

Lancashire County Council

# Hyndburn Short Break 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

### About the service:

Hyndburn Short Break Service is registered to provide accommodation and personal care. The service is designed to provide short term accommodation for up to five adults with a learning disability. The house is a detached property in a residential area. Accommodation is provided in five single bedrooms. The two bedrooms on the ground floor are equipped with overhead ceiling hoists and specialist bathing equipment. There is an enclosed private garden area to the rear of the property. At the time of the inspection, five people were using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using the service:

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The staff carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection. People received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme. Staff felt well supported by the management team.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff spoke with people in a friendly manner and people's care plans reflected their likes and dislikes. Our observations during inspection, were of positive and warm interactions between staff and people. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support. People were supported and encouraged to participate in a range of activities. People and their relatives had access to clear complaints procedure.

The registered manager monitored the quality of the service provided and ensured people received safe and effective care. This included seeking and responding to feedback from people in relation to the standard of

care. The registered manager and staff made regular checks on all aspects of care provision and actions were taken to continuously improve people's experience of care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

At the last inspection the service was rated as good (Published 13 December 2016).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow-up:

We will continue to monitor the service to ensure that people receive safe and high- quality care and re-inspect in line with the rating for the service. We may inspect sooner if we receive information of concern.

## 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 remained good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service remained good.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service remained good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained good.

Details in our Well-Led findings below.

# Hyndburn Short Break Service

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Hyndburn Short Break Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave two working days' notice of the inspection. This is because we needed to ensure the registered manager was available in the office.

What we did:

Before the inspection, we reviewed the information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about by law. We also sought information from the local authority's contract monitoring team. We used our planning tool to collate and analyse the information before we inspected.

We did not ask the provider to complete a Provider Information Return. 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 spoke with four people using the service, three relatives, two staff members, the business support officer, the team manager and registered manager. We looked at the care records of three people who used the service, looked around the premises observed staff interaction with people and activities that were taking place. We also examined a sample of records in relation to the management of the service such as staff files, quality assurance checks, staff training and supervision records, accidents and incidents, complaints and compliments.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate policies and procedures. People told us they felt safe and were happy with the care and support they received. One person told us, "It's good here and the staff are nice."
- Relatives spoken with had no concerns about the safety of their family members. One relative said, "I feel [family member] is very safe here. I'm really happy with the service."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and refreshed their knowledge and skills on a regular basis.

Assessing risk, safety monitoring and management

- Staff assessed, monitored and managed risks to keep people safe. People's care records included assessments of specific risks, such as any risks associated with personal care, behaviour which may challenge, using equipment or accessing the community. Staff were provided with guidance on how to manage the risks in a safe and consistent manner. The registered manager and staff reviewed all risk assessments at regular intervals.
- The registered manager had carried out service level risk assessments. The assessments covered areas such as the use of equipment, infection control and manual handling.
- The provider had processes to keep people safe in an emergency. Staff participated in regular fire drills to ensure they knew what action to take to keep safe in the event of a fire. The staff had developed personal emergency evacuation plans for each person which included information on the support people would need in the event of a fire.
- The provider had arrangements to carry out safety checks on electrical and gas installations as well as equipment in use at the home. We noted all safety certificates were within date.

Staffing and recruitment

- The provider made sure sufficient staff were available. We saw there were enough staff on duty to manage and support people's needs. Staff confirmed they had time to spend with people using the service. We observed staff chatting with people on both days of the inspection. We also noted one person was supported to meet a friend in a nearby town.
- The registered manager continually reviewed the level of staffing in line with people's needs and any planned activities.
- The provider followed safe recruitment systems and processes. We looked at one staff recruitment file and found appropriate checks were carried out prior to employment.

### Using medicines safely

- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. They had received appropriate training and checks on their practice had been carried out. There were written protocols to guide staff on the administration of medicines prescribed 'as and when required'.
- Staff completed medicine records accurately. However, we noted the controlled drugs register had not been fully updated and one person's medicines had not been signed out when they left the home. The registered manager made immediate arrangements to address these issues during the inspection.
- Staff checked medicines to make sure medicines were managed properly. The night staff counted all medicines on the premises every night and day staff checked the medicines and the administration records every day. In addition, the team manager carried out a monthly audit.

### Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and to protect people against the risk of infection. Staff had received training in this area and were provided with appropriate protective clothing, such as gloves and aprons. The registered manager conducted infection control audits and checked the service was clean and tidy. We saw all areas of the home had a good standard of cleanliness.

