

Swindon Borough Council

Swindon Family Breaks Service

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 20 February 2018 and was unannounced. Swindon Family Breaks Service provides a short break service to people with learning disabilities. The service is registered to provide accommodation and personal care for up to 14 people. There were 5 people living at the service at the time of our inspection. At our last inspection in December 2016 there were no regulatory breaches. However, we rated the service as "Requires Improvement".

Not everyone using Swindon Family Breaks Service receives regulated activity; the CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe at the home and they liked the way staff supported them. People's relatives told us they were happy with the way people were looked after and they felt the service was safe and met people's needs. People were protected from the risk of abuse. Staff had received safeguarding training and understood their responsibilities to report any concerns.

Accidents and incidents were managed safely. Any identified trends were discussed with staff and steps were taken to reduce avoidable harm. People's medicines were managed safely by staff who had been trained and assessed as competent in administering medicines. People received their medicines as prescribed.

People were protected from the risk of infection. Staff had attended food hygiene and infection control training and wore personal protective clothing when required. There were effective and up-to-date systems in place to maintain the safety of the premises and the equipment.

People and staff told us there were enough staff to meet people's needs and support them with the activities they chose to do. Robust recruitment systems were in place which ensured staff were of good character and suitable for their roles.

Contingency plans and evacuation procedures were in place to manage emergencies, and staff were aware

of them.

People were supported by staff who were appropriately trained and received regular supervision. Staff had a clear understanding of the application of the Mental Capacity Act 2005.

People's needs were assessed before they began using the service. People were encouraged to eat a healthy, balanced diet and they were provided with access to healthcare professionals when needed.

Personalised care plans were in place for people using the service. Staff knew the people they were supporting and their preferences were recognized to ensure personalised support was delivered. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Most of people and their relatives were happy about the way they spent time at the service.

Complaints procedures were available and displayed throughout the home in a pictorial format. People and relatives knew who to speak to if they had a complaint.

People, their relatives and staff described the new management team as approachable and committed to ensuring people's needs were met. Staff felt supported by the registered manager. They told us that recent changes in the management structure had impacted positively on their morale motivating them to work as a team.

There were effective quality assurance systems in place to ensure the quality of care delivered was monitored.

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 told us they felt safe. Staff had received training in safeguarding and knew their responsibilities for reporting any concerns regarding any possible abuse.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People had risk assessments in place to ensure risks were minimised and managed.

There were appropriate arrangements for the safe handling and management of medicines.

Is the service effective?

Good ●

The service was effective.

People's care and support needs were assessed and reflected in support records.

Staff received up-to-date training and appropriate support through supervision and appraisal meetings.

Staff had a clear understanding of the application of the Mental Capacity Act 2005 to practice.

People were supported to access healthcare services. The provider sought appropriate support and guidance from healthcare professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with dignity and respect.

We observed people being treated with kindness and compassion.

People were involved in planning their care and support.

Is the service responsive?

Good ●

The service was responsive.

Personalised care plans were in place to meet the needs of individuals. People told us staff provided them with care and support that met their needs.

Most of the people and their relatives were satisfied with the range of activities offered to people.

People were encouraged to give their views and raise concerns or complaints. People's feedback was valued and people felt that when they raised issues, these were dealt with in an open and honest way.

Is the service well-led?

Good ●

The service was well-led.

Staff told us the recent changes in the management structure boosted their morale. Staff felt supported by the registered manager.

People using the service and their relatives spoke positively about the management team.

The provider had effective systems in place to regularly assess and monitor the quality of service provided to people. On-going audits were used to improve the support people received.

Swindon Family 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 unannounced inspection took place on 20 February and was carried out by one inspector.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. During the inspection, we checked if the information provided in the PIR was accurate.

We reviewed the information we held about the service. Providers are required to notify us about events and incidents that occur, including unexpected deaths, injuries to people receiving care, and safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us.

During the inspection we spoke with two people, two staff members, the deputy manager and the registered manager. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring. After the inspection we obtained feedback from two relatives of people and one healthcare professional.

We looked at the care records for four people who use the service, and four staff files. We also examined a range of records relating to the running of the service which included audits carried out by the registered manager and the provider.

Is the service safe?

Our findings

We asked people if they felt safe at the service. One person confirmed, "I feel safe here. I feel comfortable listening to music in my bedroom". One relative of a person told us how the service had worked with the person to develop a good relationship and to help the person feel safe at the service. The person's relative said, "At the moment [person] is very happy with all staff there. When he gets anxious, they will sit and talk to him and help him feel safe and at ease".

