Care Quality Commission

Southampton City Council

Respite Unit for adults with learning disabilities - 32 Kentish Road

Inspection report

32 Kentish Road
Shirley
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Hampshire
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Tel: 0238 0701227
Website: www.southampton.gov.uk

Date of inspection visit: 14 and 15 October 2015
Date of publication: 22/12/2015

Ratings

Overall rating for this service	**Requires improvement**
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?	**Requires improvement**

Overall summary

The inspection took place on 14 and 15 October 2015 and was unannounced.

32 Kentish Road is Southampton City Council's respite service for adults with learning disabilities. It is registered to provide accommodation and care to a maximum of eight people at a time. People generally stayed at the service for several nights to a week, but could stay more or less depending on their needs. Respite stays were

Summary of findings

booked in advance but emergency and short notice stays could be arranged when necessary. Some people using the respite service continued to attend day services during their stay which meant there were less people in the building during the day.

There had not been a registered manager since January 2015. 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 and associated Regulations about how the home is run. A manager had started working at the service six weeks before the inspection and had started the application process to register with us.

Some aspects of people's care and support were provided without their consent. This included sending reports home to relatives which included personal and private information.

Staff had not been supported through the use of supervision and appraisal. They had received training but there was not a system in place for the manager to know what training staff had completed and what needed updating. The manager was in the process of developing a system of monitoring the quality of the service as systems were not already in place.

People enjoyed their stay at the service because their needs were met by enough staff who knew them well and cared about them. They could choose what they wanted to eat, how they wanted to spend their time and which staff supported them. People were involved in the local community and enjoyed a range of activities.

Staff had been recruited following a procedure which ensured pre-employment checks had been completed. People were supported with their medicines by staff who had received training and were assessed as competent to administer medicines safely. Risks to people's health and safety were identified and action taken to minimise those risks whilst enabling people to do as they wished, for example, going out shopping.

Staff formed caring relationships with people and looked forward to seeing people again when they came for their holiday. Staff ensured they were up to date with information contained in people's care plans and risk assessments. People's individual needs were met and relatives were impressed at how responsive the service was, particularly in emergency situations.

There was a complaints procedure in place which people felt able to use.

We identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 is safe.

The staff team had received training in safeguarding adults and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible, whilst still enabling people to do what they wanted to do.

Staff had been recruited following satisfactory pre-employment checks and there were enough staff to meet people's needs.

People received their medicines as prescribed.

Good

Is the service effective?
The service is not always effective.

Staff had not been supported through the use of supervision and appraisal. They had received training but there was not a system in place for the manager to know what training staff had completed and what needed updating.

Aspects of people's care and support were provided without their consent.

People enjoyed their meals and could choose what they ate. They could access health care professionals when necessary.

Requires improvement

Is the service caring?
The service is caring.

Staff developed caring relationships with people using the service and supported them to make daily choices.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service is responsive.

People's individual needs were met and relatives were impressed at how responsive the service was, particularly in emergency situations.

Care plans were up to date and staff knew people well.

There was a complaints procedure in place which people felt able to use.

Good

Is the service well-led?
The service is not always well led.

There was not a registered manager at the service and adequate systems were not in place to monitor the quality of the service.

Requires improvement

Summary of findings

The culture of the service was open and transparent.	

Respite Unit for adults with learning disabilities - 32 Kentish Road

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 14 and 15 October 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

We reviewed the information we held about the service prior to our visit. This included notifications about important events which the home is required to send us by law and our previous inspection report. We had not been sent any notifications since the last inspection.

During this inspection we looked around the premises and talked to people using the service. We spoke with three people, three relatives, six care staff and the manager. We looked at four care plans, two staff recruitment records and a range of documents regarding the management of the service.

We last inspected the service on 22 October 2013 where no concerns were identified.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. A relative said "I trust them, [the staff], I have known them long enough." We saw people appeared relaxed with staff and comfortable in the environment.

The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training with regard to safeguarding adults and gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The manager had recently referred a concern to the local safeguarding team.

