Nottinghamshire County Council

Helmsley Road Short Breaks Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 of the service on 17 November 2015. Helmsley Road Short Break Services is registered to accommodate up to twelve people and specialises in providing short breaks, care and support for people who live with a learning disability. The service is split into three bungalows with a fourth used as the base for administration. At the time of the inspection there were four people using the service.

On the day of our inspection there were two newly appointed registered managers 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.

The risk to people's safety was reduced because staff had attended safeguarding adults training, could identify the different types of abuse, and knew the procedure for reporting concerns. People were given the freedom to live their lives as they choose to and no unnecessary restrictions were placed on them. Where appropriate people's relatives and other healthcare professionals were involved in discussions about the care and support provided.

Accidents and incidents were investigated and used to reduce the risk to people's safety. Regular assessments of the environment people lived in and the equipment used to support them were carried out and people had personal emergency evacuation plans (PEEPs) in place.

People were supported by an appropriate number of staff. Appropriate checks of staff suitability to work at the service had been conducted prior to them commencing their role. People were supported by staff who understood the risks associated with medicines. People's medicines were stored, handled and administered safely.

People were supported by staff who completed an induction prior to commencing their role and had the skills needed to support them effectively. Regular reviews of the quality of staff members' work were conducted and staff felt supported in carrying out their role effectively. Staff were well trained although there were a small number of areas where some staff required refresher training.

The registered managers had not always ensured they had recorded how the principles of the Mental Capacity Act (2005) had been applied when decisions had been made for people. The appropriate processes had been followed when applications for Deprivation of Liberty Safeguards had been made.

People spoke highly of the food and were supported to follow a healthy and balanced diet. People's day to day health needs were met by the staff and external professionals. Referrals to relevant health services were made where needed.

Staff supported people in a kind and caring way. Staff understood people's needs and listened to and acted upon their views. Staff responded quickly to people who had become distressed.

People told us they were provided with the information they needed that enabled them to contribute to decisions about their support however this was not always recorded within their care records. People were provided with information about how they could access independent advocates to support them with decisions about their care, although where this information was positioned, could make it difficult for some people to access. Staff understood how to maintain people's dignity. People's friends and relatives were able to visit whenever they wanted to.

People were involved with planning the support they wanted to receive from staff. People's care records were reviewed although there were some parts of the records that required more regular review. People's support plan records were written in a person centred way and staff knew people's likes and dislikes and what interested them. People were encouraged to do the things that were important to them and they were supported to take part in activities individually and collectively with the people they lived with. People were provided with the information they needed if they wished to make a complaint.

The registered managers led the service well, understood their responsibilities and were liked and respected by people, staff and relatives. Staff understood what was expected of them and how they could contribute to ensuring people received safe and effective care that met their individual needs. People were encouraged to provide feedback and this information was used to improve the service. There were a number of quality assurance processes in place that regularly assessed the quality and effectiveness of the support provided. The registered managers had an action plan in place to continually drive improvement at the home.

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.

People were supported by staff who attended safeguarding adults training and knew the procedure for reporting concerns.

People were given the freedom to live their lives as they wanted to. Accidents and incidents were investigated and used to reduce the risk to people's safety.

People were supported by an appropriate number of staff to keep them safe.

People's medicines were stored, handled and administered safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's records did not always show how the principles of the MCA had been adhered to when a decision had been made for them. DoLS processes had been appropriately applied.

Staff had received the training they needed to do their job effectively, although a small number of staff required refresher training in some areas.

People were supported to follow a healthy and balanced diet.

People's day to day health needs were met by the staff and external professionals and referrals to relevant health services were made where needed.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and caring way.

Staff understood people's needs and listened to and acted upon their views.

People were provided with the information they needed that enabled them to contribute to decisions about their support although this was not always recorded in their care records.

People's dignity was maintained by the staff and friends and relatives were able to visit whenever they wanted to.

Is the service responsive?

Good

The service was responsive.

People were involved with planning the support they wanted to receive from staff and their needs were reviewed although not always as often as would be required.

People's support plan records were written in a person centred way and staff knew people's like and dislikes and what interested them.

People were encouraged to do the things that were important to them and were provided with the information they needed if they wished to make a complaint.

Is the service well-led?

Good

The service was well-led.

The registered managers, understood their responsibilities and were liked and respected by people and staff

Staff understood their roles and how they could contribute to providing people with safe and effective care.

People were encouraged to provide feedback and this information was used to improve the service.

Regular audits and assessments of the quality and effectiveness of the care and support provided for people were carried out.

Helmsley Road Short Breaks 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.

