

Southampton City Council

Respite Unit for Adults with Learning Disabilities

Inspection report

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Date of inspection visit:
30 May 2023
01 June 2023

Date of publication:
21 June 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Respite Unit for Adults with Learning Disabilities is a residential care service providing short term respite stays for people with a learning disability and autistic people. It provides accommodation and personal care for up to 5 people. At the time of our inspection there were 5 people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence, and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Based on our inspection of key areas safe and well-led, we found:

Right Support:

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked with other agencies to ensure care met people's needs. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

People received good quality care and support because trained staff could meet their needs and wishes. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing during their respite stays. A person we spoke with at the service said it was "brilliant".

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 13 April 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Respite Unit for Adults with Learning Disabilities on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Respite Unit for Adults with Learning Disabilities

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand the service's ability to prevent or manage an infection outbreak, and to identify good practice we could share with other services.

Inspection team

One inspector carried out this inspection.

Service and service type

Respite Unit for Adults with Learning Disabilities is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Respite Unit for Adults with Learning Disabilities is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection the manager had applied to register with us, and their application was being processed.

Notice of inspection

We contacted the service on the morning of the inspection. This was because the service offers short term respite stays, and we needed to make sure there would be people using the service and staff present at the service.

Inspection activity started on 30 May 2023 and ended on 1 June 2023. We visited the location on 30 May 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed people's care and support in the shared areas of the service. We spoke with 2 people using the service on the day of our inspection, and we spoke with family members of 5 people who had used the service recently.

We spoke with the home manager, the service manager, and 4 members of staff.

We reviewed records including care and support records for 6 people and recruitment records for 3 staff members.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked with other agencies to do this. Staff recorded any concerns that arose, and records showed these were followed up and learned from.
- The provider had appropriate policies, procedures and practices to support people safely and respond to concerns. Staff were confident these would be followed correctly if needed. People's relatives told us they were confident people were safe at the service. A relative said, "You can leave [Name] for a respite stay, confident he will be looked after safely."

Assessing risk, safety monitoring and management

- People lived safely and free from unwanted restrictions because the service assessed, monitored and managed risks to their safety. This included where people might cause a danger to themselves, staff or others, and risks associated with social isolation, mobility, personal safety when outside the service, skin health, and medicines. Assessments included information about triggers and signs to look out for, and guidance for staff to avoid and manage the risks. People had as much freedom, choice and control over their lives as possible.
- Staff managed the safety of the living environment and equipment in it through checks and action to minimise risk. These included assessments for fire, water-borne infection, and other health and safety risks. There were regular fire safety checks and practice evacuations. People had individual evacuation plans in the case of emergencies. There were braille signs and other features to help a blind person who used the service orientate themselves safely. The provider had taken additional steps to provide a safe environment which met people's needs.

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 MCA 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.

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 Mental Capacity Act (MCA). In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service worked within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Staff carried out detailed mental capacity assessments in line

with the MCA code of practice, involving other parties and advocates where appropriate and keeping records of best interests decisions. Any conditions identified in DoLS authorisations were met in people's care and support plans.

Staffing and recruitment

- The service deployed enough staff to support people safely, and according to their needs and preferences. We saw staff were able to support people in a calm, professional manner, including at busier times such as late afternoon when people arrived back from day services. The numbers and skills of staff matched the needs and dependencies of people using the service. Staff knew how to take into account people's individual needs and wishes. People's relatives gave positive feedback about staff. A relative said, "The staff are all lovely."
- Staff recruitment and induction training promoted safe care and support. Staff files included the records providers are required to keep to show evidence of safe recruitment. These included Disclosure and Barring Service checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Staff followed effective processes to store medicines safely and to support people to take their medicines safely and in line with their preferences. This included assessing risks associated with people's medicines, including when people had their medicines disguised in food, or if people had medicines prescribed to be taken as required. Staff had the necessary training and competency checks. People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- There were audits on medicines brought into the service and returned home at the end of the person's stay. Staff kept accurate and complete records of medicines administered during the stay. These were checked at the end of the stay, and any discrepancies were followed up and learned from.

Preventing and controlling infection

- The service used effective infection prevention and control measures to keep people safe, and staff supported people to follow them. The premises were visibly clean and hygienic. The provider followed guidance around infection control in care homes, including an annual infection control statement.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider understood and complied with government guidance around visits from friends, families, and other advocates.

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. Staff recognised incidents and reported them appropriately. The manager reviewed incidents, investigated if necessary, and shared lessons to be learned from them in team meetings.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff felt respected, supported and valued by senior staff and management. This supported a positive and improvement-driven culture where staff were empowered to deliver a service which was relaxing, safe and comfortable for people. The provider promoted a positive, inclusive culture.
- Management and staff put people's needs at the heart of the service and achieved good outcomes for people. These included improving their understanding when people expressed their feelings through actions, and helping people become more independent with activities of daily living. Recognising that sometimes people preferred to relax and unwind, the provider worked to instil a culture of care where staff valued and promoted people's individuality, protected their rights and enabled them to develop and improve their life skills.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour. They had open communications with people's families and other advocates who were interested in their care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood and demonstrated compliance with regulatory and legal requirements. There had been 3 managers at the service in the 12 months before our inspection. The last registered manager had left 2 months before the inspection. The provider had appointed a manager with the skills, knowledge and experience to perform the role of registered manager. Their application to register was in progress at the time of the inspection. The provider notified us as required when certain events occurred in the service.
- The provider understood quality performance. Staff and management were responsible for internal audit systems to check the service met the fundamental standards required by regulation. There were regular checks on aspects of running the service, such as staff files and supervisions, as well as a mock inspection based on CQC's key areas. The manager reviewed people's records at the end of each respite stay to check, for example, that people's unused medicines, clothes and belongings were all returned with them. The manager reported monthly to the provider. This reported covered matters relating to people using the service and staff, including any medication errors, falls, safeguarding concerns and infections.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- The provider sought feedback from people and those important to them, and used feedback to develop the service. People's relatives were able to raise concerns and ideas with the provider. They told us they appreciated the respite service, and were happy their loved ones were safe, happy and well looked-after. Where they shared ideas for improvement with us, we discussed these with the manager who was working on a development plan to address them where possible. People's relatives acknowledged that there had been improvements resulting from concerns they had raised with the provider.
- The provider engaged with staff through regular supervisions, yearly appraisals, team meetings and staff surveys. People were asked for feedback using an easy read format after each respite stay. In response to these, the service had made changes to how they planned menu choices according to what they knew about the food preferences of people who would be staying that week. There were picture-based menus to help people make their choices for individual meals.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service. The provider had responded to national concerns that care sector staff should have dedicated training in caring for people with a learning disability and autistic people. People were supported by staff who had the necessary minimum skills and knowledge to support them according to their needs.
- The provider invested in the service, delivering improvements. There had been a complete refurbishment and redecoration in the 12 months before our inspection. The manager had plans for future improvements, such as developing parts of the enclosed garden, to give more opportunities and options for people to pursue interests and hobbies outside. The provider had started the implementation of an online care planning system, which was expected to deliver efficiency benefits and improve communication with people's families through a "relatives gateway" to let them see appropriate parts of their care plans.

Working in partnership with others

- The service worked in partnership with other health and social care professionals. These included speech and language therapy, occupational therapy, physiotherapists, psychologists, GPs, and day services. The service had worked with a provider of children's respite services to smooth the transition for young adults into the adult social care sector. Partnership working helped improve people's wellbeing during their respite stays.