People were protected from avoidable harm through the use of equipment, for example, to reduce the risk of harm if they were to fall out of bed. Staff told us about a person who usually had a second mattress on the floor to break their fall but this was no longer effective. They had contacted an occupational therapist and were waiting for a professional assessment of the person's changing needs. Staff confirmed other equipment such as bed rails would not be used without the appropriate permission and risk assessments being in place.

Risks were managed so that people were protected and their freedom supported and respected.

Risk assessments were reviewed when people went to stay at the unit, or in their absence, for example, if they had needed hospital treatment resulting in a more permanent change in their abilities. Individual risks were identified, such as whether they were safe to walk outside alone, whether they could make hot drinks and how many staff they needed to support them. Action was taken to ensure people could take responsible risks with the correct support, for example, walking to the shops with staff. Staff said they read risk assessments before people came into the service to ensure they knew how to meet their needs.

There was a procedure to follow if there was a fire at the service. Posters were displayed around the building which included photographs of the fire exits and the meeting point. This meant people were more likely to recognise the exits they should use if the fire alarm sounded. There were also personal evacuation plans in place in a 'grab' file which could be accessed quickly and easily by staff in an emergency.

There were enough staff with the right skill mix on duty to meet people's needs. A relative said "Staff have a lot of time for [their relative]." A staff member said there were "enough staff, there are rarely gaps in the rota." The provider had a policy in place which prevented vacancies being filled but staffing cover was provided by regular agency staff or other team members working extra shifts. The manager said no service user was ever short of anyone to be with them. They were clear they got extra staff if needed, for example if there were more people in the building during the day. Some people were assessed as needing the direct support of one or two staff members and the manager ensured this happened. The staff team sometimes needed to negotiate with families so there were not too many people staying at the unit together who needed two staff to support them.

There had been a recruitment freeze which meant there had not been any new staff recently. The provider had a recruitment procedure in place which included seeking references and completing checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We found the checks had been undertaken before new staff started work.

People received their medicines as prescribed. People brought enough medicine with them for their stay. Medicines were counted and checked in when they arrived, checked after every dose was administered and again when the person left the service. A Medication Administration Record was completed to show people had received their medicines.

Medicines were stored safely and appropriately. Staff who administered medicines were trained to do so. One staff member described how the training had included topical creams, measuring liquids and administering eye drops. They also said they experienced having water put in their eye as part of the training, which gave them an insight into how it felt to have eye drops administered. Staff had to complete and pass a test at the end of the training. There was always a trained staff member on every shift who could give people their medicines. Staff were clear what to do if someone refused their medicines or if there was an error in administering someone's medicines. The manager reported there had been an error which resulted in someone not receiving a dose of their medicine. Action was taken which included talking with the relevant health

Good

Is the service safe?

professionals to ensure there was not a negative impact, as well as the staff member re-reading the medicines policy and attending a refresher course. People could look after and administer their own medicines if the risk assessment indicated this would promote their independence.

Requires improvement

Is the service effective?

Our findings

Staff were not supported appropriately in their role. They had not received regular supervision since our last inspection. Supervision is a process which offers support, assurances and learning to help staff development and confidence in their role. One staff member said they had recently had two supervision sessions but had not previously had supervision since last year. Records showed another staff member had recently had two supervisions but none since February 2014. Three other staff had not had any recent supervision sessions, and one of these had not had supervision since 2013. The manager said staff should receive monthly supervision. Staff had also not received annual appraisal of their work. The manager said they had started the process to rectify this and planned to complete appraisals for all staff by the end of November.

The failure to ensure staff were supported was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records did not show whether staff had the appropriate training and knowledge to meet people's needs. Some training was considered mandatory by the provider, such as food hygiene and other training was available on specific topics, such as autism awareness. However, recording systems did not help the new manager, or us, to know who had received training, who needed what training and when. Since the manager had taken the post, they had started a process of gathering information from staff files and the Human Resources department.

A staff member said the routine training was "good, and we can ask for other training". They felt the training met their needs. A senior staff member said when they supervised staff they asked them what training they would like. If it was not already provided there was someone they could contact who was good at accessing different training. They gave an example of when a trainer had visited the service and provided tailored training regarding moving and handling for a specific person's needs. Training was provided in different ways such as on line and face to face.