This inspection took place on 17 November 2015 and was unannounced.

The inspection was conducted by two inspectors.

To help us plan our inspection we reviewed information received from external stakeholders. We contacted Commissioners (who fund the care for some people) of the service and other health care professionals and asked them for their views. We also reviewed statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with all four people who used the service, four members of the care staff, the cook and the two registered managers. We also carried out observations of staff interacting with the people they supported.

We looked at parts or all of the care records for all four of the people who used the service at the time of the inspection, as well as a range of other records relating to the running of the service such as quality audits and policies and procedures.

As the people who used the used service had varying abilities to communicate verbally we also spoke with four relatives to gain their views on the quality of the service provided for their family members.

Good

Is the service safe?

Our findings

People told us they felt safe when they stayed at the service. One person said, "Yes, I am safe." Another person nodded, gave us a thumbs up and smiled when we asked them if they felt safe at the home. A relative we spoke with said, "I am certain [name] is safe there. We drop [name] off and know that for as long as they are there they are well looked after." Another said, "I have no issues at all with the safety at the home. [Name] tells me they feel safe." The staff we spoke with all told us they thought people were safe living at the home.

The risk of abuse to people was reduced because staff could identify the different types of abuse that they could encounter. The staff knew the procedure for reporting concerns both internally and to external bodies such as the CQC, the local multi-agency safeguarding hub (MASH) or the police. Records showed that staff had received safeguarding of adults training but some required refresher training to ensure their knowledge met current best practice guidelines.

There was information available in the main bungalow of the service for people if they felt they wanted to report concerns about their or other's safety to a member of staff or to external agencies. The registered manager told us that although people regularly came to this bungalow, (and we saw people doing so), they were in the process of ensuring that this information was available for all people in the bungalow in which they stayed.

Assessments of the risks to people's safety were conducted and they were reviewed regularly to ensure they met each person's current level of need. Assessments were in place for risks such as, people's ability to independently use the bath or showers, to administer their own medicines and to eat and drink safely. These assessments alongside detailed care plans clearly identified the risks people could face and how staff could support people to reduce those risks. The risk assessments for each person who used the service at the time of the inspection were regularly reviewed, although we did find a small number that had not been. The registered manager assured us that people received safe care and support, but would review these small number of risk assessments immediately.

The risk to people's safety had been reduced because regular assessments of the environment they stayed in and the equipment used to support them were carried out. A person who was unable to move themselves had a specialised wheelchair to support them. They told us the staff moved them safely and explained what they were going to do before moving them. We saw weekly wheelchair checks were recorded in a 'wheelchair inspection safety record' to ensure the equipment was safe for people to use. Staff told us they had the equipment they needed to provide support safely for people.

Regular servicing of gas installations and fire safety and prevention equipment were carried out. External contractors were used to carry out work that required a trained professional. There was a personal emergency evacuation plan (PEEP) in place that enabled staff to ensure, in an emergency, they were able to evacuate people in a safe and timely manner. We saw these had been reviewed to ensure they met each person's current needs.

We looked at records which contained the documentation that was completed when a person had an accident or had been involved in an incident that could have an impact on their safety. Records showed these were investigated by the registered managers and they made recommendations to staff to reduce the risk to people's safety.

People told us staff were always available when they needed help. A relative we spoke with said, "[Name] has always got someone around to help. They don't watch [name] twenty four hours a day, the staff make sure [name] gets space, but are there if needed. " Throughout the inspection we saw there were always staff available to support people. Staff told us there were enough staff on duty each day to provide people with the care and support they needed. The registered manager told us that if a member of staff was off sick or on holiday then they could normally cover these shifts with their own staff. If that was not possible, then agency staff were used. They told us they always used the same agency and requested staff who had worked at the home before to ensure people received consistent care and support from staff they were familiar with.

The risk of people receiving support from staff who were unsuitable for their role was reduced because the provider had ensured that appropriate checks on staff member's suitability for the role had been carried out. Records showed that before staff were employed, criminal record checks were conducted. Once the results of the checks had been received and staff were cleared to work, they could then commence their role. Other checks were conducted such as ensuring people had a sufficient number of references and proof of identity. These checks assisted the provider to making safer recruitment decisions.

People told us the staff looked after their medicines for them. They were happy with this and they took their medicines when they needed them. A relative said, "The staff look after all of the medicines. I have no worries about that at all." We observed staff administering medicines to people and they did so in a safe way. They talked with people encouragingly and people responded well to them. When someone was reluctant to take their medicine, staff explained why it was important for them to take it and took time to gain their cooperation. We saw when medicines needed to be taken with food; their administration was timed to ensure they were given with their meal. Where needed, mental capacity assessments were in place to support the administration and handling of the medicines by staff.

