

Knowsley Metropolitan Borough Council

Lydbury Crescent Chance for a Break Service

Inspection report

23-25 Lydbury Crescent
Southdene
Kirkby
Merseyside
L32 9RD
Tel: 0151 546 6551
Website:

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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

This was an announced inspection, carried out on the 23 & 24 April & 14 July 2015.

Lydbury Crescent Chance for a Break Service is based in a residential area of Kirkby and is operated by Knowsley Metropolitan Borough Council. The service provides short term respite care to a maximum of three adults. There is

one ground floor bedroom and bathroom with stair access to further bedrooms and bathing facilities on the first floor. Aids and adaptations are provided to support people during their stay.

The service has had a registered manager since December 2014. A registered manager is a person who has registered with the Care Quality Commission to

Summary of findings

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.

The last inspection of Lydbury Crescent was carried out in April 2014 and we found that the service was not meeting all the regulations that were assessed. During this inspection we found that the required improvements had been made.

People told us and communicated that they felt safe. Relatives and carers told us that they had no concerns regarding the safety of their relatives whilst they were staying at the service. Staff had a good understanding of how to keep people safe and what action to take if they felt people were at risk from abuse. Staff were supported by safeguarding policies and procedures. The environment was clean and tidy. Regularly maintained equipment was available to support people with their mobility and independence.

A pre-stay assessment was carried out prior to people staying at the service. When required care plans and risk assessments were updated to help ensure that people's needs, wishes and lifestyle choices were planned for and met. Where necessary people were supported by local health care services to meet their individual health needs.

Staff demonstrated a good awareness of people's needs and wishes and they supported people in a dignified and respectful manner.

Procedures were in place to ensure that only suitable staff were employed. Staff received sufficient training and regular support to enable them to carry out their role safely.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood what their responsibilities were for ensuring decisions were made in people's best interests and there were procedures in place to ensure that these decisions were recorded.

The registered manager and staff team were in the process of further developing the service to improve people's experiences during their stay. These improvements included extending people's opportunities to access the local community, reviewing care planning documentation and improving the way in which people's views and opinions about the service are sought.

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, their relatives and carers felt the service was safe. Staff knew how to respond to any concerns they had about a person's safety.

Risks to people's health, safety and welfare were identified and planned for.

People were cared for and supported by sufficient staff to meet their needs.

Good



Is the service effective?

The service is effective.

The registered manager understood their responsibilities in relation to the ensuring people were supported in line with the Mental Capacity Act 2005.

Pre-stay assessments were carried out prior to a person's stay at the service. This helped ensure that any changes to people's needs and wishes could be planned for.

People had a choice of food and drinks that met their needs.

Good



Is the service caring?

The service is caring.

People, their relatives and carers told us that staff were helpful and approachable.

Staff provided people with comfort and supported people's independence.

People were supported by staff in a respectful manner.

Good



Is the service responsive?

The service is responsive.

People received personalised support from the staff team.

A complaints procedure was in place to assist people with raising any concerns they had.

A new system for gathering people's views on the service was being implemented.

People's lifestyle choices were considered when planning their care.

Good



Is the service well-led?

The service was well-led.

The service had a manager who was registered with the CQC. Staff had confidence in the way the service was managed.

Regular checks were carried out to monitor the service and improvements were made to the service people received.

Good



Lydbury Crescent Chance for a Break 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.

We visited the service on 23 and 24 April 2015 and spoke with people who used the service. In July 2015 we spoke with people's relatives and carers. Our inspection was carried out by an adult social care inspector. We gave notice of this inspection the day before our visits. This was to make sure that people were in when we visited.

During our inspection we spoke and spent time with four people who used the service, six staff members and the registered manager. Following the inspection we spoke with five relatives and carers on the telephone to gather their views on the service delivered at Lydbury Crescent.

Not all of the people who used the service were able to verbally tell us their thoughts. In order to gain people's views, we spent time with people who were able to demonstrate their thoughts by alternative communication.

Before our inspection we reviewed the information we held about the service.

Is the service safe?

Our findings

At our last inspection in April 2014 we found that the provider was not meeting all of the regulations assessed. We asked the provider to send us an action plan telling us how they would make improvements. During this inspection we found that the required improvements had been made.

People told us and communicated that they felt safe. Their comments included “Good” and “Fun”. Relatives and carers told us that they had no concerns regarding the safety of their relatives whilst they were staying at the service. Their comments included “No problems” and “My relative is always happy to attend, this shows me they feel safe and cared for”.

During this inspection we found improvements had been made as to how people were safeguarded from harm. These improvements included the provider developing a detailed policy and procedure in relation to supporting people who challenge the service and physical intervention policy standards. In addition, the registered manager explained and demonstrated that arrangements were in place to ensure that people visiting the service did so at time and were not at risk from others. This demonstrated that consideration was given to the safety of people whilst visiting the service.