The Mental Capacity Act provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Some aspects of people's care and support were provided without their consent. Decisions had been made for some people in areas of health and diet which affected the care and support they received. It was not clear who had made the decisions or whether people had the capacity to make the decisions themselves. For one person, different people had made different decisions about their health which conflicted and left staff with uncertainty about how to respond to the person's needs. The issue was potentially life threatening and therefore needed more detailed information and guidance for staff to follow.

Daily records were kept which stated what people had done during their stay, what they had eaten and what personal care they had been supported with. These detailed and intimate records were sent home to their relatives or the people they lived with. We found people had not been asked for their consent for this to happen and there were not any best interests decisions in place to allow for this to happen.

The failure to ensure consent was sought for all care and support was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff sought consent from people with their day to day care and support. Staff read care plans to understand people's preferences and gave people choices such as what to wear and whether to shower or bath. Staff understood people's responses to choice through language, body language or Makaton symbols and their choices were respected. Makaton is a language programme using signs and symbols to help people to communicate.

The manager understood the requirements of the Deprivation of Liberty Safeguards (DoLS) but they had not yet been required. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. People usually stayed at the service for only a short time, and chose to spend time there as a "holiday". The manager would follow formal statutory procedures to safeguard people who lacked capacity should a specific situation make it necessary.

Requires improvement

Is the service effective?

New staff completed the "Skills for Care" induction course. Skills for Care common induction standards are the standards employees working in adult social care need to meet before they can work unsupervised.

People were supported to have sufficient to eat and drink. People's comments included "There is nice food, there is a choice. I can help out with cooking" and "I like pasta, I like the food, I can pick my own food." Some people went out to day services during their stay and took a packed lunch. Staff said they gave two choices for dinner, but all needs were catered for, such as vegetarian, gluten free and soft diets. One staff member said they went to the shops with people to buy ingredients. Staff were aware that some people had been assessed by the Speech and Language Therapist as they may be at risk of choking, and ensured they monitored them when they were eating. Staff had received training in food safety awareness.

People had access to healthcare services when they needed it. Staff supported them to visit the GP if they became unwell during their stay. The manager said they had requested an assessment from an occupational therapist due to one person's reduced mobility. The manager also said they gained support and advice from a range of other professionals such as the district nurse.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. One person said "I love it here, they are like family to me" and another person said staff were kind to them and that they liked to talk to staff. Relatives also gave us positive feedback about the service. Comments included "It is brilliant, my [relative] loves it"; "[My relative] loves going there, they are happy there"; and "[My relative] adores some of the staff." Another thought the staff were caring and that staying there was a "treat" for their relative.

Staff demonstrated they cared about the people they supported. One said "The staff know people, we are interested in them, I am excited when they come in, I know about their family and hobbies." They said they remembered details about their lives and would ask them, for example, "How was that sports competition?" when they next came in. The manager said "I feel really privileged to work with the people here."

We observed staff interacting positively with people. One staff member was blow drying a person's hair, another was looking at a person's photographs and the manager was keen that a person, who was colouring pictures, had enough pictures to colour.

People made choices during their stay at the unit. Staff said they treated everyone as an individual, they had choice on everything, for example when they went to bed and got up.

One staff member said, "They are on holiday, if they are not going to day services, why would you wake them up early if they want a lie in? They can choose not to go to day services when they are here."

Staff offered people choices, some could answer verbally, some used body language or Makaton to communicate their response. One staff member said "Personal care is different for every person, some have preferences for certain staff members, we ask them."

Staff respected people's privacy and dignity. One person said "Staff help with the bath, they leave me alone, I am independent." The manager told us "The team are aware of the need for dignity and respect. We have a dignity champion. I walk around, see staff knocking on doors, waiting for an answer or if the person cannot answer, waiting an amount of time, opening the door ajar, carefully, before entering. Staff have had training and are experienced; they would question a staff member not working in this way."

The role of a dignity champion is to challenge poor care practice, act as a role model and educate and inform staff working with them. The dignity champion had received training in the role and explained how their role worked in practice. They attended quarterly forums and ensured all staff were aware of current ideas and good practice around dignity.

Good

Is the service responsive?