We looked at the medicine administration records for all four of the people who used the service at the time of the inspection. These records were used to record when a person had taken or refused to take their medicines. Each record contained a photograph of the person to reduce the risk of medicines being given to the wrong person. Information about people's allergies was also recorded. The records also contained detailed information about their medicines, the reason for their prescription and information about how the person preferred to take them.

Regular checks of the temperature of the room and fridge the medicines were stored in were carried out. This ensured the effectiveness of people's medicines was not reduced. Records showed for the period we checked that the fridge had been within the required temperature range. However there were some days when the temperature of the room had not been. The registered managers told us they would review this to ensure the temperature was always within the required range.

There were processes in place to protect people when 'as needed' medicines were administered. These types of medicines are administered not as part of a regular daily dose or at specific times. We saw a person had a prescription for a sedative to be used for a person if they showed anxiety prior to hospital appointments. There were clear protocols in place in place for staff to follow when administering this.

The staff we spoke with who administered medicines told us they had completed medicines training and

received updates every two years. They told us they also had their competency checked. Records seen reflected this.

Requires Improvement

Is the service effective?

Our findings

People told us they were happy with the way staff supported them. A relative we spoke with said, "The staff are fantastic. They really know what they are doing. They are very skilled in what they do." Another relative said, "I know the staff well, they are fantastic. The new staff have got to know them well."

Staff had carried out an induction to provide them with the skills needed to care and support people in an effective way. The registered manager told us staff who were new to the service would complete the newly formed 'Care Certificate' training to ensure they had the most up to date skills required for their role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It gives people who use services and their friends and relatives the confidence that the staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

Records showed that staff received a wide range of training for their role. This included training in areas such as safeguarding of adults, safe management of medicines and moving and handling. The majority of people's training was up to date but we did find a small number of staff whose training required updating in some areas. For example one member of staff had not received updated moving and handling training since January 2014. The registered managers told us they were aware what training needed updating and would ensure this was put in place.

Staff told us they felt supported by the registered managers and received regular supervision and an annual appraisal of their work. This enabled them to discuss any concerns they had about their role to identify how to develop their skills.

People told us they were asked what they wanted to do and the staff would support them in doing it. For example we observed staff talking with people about where they wanted to go and what they wanted to eat and they respected people's views. A relative said, "Things aren't forced on [name]. They are always given the choices of what to do." Another relative said, "The staff never tell [name] to do anything they don't want to do."

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. We checked whether the service was working within the principles of the MCA.

In each person's records we saw people's ability to make decisions had been assessed in a wide range of areas, such as their ability to manage their own medicines and finances. However the appropriate documentation had not always been completed to show that all elements of the MCA had been adhered to. Additionally, when a decision had been made for people and had been recorded in their care records, it was not always possible to determine who had been involved with making the decisions. This could increase the

risk of decisions being made for people that did not follow the appropriate legal guidance.

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 are called the Deprivation of Liberty Safeguards (DoLS). Records showed that applications to the authorising body had been made for people that required them.

Records also showed that all staff had received MCA and DoLS training however the staff we spoke with had varying knowledge of them.

Staff told us and records showed that they had completed training in MAPA (Management of actual or potential aggression) and managing behaviours that may challenge. When people presented behaviours that may challenge we saw plans were in place for staff to be able to support people safely with this. When we spoke with the staff about the people they supported they were able to describe the steps they would take to reduce their anxiety. They could also explain how they gained their cooperation to enable them to support them safely and effectively.

People spoke positively about the food they had and were given choices each day. One person said, "They (staff) have a list and go round and ask you." A relative said, "I haven't been there when the food is served but [name] seems well fed and never complains about it to me." One person who had a number of food allergies and intolerances said staff knew what they were able to eat and they always had suitable food.

The cook had undertaken a nationally recognised qualification in catering and food hygiene training. They had detailed dietary information for each person who used the service. This included information about allergies and food intolerances, food likes and dislikes, preparation of food [e.g. soft or pureed diet] and any assistance they required with eating and drinking.

The cook told us they had a list of when people were due to stay at the service. They told us this enabled them to have the right foods available to meet people's individual requirements when they arrived at the home.

We observed the lunch time meal in one of the bungalows. We saw people were able to have their meal when they were ready and when one person did not want to eat in the dining room, staff brought a portable table into the lounge so they could stay in the lounge to eat in line with their wishes. People were served according to their individual preferences and staff provided assistance as they needed to but enabled them to be as independent as possible.