Risks to people’s health, safety and welfare were considered, assessed and planned for prior to each stay at the service. Any potential risks formed part of the care planning process in which any actions staff needed to take were recorded. We saw risk assessments in place for people which included mobility, safety, security and personal care.

There were sufficient numbers of staff on duty to support people with their needs and wishes. We looked at the staff rotas and saw that the amount of staff on duty varied from day to day. The registered manager and staff explained the number of staff on duty each particular day depended on the needs of the people who used the service. This related to staffing during the day and throughout the night.

The provider had a safeguarding policy and procedure that was available at the service. This included information about how to prevent abuse from happening, the definitions of abuse and responsibilities for protecting people from abuse. In addition, information was available how to report concerns about potential abuse. Training

records demonstrated that out of the staff team of eight, six staff had completed training in safeguarding since our last inspection. The two remaining staff were awaiting the training. Staff demonstrated a good understanding and knowledge of the provider’s procedures in relation to reporting any safeguarding concerns that may occur within the service.

No new staff had been employed at the service since our previous inspection. The provider had a detailed policy and procedure in relation to the safe recruitment of staff. A copy of this policy and procedure was available within the service and clearly demonstrated what processes were to be followed when recruiting staff. These processes included an interview, receipt of acceptable written references and Disclosure and Barring (DBS) checks to ensure that only applicants suitable to work with vulnerable people were employed.

People’s medicines were managed by the staff team. Training records demonstrated that all but one member of staff had completed updated medicines training since our last inspection. One member of staff had applied to attend this training. Staff told us, and relatives and carers confirmed that prior to a person visiting the service staff requested up to date information in relation to individual’s medicines. This helped ensure that staff had accurate and up to date information so that they were able to ensure that people received the medicines they required. All relatives spoken with confirmed that they were always contacted prior to a person visiting the service regarding any changes to medicines.

Staff had access to the provider’s procedures and other related guidance to assist with the safe management of medicines. We saw staff checking and recording the medicines of a person who had arrived to stay at the service. Two staff carried out this procedure to ensure that medicines were accounted for and managed appropriately. We saw that staff prepared a Medication Administration Record (MAR) to record when medicines had been administered. In addition to this we saw that a ‘medication count sheet’ was also used to maintain an accurate record of people’s medicines. We looked at a number of MAR sheets and saw that the majority had been completed appropriately. However, one person’s MAR had not been completed on a number of occasions over several days. We discussed this with staff who demonstrated through the medication count sheet that the medicines had been

Is the service safe?

administered. This demonstrated that there was a record of the medicines being administered the staff member administering them had not signed the MAR. Staff recognised that this was an error and demonstrated that they would address this issue.

All parts of the service were safe, clean and well maintained. One relative told us “Its always clean”. Aids and adaptations were fitted around the service to enable people to move around safely. For example, we saw that hand and grab rails were in place to help people with their

balance and to enable people to maintain their independence. In addition, a ceiling track hoist was in place to support people from the downstairs bedroom into the bathroom facilities. Regular checks were carried out on equipment to ensure that they remained serviced and safe for people to use. The care planning documents included a personal emergency evacuation plan (PEEP) which would be used in the event of a person needing to exit the building in an emergency.

Is the service effective?

Our findings

People indicated and told us that they liked the staff that supported them during their stay at the service. One person told us the best bit about their visits was the “food”. Relatives and carers told us positive things about the service. Their comments included “Good communication with the staff and the (registered) manager. This gives us peace of mind” and “Staff are flexible whenever possible”.

Relatives told us that whenever possible they were offered a flexible service, especially at time of emergency.

Prior to each stay staff contacted people, or where appropriate their representative to assess if any needs and wishes of the individual had changed. This pre-stay assessment helped ensure that any changes to people’s needs, wishes and lifestyle changes could be planned for by the staff team. We saw that staff recorded this information and it then formed part of the person care planning documents.

The registered manager explained that new people proposing to use the service and people in transition from children to adult services visited prior to making the decision to stay. He explained that people would be invited to have tea, have a look around the building and meet staff as part of their introductory visit. This meant that people had the opportunity to experience the service prior to staying.

Staff discussed and had access to information relating to people’s preferred methods of communication. We saw that one member of staff was supporting a person who used their facial expressions to communicate their choice of evening meal. It was evident that the person knew the staff member well and that a strategy for communicating had been developed.

Information about people’s dietary needs were taken into account as part of their pre-stay assessment and any changes to their diet was recorded and planned for. This ensured that staff had the right information to ensure that people’s nutritional needs were met during their stay. A record of what people ate and drank during their stay was recorded to assist, when required the monitoring of people’s diet. One relative told us that staff entered information about their relatives stay into a

communication book that they took with them when they visited the service. This helped the relative understand and maintain a record and monitor their relatives dietary intake.