### Learning lessons when things go wrong

- The provider had systems in place to learn lessons and improve the service when things went wrong. The staff completed records in relation to any accidents or incidents that had occurred at the service. The registered manager checked the records to make sure any action was effective and to see if any changes could be made to reduce the risk of incidents happening again. Any lessons learnt were cascaded to staff as necessary.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 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 MCA. The application 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.

- We found staff had received training and understood the relevant requirements of the MCA. Staff spoken with said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed staff spoke with people and gained their consent before providing support or assistance.
- The management team considered people's capacity to make decisions as part of the assessment and support planning process. Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed. The registered manager explained he planned to further embed the principles of the MCA in the support planning process.
- Staff made sure people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- The registered manager understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, none of the applications had been authorised.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The management team and staff assessed people's care needs before using the service, to ensure effective care could be planned and delivered. Staff worked with other health and social care professionals to ensure robust and thorough assessments. We looked at completed assessments and noted they covered all aspects of the person's needs.
- People were supported and encouraged to visit the home for a series of short visits. This ensured people were able to sample life in the home before making the decision to use the service on a regular basis. People's transition plans were discussed in detail during management and staff meetings.

- The registered manager placed a strong emphasis on people feeling comfortable in the service and visiting at their own pace. Considerable thought was given to compatibility and the opportunity to form friendship groups.
- The provider had processes in place to assess people's needs in crisis or emergency situations.
- People's diverse needs were detailed in their assessment and support plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices and diet preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs and staff had strong supportive relationships with other agencies and professionals to provide a flexible and effective service, which adapted to people's needs.
- People's physical and mental healthcare needs were documented within their support plan. This helped staff to recognise any signs of deteriorating health. The staff also had access to people's health action plans.
- The staff made healthcare referrals as appropriate.
- The management team and staff worked well with health and social care professionals, especially where people had complex needs, to achieve positive outcomes for people. The registered manager attended multi-disciplinary meetings to ensure a coordinated approach in meeting people's needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged and supported people, where possible, to be involved in planning menus, shopping for ingredients and preparing meals. This enhanced their skills and promoted independence.
- Staff provided meals at flexible times during the day to fit in with people's activities and routines. People told us they liked the food provided, one person said, "It's good. I like the meals." Staff were aware of any food allergies and dietary preferences.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People's dietary intake was recorded on the daily diary sheets.
- Staff had developed links with speech and language therapists and any advice was well documented in people's support plans.
- Staff discussed healthy eating with people and considered this as part of the menu planning and preparation of meals.
- Staff had received specialist training to support people with complex needs.

Adapting service, design, decoration to meet people's needs

- The provider made sure the design and layout of the home was suitable for people using the service. There were comfortable and bright communal areas, appropriately adapted bathrooms and access to well-maintained and safe garden areas.
- The provider ensured mobility aids and hoists were in place, which met the assessed needs of people with mobility problems. Doorways into communal areas, bedrooms, toilet and bathing facilities were sufficiently wide to allow wheelchair access.
- People were supported and encouraged to bring in items from home to personalise their bedrooms during their stay. This promoted people's feelings of comfort and familiarity.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People and their relatives felt staff were competent and well trained. One person said, "The staff are very good" and a relative told us, "The staff do a good job and look after [family member] very well."
- Staff felt they were provided with a good range of training enabling them to fulfil their roles. They told us

their training needs were discussed on an ongoing basis and they were encouraged to expand their knowledge and expertise.

- The registered manager monitored staff training to ensure all staff completed their training in a timely manner.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff.
- Staff were provided with regular support by means of one to one and group meetings. The meetings provided them with the opportunity to discuss their responsibilities, any concerns and to develop their role and the service.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's rights were promoted, and person-centred care was delivered. All people and their relatives expressed satisfaction with the care provided and made complimentary comments about the staff team. One person told us, "The staff are kind."
- The registered manager promoted and encouraged inclusion. The management team and staff focussed on building and maintaining open and honest relationships with people and their families. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- We saw feedback from people or their families, which highlighted the caring approach taken by staff and the positive relationships staff had established. One person had written, "[Family member] usually cannot wait to access respite, so the overall care and attention is brilliant." Another relative wrote, "The service you provide is excellent, your staff are very friendly. [Family member] is settled when he comes to stay, this puts us at ease and he shows no signs of distress when he knows he is coming to you, this is very important to us."
- Staff understood their role in providing people with compassionate care and support. Staff responded to people in a warm, kind, caring and friendly manner. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities. We observed good relationships between staff and people in the home. People were happy, comfortable and relaxed when with staff.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives contributed to and were involved in making decisions about their care and support needs. One person confirmed they had discussed their care needs with staff and agreed with the contents of their support plan. We noted in feedback received by the home, one relative had written, "The support planning was excellent, I think this enabled staff to get a better understanding of [family member's] complex needs which are fully met and make us extremely happy with his care."
- The staff understood people's individual likes and dislikes and accommodated these when delivering their care. One person commented, "I always like to go shopping with the staff."
- Staff were committed to ensuring the best possible outcomes were achieved. They spent time with people to understand their preferred methods of communication, including non-verbal communication.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service. We saw a copy of the information was placed in each bedroom.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff encouraged people to develop their self-esteem to enable them make choices and express their preferences. The staff offered people opportunities