People's day to day health needs were met by the staff. A relative said, "The staff know how to look after [name]." If an appointment is needed they [staff] go along with [name] to offer support." Another relative said, "[Name] doesn't have appointments at the moment but I am certain they [staff] would help if I needed them to." Where appropriate staff supported people to attend appointments with external healthcare professionals. If people were unable or unwilling to leave the home then staff ensured that visits were made to the home to ensure people received the treatment they needed. People's care records contained information of all visits that people had made and detailed examples of how staff had supported people with maintaining good health.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring. One person described staff as, "Angels" and also said, "It is good here. I laugh with them. There are silly ones." All the people we talked with said they liked coming to the home and enjoyed their visits. One person said, "I like it here. The staff are friendly." Another person said, "I think it is brilliant here, the staff are great."
A relative said, "They [staff] are very kind. They really seem to care. I know [name] likes them." Another relative said, "Oh yes, they are all so very kind. I or [name] have never had a problem with any of them."

We observed staff interacting with people and it was clear people were supported by staff who understood their likes and dislikes. When we asked people about the needs of the people they supported they were able to tell us, in detail about them. Staff had developed a positive relationship with people and people were relaxed and comfortable with the staff. We observed staff talk to people about the things that interested them and they showed a genuine interest in what they had to say. The staff were very encouraging and positive and respected their views.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. People's care records showed that their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life.

There were processes in place to ensure that people were provided with information about their care and to enable them to contribute to the decisions made. In each of the care records that we looked at there was a space at the end of each care plan for people's signature to indicate their involvement in them. We saw these had been completed by some but not for others. The registered managers told us that not all people were able to sign their care records to say they agreed but their care and support needs were discussed with them or their relative on a regular basis.
Information was available for people about how they could access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. However the information for people was not easily accessible. The manager told us they would review how they displayed information for people within the home to ensure people had all of the information they needed.

People were supported to be as independent as they wanted to be. A relative said, "They can do what they want to do. The staff know what [name] is capable of and offer the support to help them do as much as they can." Another relative said, "[Name] can do some things for themselves, but help is needed from the staff for others. The staff know when to step in and when not to." Assessments of people's ability to carry out tasks independently of staff were in place and care plans contained guidance for staff to support them with this.

People told us staff respected their privacy and dignity when supporting them. Our observations throughout the inspection supported this. People told us staff closed their curtains and the door when they assisted

them with personal care and covered them over as much as possible. A relative we spoke with said, "Absolutely no issues with this at all. All the staff are very respectful." Another relative said, "[Name] has their own room and if they need their own space then staff respect that." People were treated with dignity and respect. We observed when staff members discussed people's health or personal care needs with each other, they did so in a respectful way. They lowered their voice and ensured that others could not hear them. This ensured people's dignity was protected. People's care records contained guidance for staff on how to maintain people's dignity when providing personal care support for them.

The registered managers told us that people's relatives and friends were able to visit them without any unnecessary restriction.

Good

Is the service responsive?

Our findings

People told us they enjoyed the activities they took part in when they visited the service and were able to do things they wanted to do. One person told us they enjoyed cooking, going to the pub, discos, karaoke, cinema and bowling. They also told us they had done some baking the previous day and a staff member told us they had supported them to make buns. They told us people and staff then enjoyed eating them together afterwards. Another person told us they liked to help with maintaining the garden and also doing some colouring activities. People also told us they were looking forward to the Christmas Party that had been arranged for them and other people who used service.

A relative said, "[Name] gets to go to lots of places that they want to go to." Another said, "They are always doing something with [name]. [Name] likes going out and the staff always support them in doing so."

People were given the opportunity to go to places within the local area throughout their stay. The staff could explain how they ensured people were able to go out when they wanted. We were told a mini bus was used to transport people; however this was currently out of action. The registered managers told us that to ensure people's ability to do the activities they wanted to was not compromised, taxis were used when necessary. The people we spoke with told us they had been out in a taxi the previous day to a place they wanted to go to.

Although people did not raise any concerns with us, we noted there was a lack of information in each of the bungalows where people lived that explained to them what opportunities there were for other activities and events that were taking place. In the central bungalow we saw a colourful notice board with details of discos, parties and other events that were coming up. However these were not provided in the other three bungalows. The registered manager told us they planned to review how people were informed of the activities that were available for them and explained where in each bungalow this information would be placed.