The registered manager and staff were able to tell us about people's individual needs and the support people required to keep them safe. People had individual risk assessments in place to ensure their safety. These risk assessments covered such areas as mobility, administering of medicines, falls or a percutaneous endoscopic gastrostomy (PEG) care. The assessments were regularly reviewed to ensure the risk management advice staff were following remained effective in reducing risk.

Staff conducted night checks on people whose condition required this. We saw that night checks were carried out at regular intervals and their frequency was increased if people required this. For example, when people were recovering after an epileptic seizure.

Staff knew how to escalate concerns about people's safety to the provider and other external bodies and organisations. A member of staff told us, "If I witnessed a case of abuse, I would immediately make sure that the service user is safe and report this to the manager and the safeguarding team".

People told us, there were enough staff to meet their needs. The registered manager told us that staffing levels were flexible to ensure people's individual care and support needs were met. We noted agency staff were hired to cover shifts at times. This was recorded clearly on the rota. We were told that as long as it was possible the same agency staff worked at the home to provide consistency of care. During our inspection we observed staff supporting people in a timely way and in line with people's individual needs.

A thorough recruitment policy and procedure were in place. We looked at recruitment records for staff and saw that they had been recruited safely. Records contained application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

The registered manager, staff and records confirmed that lessons were learned and improvements were made when things went wrong. Incidents and accidents as well as behavioural charts were analysed and used to identify any patterns and ways of reducing the likelihood of similar incidents happening in the future. For example, the service had introduced a matrix to monitor events leading up to seizures. An analysis of the matrix had revealed a person was more likely to have a seizure while staying in one of the two buildings belonging to the service. As a result, the person's care plan had been updated and the person spent less time in the building whose interior could trigger their seizures.

People received their medicines as prescribed and there were systems in place for safe management of medicines. Medicines were stored safely in a locked cabinet and were administered by staff that were appropriately trained and had their competency to administer medicines checked regularly. Staff received regular competency assessments.

We saw records of maintenance and regular health and safety checks for the equipment used in the home. We also saw records of other routine maintenance checks carried out within the home. These included regular checks of electrical equipment, fire alarm testing and water temperature checks.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE), such as disposable aprons and gloves. An infection control policy was in place, which provided staff with information relating to infection control. This included PPE, hand washing and information on infectious diseases. We observed all areas of the home to be clean and there were suitable infection control systems in place including adequate supplies of PPE.

Staff followed the colour coding system for their cleaning equipment. Colour coding is the process of designating colours to cleaning equipment in certain areas of a venue, reducing the spread of germs across areas and increasing hygiene throughout a service. As a result, the spread of a potential infection was reduced because, for example, toilet cleaning equipment was not used for cleaning bedrooms and communal areas. Relatives of the people praised the service for the clean environment. One relative of a person told us, "I am very happy with the service they provide; when I drop and pick [person] up, the centre is always clean and tidy and the food always smells great".

People had a Personal Emergency Evacuation Plan (PEEP) to be used which detailed how the person should be assisted to maintain their safety and how much support would be needed. The service also had an emergency evacuation plan in the event of the building being damaged by, for example, fire or flooding.

There were robust contingency plans in place in case of an untoward event. The contingency plan assessed the risk of such events as fire or bad weather conditions and how the service would continue in the event of these occurring.

Is the service effective?

Our findings

People told us that staff were well trained and knowledgeable. One person complimented staff saying, "They are very nice. They seem to know what they are doing". Another person told us, "They are really knowledgeable".

Staff received training to support them to be able to care for people safely. This included training in areas such as moving and handling or safeguarding. Staff were also offered specific training modules regarding, for example, communication, diabetes and epilepsy. Staff told us that they felt supported and were able to approach the management team for additional support at any time. A member of staff told us, "The training is brilliant. We do more in-house training rather than e-learning, which is better for us".

Staff told us they had received a comprehensive induction when they started, which was confirmed by the records. The induction included shadowing, reading policies and attending sessions to orientate them to the culture specific needs of people they supported. We saw that new members of staff were offered to complete the Care Certificate or a nationally recognised qualification. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff told us the induction covered all areas of the role and was relevant.