We saw that menus were available, however, staff told us that people tended to choose what they wanted to eat each day. We visited the service on a Friday. People who used the service indicated and staff told us that Friday’s tea was from local takeaways. We saw that people were asked what meal they would like from the local takeaway. One person who used the service told us that Fridays at Lydbury Crescent were their favourite as he always ordered his favourite meal, chips and curry. Throughout our visits we saw people being offered hot and cold drinks and snacks of fruit, biscuits and crisps.

Lydbury Crescent offers periods of short term care and support to people. Due to this, staff and the registered manager were not responsible for the overall planning and delivery of people’s healthcare needs. However, prior to each stay people’s healthcare needs were assessed, and appropriate support was arranged for people who needed it. One relative told us that to ensure that their relatives care could be given appropriately during their stay staff arranged to pick up specialised equipment from the person’s home address. Other relatives told us that in the event of their relative becoming ill the staff would seek medical assistance. Their comments included “They always keep in touch” and “You can ring at anytime, no problems at all”.

People who used the service received regular support from healthcare professionals as required during their stay at the service. For example, one person received the care and support of a local nurse team to ensure that they received their medicines appropriately. The person’s relative told us that the registered manager always ensured that appropriately trained staff were available to support the person with their healthcare needs. The relative told us “This gives us peace of mind as we know (they) are being looked after.”

Staff received training and support for their role and responsibilities in relation to the needs of the people who used the service. Training records showed that the majority of staff had received training in relation to safeguarding, medicines, manual handling, health and safety; food

Is the service effective?

hygiene, Deprivation of Liberty Safeguards (DoLS) and first aid. A number of staff had also received specific training which included assisted technology, the Mental Capacity Act 2005, epilepsy, diabetes and autism.

Staff told us that they felt supported by the registered manager and that they had had regular supervision sessions. They told us that during their supervision sessions they had the opportunity to discuss their role and any other issues they wanted to speak about. Staff told us they valued this opportunity to meet with their manager and one member of staff said it makes them “feel included” within the service. Supervision records demonstrated that all staff had the opportunity to have a supervision on a regular basis.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The registered manager had a good level of understanding of the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). He knew what their responsibilities were for ensuring that the rights of people unable to make or communicate a decision were protected. We saw that when required an application for a Deprivation of Liberty Safeguard had been made for individuals. We saw evidence of these applications on people’s care planning documents.

Is the service caring?

Our findings

People told us and indicated that they liked the staff who supported them. One person told us that staff were kind and looked after them well. They told us that staff always made sure their “Bed was comfy and nice”. Relatives spoke positively about the staff team. Their comments included “Staff are very helpful and good with people”, “Staff are great” and “Staff are very approachable.”

People were treated with kindness and respect. For example, we saw two people arriving at the service. Staff greeted them and ensured that their personal effects were taken to their rooms straight away. People were invited by staff to arrange their personal effects in the rooms as they wished. People were made comfortable on their arrival and they were offered drinks and snacks.

Staff supporting people spent time making them feel comfortable in their environment. For example, one person wanted to be near to the television to watch a film in one lounge. The member of staff supporting them had considered what films they would like to watch during their stay and the member of staff was clearly familiar with the type of films the person liked to watch.

Another member of staff was seen to support another person in another lounge to get comfortable on a couch in order for them to have a drink whilst they watched television. The person’s hands felt cold and the staff member asked them if they wanted a blanket, which they went and got. Throughout these observations we saw that staff spoke directly to people ensuring that eye contact was maintained at all times.

The atmosphere within the service was calm and relaxed during both visits and interactions between people who used the service and staff were positive. It was evident from some exchanges and laughter that positive personal relationships had been formed. During our visits we saw that people were supported by staff of the same gender and around the same age. The registered manager told us that whenever possible they tried to ensure that people were supported by a member of staff of their preferred gender and this information was recorded in people’s care plans.

People and their relatives and carers were provided with information about the service. The information detailed the services and facilities which people should expect during their stay and summarised the process of making a complaint. None of the people who used the service required the use of an advocacy service. However, information about independent advocacy services was available and the registered manager told us that they would provide support when necessary for a person to access an advocacy service. An advocate is a person who represents and works with a person or group of people who may need support or encouragement to exercise their rights, in order to ensure that their rights are upheld.

At the time of this inspection the provider’s service user guide was in the process of being reviewed and updated by the registered manager. He told us that once updated the guide would provide detailed up to date information about the service for people, their relatives and their carers.

Is the service responsive?

