids. We saw this was effective and people were supported to communicate with staff who had been trained in the communication needs of people at Coopers Respite Service.

The service had Wi-Fi (wireless connectivity) in the building enabling people who use the service to have internet access through their hand held computers and mobile phones. The registered manager told us this enabled people who use the service to maintain contact with family members, friends, watch films and play games during their stay.

The service used an activity based care method to provide activities for people they supported. This meant activities were planned for each person, wherever possible, in advance of their respite stay. Members of staff would participate in individual activities with people as and when they wished. These included going shopping and for something to eat in town. The service also organised themed activities including an afternoon tea party to celebrate the recent royal wedding.

The service had a complaints procedure which was made available to people on their admission to Coopers Way. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

Coopers way is a respite service and would not normally be involved in providing end of life care. We discussed this with the registered manager who told us if the service was approached about an emergency end of life situation they would liaise with appropriate healthcare professionals.

## Is the service well-led?

### Our findings

Comments received from family members of people who stayed at Coopers Way were positive about the service provided for their relative. We were told their relatives were well supported, safe and treated with dignity and respect when they stayed at the home. Comments received included, "This is a really well led service the standard of service is set very high." And, "Good staff and management in place. Really good service."

There was a registered manager in place. 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.

We found the service had clear lines of responsibility and accountability. The registered manager and her staff team were experienced, knowledgeable and familiar with the needs of the people they supported. Discussion with the staff on duty confirmed they were clear about their role and between them provided a well run and consistent service.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, infection control, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found. Staff told us they were able to contribute to the way the home ran through staff meetings, supervisions and daily handovers. They told us they felt supported by the manager and management team.

Surveys completed by family and friends of people who used the service confirmed they were happy with the standard of care, accommodation, meals and activities organised. They also said they felt consulted and involved in the running of the home which was well managed. One person said, "Families were consulted about recent changes and improvements made to the environment. I felt fully involved and listened to. They handled it really well."

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. We also saw the registered provider had discussed the standards she expected from her staff team for compliance with future CQC inspections.

We found the services quality assessment procedures were effective to sustain sustainability and ensure they listened and learned from what people told them about their service. The family members we spoke with told us they felt the service provided good standards and were constantly looking to drive the quality of the service higher.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included Physiotherapist

and occupational therapists to ensure people had the correct equipment and aids to enable safe transfers. Speech and language therapists were also liaised with to complete swallowing assessments to ensure people were safe when eating and drinking.

The service had on display in the home and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.