We found staff received regular supervision and appraisals. Supervisions included discussions of what staff were doing well, areas for development, a discussion about people they supported and any aspects of their support that could be improved. Annual appraisals concerned staff's goals and any additional training or roles they would like to take up. A member of staff told us, "I have my supervision meetings monthly. You do not realise until you start how much you want to say. I want to look at this, I want to look at that and change it. Thanks to the supervision meetings, I feel more focused, back on track".

People's needs were assessed before they started using the service. People had assessments of their needs written up before they moved in to the service. People, their families, social workers and other services had been involved in the assessment process. The aim was to make sure the service was able to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met. People's preferences were recorded so that staff could learn about them. The care plans included people's preferred names, their likes and dislikes and also their life stories.

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.

Consent to care and treatment was always sought in line with legislation and guidance. People told us that staff always asked them before offering support. We observed staff asking people what they wanted to do,

eat and if they would like to go out. A member of staff told us, "The main principles of the MCA are to presume full capacity until assessed otherwise, to support people to make a decision, not to restrict people from making unwise decision and to act in their best interest".

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No one was subjected to DoLS at the time of our inspection.

People's nutritional needs were assessed and monitored. The care plans included information about people's preferences relating to food and any risks associated with eating and drinking. For example, one person could not eat a certain type of food. Their care plan explained clearly how the person should be supported. When people were required to use a percutaneous endoscopic gastrostomy (PEG) tube, there were clear procedures and risk assessments incorporated into care plans. Staff received PEG training in order to meet people's nutritional needs.

We saw that people's care records contained clear information about people's health needs. Each person had a health passport that identified what medical needs people had and how to support them. We saw from people's records that people had regular access to health care and that people's health and well-being were closely monitored. This enabled staff to pick up any changes in people's health and to act on them quickly.

People were supported to access healthcare services when needed. We saw that support plans contained clear and thorough information about each person's medical history and any current conditions. This allowed staff to provide support that met people's identified medical and emotional needs. Records showed that staff obtained appropriate support and guidance from healthcare professionals when required.

The service participated in multi-disciplinary meetings to review and respond accordingly to people's changing needs. The management and staff worked closely with other professionals and agencies to ensure people's various needs were fully met. A professional we spoke with told us, "When there are any safeguarding concerns or risks within the family, they play a vital part in the Multi-Disciplinary Team".

The environment and layout of the building were suitable for people to move around using mobility equipment if they needed. Corridors were kept clutter free and bedrooms were personalised to ensure people felt at home. There was an accessible garden that people had enjoyed in the warmer months. The building had been designed and furnished in line with Registering the Right Support and could accommodate up to 14 people in this same time.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. One person told us, "They are always kind to me". Another person said, "Staff are always around and if you need something, they are always there to listen to you".

Staff respected people and supported them with dignity. We noted that there was a clear emphasis that the service was home for people living there before it was a workplace. We noted that all staff worked in a way that demonstrated it was people's home. For example, they introduced us to people and asked them if they would not mind us coming into the dining room and into people's rooms. One person told us, "They treat me really good, with respect". A member of staff said, "We respect people's dignity and privacy. I would like to be treated with dignity myself at all times".

People were involved in discussions and decisions concerning their care and their decisions were respected by staff. Staff we spoke with about people's needs had a good understanding of what was important to people and how to provide personalised care to them. We saw staff interacted and responded to people in a positive manner and willingly spent time with them. There was a happy and relaxed atmosphere in the home where people were seen smiling and socialising together.

Care plans contained detailed information about people's likes, dislikes and preferences in regard to all areas of their care, including cultural and religious beliefs. All the staff we spoke with were aware of people's preferences and daily routines.

People were supported to be as independent as possible. This was reinforced by staff who supported people to acquire daily living skills such as cooking or cleaning, and social skills such as confidence. Staff actively encouraged people to do as much as they could for themselves and care records recorded what people were able to do unaided and where they needed support. This ensured staff provided care in a way that helped to promote people's independence and support them to move on to more independent settings. A member of staff told us, "We promote people's independence by encouraging them to do small things such as tidying up or making a cup of tea as long as they are able to do it".

Staff were calm and friendly with people and we observed them interacting with people in a warm and caring way. Staff listened to people and gave people time to verbalise what they were trying to communicate. Staff were familiar with individual ways in which people communicated and knew what the gestures people made meant. There were clear plans giving staff guidance on each person's communication needs. They specified what a particular pattern of behaviour or a gesture meant so that staff could respond appropriately. For example, if a person put their hands together, this meant they were happy and wanted staff to socialise with them.