Our findings

People indicated that they were happy when they stayed at the service. One person told us that they “Liked going. It was good.” Other people demonstrated that they were happy at the service.

Relatives and carers told us that they felt that their relatives received a good service. Their comments included “My (Relative) is always happy to attend”, “Staff are very helpful and good with people”, “They love it there”, “The service gives us all a break” and “The service helps me carry on caring for my relative.”

Relatives and carers told us that the service communicated with them well. Their comments included “Staff are very approachable”, “You can ring at any time and someone will speak to you” and “they are easy to contact.” All relatives and carers told us that they were contacted prior to their relative visiting the service. This contact was to ensure that the staff team has the most up to date information about the person’s needs, wishes and lifestyle choices. For example, one person who used the service was receiving treatment and support from a community based healthcare team. Staff supported the person during these sessions to ensure that the person continued to benefit from their sessions during their stay.

We looked at the care planning files of three people in detail. We saw that individual care plans had been developed for individuals in relation to their assessed needs. For example, we saw that care plans were available in relation to supporting people with changing behaviour, personal care, eating, drinking and mobility. The care plans included information and guidance about how best to support the individual in a way they preferred. People’s likes and dislikes and things that were important to them were recorded. At the time of our inspection the registered manager was in the process of reviewing and updating people’s care plans. A daily record was maintained for each person during their stay. These records were used to monitor the care and support people had been offered and received.

Information had been obtained about people’s interests and how they preferred to spend their time. We saw that a selection of games and activity equipment was available around the building. For example, we saw that there was a mobile multi-sensory unit available to offer sensory stimulation to people in the lounge areas and the downstairs bedroom. The registered manager told us that they had purchased a new camera to use within the service and more computer equipment was being made available for people to access.

People who used the service continued to attend their day services during their stay if they wished to. Staff told us that they had discussed as a team how they could support people out and about within the local community at weekends to offer more stimulation to people. The registered manager told us that he was in the process of securing the use of a minibus from the provider for people’s use during the weekends. Arrangements were being made for staff to receive an induction driving the minibus. One person told us that they went out with staff at weekends. They told us “Staff take me to the town centre and go to the shop and have lunch.”

The registered manager told us that they had recently developed a questionnaire for people and their relatives and carers. This questionnaire was to enable people to share their opinions about the services they received at Lydbury Crescent. The registered manager told us that they had asked a local service user group to “test” the survey forms and comment on their usability. Once this testing had been completed and any suggested amendments made the survey would be sent out to gather people’s thoughts and opinions.

The service had a complaints procedure which was available in an easy read pictorial format to assist people’s understanding. One person who used the service told us they “Would tell (staff member) if I was not happy”. Relatives and carers expressed confidence in the registered manager and the staff team to sort out any concerns they had about the service. Their comments included “The manager would sort any concerns out” and “I would contact the manager if I had a problem or a complaint”.

Is the service well-led?

Our findings

At our last inspection in April 2014 we were concerned because there was a lack of effective systems in place to identify, assess and manage risks to health, safety and welfare of people using the service and others. During this inspection we found that the required improvements had been made.

There was a registered manager in post who had been registered with the Care Quality Commission in December 2014. People who used the service, their relatives and carers made positive comments about the registered manager. Their comments included “The manager is excellent” and “The manager is superb”.

Staff spoke positively about how they were managed. Their comments included “We have seen a lot of improvements, the registered manager engages staff in decision making and you can get advice all the time from him” and “The manager is good at communicating and always ensures that people are given choices”. Staff told us that the registered manager operated an open door policy and could be approached at any time.

There was a clear line of accountability with the provider’s services in relation to the management of the service. Staff demonstrated a clear understanding of who was accountable within the provider’s organisation and who they could contact in the absence of the manager.

Since their appointment the registered manager had made a number of improvements and put plans in place for further improvements to the service. This included a new care planning format and reviewing system to capture all the information about people’s needs, including any risks they faced and how they should be met. Regular checks had been carried out on the safety of the environment and records of these checks were maintained. A range of other checks were carried out to assess and monitor the service people received. These included checks on staff performance and ensuring that staff had access to the support they required. Regular staff meetings took place which provided staff with the opportunity to discuss as a group issues arising and development areas for the service. This helped ensure that any risks to people’s health, safety and welfare were identified and managed.

A procedure was in place for the recording of and reporting of incidents and accidents that took place. A specific form was available to complete when an incident had occurred. The registered manager demonstrated that once an incident had been reported it was sent to the provider’s health and safety team for analysis. Where necessary the provider informed other agencies as required, such as, the Health and Safety Executive and CQC. The registered manager knew their responsibilities for notifying the CQC of significant events which occur within the service and the importance of monitoring and responding to protect people at risk from inappropriate care.