People and their relatives, where appropriate, were involved with decisions about the planning of the care. People's care records were written in a person centred way and contained information about the things that were important to them. We saw a 'One Page Profile' was included which provided staff with easy and quick access to key information about the support needs of each person.

Each person had a full range of detailed care plans for all aspects of their care and support. These included details of people's preferences and the amount of support and assistance they required. People's care plans were reviewed regularly however, we did find the care plans for one person had not been reviewed and updated since April 2014. The registered manager told us they were confident people received care and support that met their needs but stated they would ensure that all care plans were updated and reviewed each time a person came to stay.

Some of the people using the service had limited ability to verbally communicate. The registered managers had ensured their care records contained; detailed information for staff on how they should communicate

with each person, each person's level of understanding and the types of non-verbal responses people used to communicate. We observed staff use a variety of methods when communicating with people. They also told us they used Makaton and a signs and symbols books. Makaton is a language programme which uses signs and symbols to help people to communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.

People we talked with said if they had a concern or were unhappy with the care provided they would talk to their parents. Others said if they couldn't speak to their parent they would speak to one of the carers. Staff told us if someone wanted to make a complaint they would listen to them and would try to deal with it for them straight away. Staff said people were given a booklet when they first came to the home and this provided information on how to make a complaint.

Staff told us they contacted people and their relatives prior to each visit to ensure they were aware of any changes since the previous visit. After each person's visit further feedback was requested to identify any issues.

We viewed the complaints register and saw the registered managers had ensured that when a complaint had been made this was dealt with quickly and people were responded to in a timely manner. A relative we spoke with said, "I've never had to make a complaint. There are new managers but I'm sure they'd be the same as the one before and sort things if you wanted them to." Another relative said, "I haven't made any complaints but I know it would be dealt with, no issues about that."

Good

Is the service well-led?

Our findings

People and staff were actively involved with the development of the service and contributed to decisions to improve the quality of the service they received. The registered managers told us they had a variety of processes in place that enabled people and staff to give their views. In each person's care plan we saw people and where appropriate their relatives, were asked for their views about the quality of the stay. A relative said, "Our opinions are valued, yes." Another relative said, "They like to talk to me and see what I think about things."

Regular meetings were also held with people and staff and then actions were put in place to address their views. A staff member we spoke with told us team meetings were held monthly and they had the opportunity to add things to the agenda and contribute their views at the meetings.

The registered managers told us they had an 'open door' policy and welcomed people, staff and relatives to discuss any concerns they had directly with them. They told us that as they were new to the service they wanted people to feel like they could come and talk to them whenever they wanted to. We observed staff, people who used the service and relatives speaking with the registered managers throughout the inspection.

People were encouraged to access the local community and other local events and services. People were offered the opportunity to visit a local charity café which specialises in offering support to people living with a learning disability. The registered manager told us they also encouraged people to use local amenities such as shops, pubs and bowling alleys to improve people's sense of belonging to the local community.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.

Staff understood the values, aims and ethos of the service and could explain how they incorporated these into their work when supporting people. One staff member said, "We all pull together, I think we do mighty fine. We are a good team."

People, their relatives and staff spoke highly of the new registered managers. When we asked one person if they liked them they smiled and nodded. We observed one of the registered mangers speak with this person. They clearly understood their needs, knew how to communicate with them effectively and the person responded positively to them by smiling and laughing. A relative said, "They seem nice." Another relative said, "They really are great. Nothing is too much trouble." A member of staff said, "They are friendly and supportive." One member of said, "The managers had only recently come into post but, I don't feel I can approach them."

People and staff were supported by two registered managers who were available to them when needed. Both understood their role and responsibilities. They had the processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect

the running of the service or people who used the service.

There were systems in place to ensure risks to the service, people and staff were identified in a timely manner and acted upon. The registered managers had recently introduced a new reporting system for staff where they could record any concerns they had in a 'communication book'. They told us this was not a substitute for communicating directly with them, but if staff felt more comfortable in writing down their concerns then this was a format they could use.

The risk of people experiencing harm was reduced because the manager had quality assurance processes in place to identify the risks and to deal effectively and appropriately with them. The registered managers showed us an action plan they had developed since starting at the service which they planned to address to improve the service further. There were targets in place by which they planned to achieve each part of the plan. They also told us they planned to delegate some of the tasks to other members of staff to enable them to develop their role and understanding of the way the service runs, but also to give them a sense of accountability for their role.

Records showed a number audits were conducted in areas such as staff competency in administering medicines and the safety of the environment people lived in. Where improvements were required recommendations were made by the registered manager and staff were them tasked with the completing. However the records did not always show whether these had been completed.