The equal opportunities policy was available at the service. This stated the provider's commitment to equal opportunities and diversity. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized and respected within the service. A member of staff told us, "We make

sure that we respect our service users' culture. We make sure their culture diet is maintained and we also use different fridges so the food doesn't get mixed".

People were encouraged to maintain relationships with their family members and friends. Relatives and friends of people who used the service were encouraged to visit at any time and felt welcome. One person told us, "It is very nice as my boyfriend can visit me here. He gets offered tea or coffee and he really likes it here".

Is the service responsive?

Our findings

People and their relatives told us they were satisfied with the support people received, which was tailored to their personal needs and wishes. One person said, "They know me and my needs, they know that I need support with personal care". One of the relatives told us, "Swindon Family Breaks Service try their best to put my two brothers in separate houses when they stay at the service. As my brothers are with each other 24/7 so it's nice for my brothers to have time apart from each other if they can".

Most of the people and their relatives were positive about the range of activities offered to people. People's activities varied according to their personal preferences and wishes. People enjoyed reading books, playing with puzzles, walks, shopping or playing with sensory toys. In the summer people were able to participate in gardening and playing garden games. One person told us, "It's fun being here. Staff are nice and they always organise something for you". However, one relative of a person told us, "The only negative is they do not always take [person] out, so by the time he comes home he is climbing the walls to get out".

People's support was planned with them and with other individuals who knew them well, such as their relatives, staff and relevant health and care professionals. People's support plans included information about all areas of their life and guidance for staff on how to provide the support they required. For example, their communication, eating and drinking, social and leisure needs, their health and emotional wellbeing were consulted about. Staff understood people very well and supported them in line with their plans. People's support plans were reviewed regularly to ensure they remained relevant and up-to-date.

The provider met the requirements of The Accessible Information Standard. This aims to make sure that people who have a disability or sensory loss get information that they can access and understand, and any communication support that they need. As well as an easy-to-read format, a range of communication methods were used by staff to provide information and offer choices, such as showing objects of reference, pictures and using a communication board. Additionally, staff used signs and other specialised communication methods throughout the day. People understood staff and staff understood them. Care staff and people who lived in the home constantly communicated and interacted with each other.

The home had a complaints procedure and there was an easy read version, suitable for people's needs, in the communal area for people to see. People told us they would feel able to speak to the staff if they had any concerns and said they would be listened to. One person told us, "I can complain to a member of staff. I did complain once, a few years ago, and this was addressed by the manager". Another person said, "If I had to complain I would go to the manager. They would sort things out for me". The service worked very closely with people and their relatives to act on any concerns before they became a complaint. There was a system in place to record any feedback received verbally and create an action plan to address the concerns. There were three official complains raised by people's relatives and a professional during the last year. These were answered in line with the provider's policy.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a deputy manager with the day to day management of the service.

People and their relatives told us they found the registered manager approachable. One person told us, "They are fine. The managers and supervisors are really good." One relative of a person said, "We find the management team very open and supportive".

The management team had changed since our last inspection in December 2016. Staff were positive about the changes in the leadership of the service. They told us they found the new management team to be approachable. A member of staff said, "They are very supportive. Once I rang them for advice at 9PM. They are never too busy". Another member of staff told us, "Since we've had the new management things are brilliant. They are open, honest and I love working here".

The registered manager had created an open, transparent and supportive culture within the home which empowered staff to share ideas and raise any concerns. Staff felt supported by the registered manager and said they all worked well as a team and supported each other. One staff member told us, "I feel fully supported. They've got an open door policy. I can go with any problem and have a chat with my managers".

Staff were positive about the culture of the home and said they were aware of its vision and values. A member of staff told us, "The service is going forward, moving with time. We share these same common values. We all have a major impact on our service users regardless having them for a short period of time. We support them to the best of our abilities".

The service had systems in place for seeking the views of people that used the service. Responses reviewed showed people responded positively about the care and support they received. A survey was issued to people and relatives which asked whether staff were caring, supported people with personal care, treated people with dignity and respect and if people were supported to make choices.

The registered manager was responsible for completing regular audits of the service. These included medication administration, financial management and environmental audits. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. Records showed us these audits had taken place regularly and had positive outcomes. We saw improvements being made to the service, for example, a new type of care plans had been introduced and one room was going to be converted into a sensory room.

The management team cooperated with the local authority to ensure they were working in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit from the local

authority had been very positive. The service was also supported by a local care providers association who provided support with activities offered to people and training for staff to help keep their knowledge up-to-date.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to the CQC about reportable events.