Our findings

Relatives gave us positive feedback about how responsive the service was. One relative said staff were "wonderful" at responding to an emergency situation which meant their relative needed respite urgently. Another relative gave examples of how staff provided care and support which was responsive to their relative's individual and specific needs. This included giving the person the same room each time where possible and making a temporary change to the bedroom door which meant they could find their room easily. A relative said staff were also "incredibly good" at responding to the relative's own needs, if they unexpectedly needed a longer stay at the service. Being responsive to relative's needs had the positive impact of helping people to live at home with their relatives.

Staff read the care plans for people due in that day and were aware of people's needs. Care plans covered various aspects of people's lives including their everyday preferences, their health and social care needs. We saw one care plan identified that a person needed a room downstairs due to a health issue. The person was staying in the service when we visited and they were in a downstairs room. Staff said it was important to read the care plan so they knew how to approach people and how to support them.

People were supported to engage in activities and interests and could continue with their usual day time routines or not, as they wished. One person told us their key worker (a named member of staff responsible for aspects of an individual's care and support) would often massage their hands and feet and that this calmed them. The person also confirmed they went out a lot and did activities they enjoyed. We observed the staff handover meeting where staff coming on duty were given information about the people staying that day. Staff said one person wanted to go to the shops to buy something with a specific staff member and we saw they did go with the staff member they requested.

People's needs were assessed before they were offered a place at the respite unit. When new referrals were made, senior staff visited people at home and then people came in for a 'tea time visit'. People could decide at their own pace and if necessary could have an overnight stay before making their mind up.

The provider had a complaints procedure which was displayed on boards around the home. People and their relatives were told how they could complain and given a copy of the terms and conditions which include complaints information. One person said they would tell the manager if they had a complaint. One relative said "little niggles" were always sorted out and relatives said they would feel able to complain. The manager said if issues were raised they would ask whether the person or relative wanted to make a formal complaint. There had been two complaints which had been addressed appropriately and included an apology.

Requires improvement

Is the service well-led?

Our findings

There had not been a registered manager at the service since January 2015. 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 and associated Regulations about how the home is run. A new manager had taken over the management of the service six weeks before our inspection and had started the application process to register with us.

The future of the service had been uncertain as the provider had undertaken a consultation regarding the possibility of closure. People using the service, their relatives and staff were aware of this. The provider has decided to keep the service open for the time being and this has been seen as a positive move by people and staff. Staff were clear about their roles and responsibilities and this had resulted in staff continuing to provide a service which people enjoyed visiting even though there had not been a manager in place.

Before the inspection, we asked the provider to complete 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. They did not return a PIR and we took this into account when we made the judgements in this report.

There was not an established system of auditing in place. The new manager had started the process and audits included medication, health and safety of the environment, risk assessments, water temperatures, infection control and fire safety equipment records. Any identified concerns were followed up and action taken to ensure issues were addressed.

The manager said informal feedback regarding the quality of the service was gained from people and their relatives. However they did not think there had been a formal questionnaire in the last twelve months. They planned to develop one by the end of the year. There was a service improvement plan as well as the manager's own action plan. The action plans took into account the need for more audits and to ensure staff were supported through supervision and appraisals.

Relatives felt the service had not suffered through a lack of registered manager, as the senior staff were competent and professional at running the service. Staff gave us positive feedback about the new manager. One said "He's got us more motivated." Another said, "I like [the manager] he seems firm but fair, he had a meeting and introduced himself…he is happy to help you, happy to muck in." The manager was empathic with the experiences of staff having gone through the consultation process.

The culture of the service was person-centred, honest and inclusive. A staff member said the service was "open and transparent, nobody hides anything." Another staff member said there was a diverse culture in the service, that staff were "open and honest, I've seen staff own up to mistakes." The manager said of the staff "They don't hide things, I say we need to be open, transparent, honest. They will stand up if they make a mistake but the response has to be proportionate." The manager explained how strategies were put in place, including additional training to ensure mistakes resulted in learning to reduce the risk of an incident happening again.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **Staff did not have appropriate support through supervision and appraisal.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **Aspects of people's care and support were provided without their consent.**

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.