to increase their independence and to have freedom and control over their lives. People told us they could choose what they wanted to do.

- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance.
- We saw each person's individual file contained information around their care and support needs to guide staff. The information included; support plans and risk assessments covering their daily living needs including health, social and emotional well-being.
- Staff had developed one-page profiles, which provided details about what was important to each person and how they liked to be supported.
- Staff reviewed people's support plans once a year as a minimum and more frequently if people's needs changed. We also noted the support plans were updated as necessary before and after each person had used the service. Wherever possible, people were involved in the reviews of their support plan. Staff also attended reviews at day services and schools to ensure people received co-ordinated and consistent care.
- Staff maintained daily records of care and completed appropriate monitoring charts. These provided information about changing needs and any recurring difficulties. We noted people's needs were described in respectful and sensitive terms.
- Staff understood the importance of promoting equality and diversity and respecting individual differences. This included arrangements that could be made if people wished to practice their religion.
- 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. The activities provided inside and outside the home were determined by people's interests, abilities and preferences. The registered manager explained people accessed the local community and visited shops, restaurants and leisure facilities. Arrangements were also made if people wished to attend a social club during their stay.
- The registered manager used technology to enhance the delivery of effective care and support. This included a call bell in bathrooms and toilets, sensors fitted to doors, an intruder alarm and external CCTV. There was also Wi-Fi available throughout the building as well as games and computer equipment.
- People's communication needs were identified and recorded in their assessment and support plan. The registered manager and staff understood the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

Improving care quality in response to complaints or concerns

- People and their relatives were confident any complaints they made would be listened to and acted upon in an open and transparent way. The provider ensured the complaints procedure available was in easy read print and pictures. The information was clear about how to let others know if they were unhappy with their

care or with something in the home.

- The provider had arrangements for investigating and resolving complaints. The registered manager had recently introduced a new recording system for complaints and intended to develop an overall log.

#### End of life care and support

- The service was not primarily designed to provide people with end of life care. However, in these circumstances the registered manager explained the service would work closely with health and social care professionals to ensure the comfort and dignity of the person.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider, registered manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive and welcoming culture within the home. Staff told us they felt everyone was well supported and they all told us how much they enjoyed their work.
- Compliments received by the service highlighted the quality of care provided in the home. We saw one relative had written, "Thank you for looking after [family member] so well. It is much appreciated by all his family."
- The registered manager knew the people who used the service well and was knowledgeable about their needs and preferences. He explained he often worked alongside staff providing people with care and support. This meant he had a good understanding of the complexity of people's needs and the pressures placed on staff in challenging situations. The registered manager told us he was proud of the staff team and their commitment to strong teamwork.
- The registered manager understood and acted on the requirements of the duty of candour. He promoted and encouraged candour through openness and honesty.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff had a clear understanding of their roles and contributions to service delivery. We found staff morale was good and they felt valued and supported.
- The registered manager had established effective systems to monitor the quality of the service. Comprehensive audits were undertaken by the management team, and the systems in place to monitor the standards and quality of the service were being managed effectively. Action plans were drawn up to address any shortfalls. The registered manager reviewed the plans to ensure appropriate action had been taken and the necessary improvements had been made.
- We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies.
- The registered manager and provider ensured there was a good standard of organisation within the service. Records maintained were accessible, completed appropriately and used for auditing purposes.
- The registered manager had a clear vision for the home and was committed to the ongoing development of the service. The registered manager and provider were continually looking at ways they could develop the service.
- A senior manager visited the service on a regular basis and had remote access to the computer databases. This meant they could readily identify any patterns or trends.



- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary.

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

- The registered manager promoted positive outcomes for people by engaging with staff, people using the service and relatives. The staff contacted relatives both before and after people had used the service, to ensure support plans were up to date and to check for any worries or concerns.
- People and their relatives were invited to complete an annual customer satisfaction questionnaire. We were sent a copy of the latest survey results following the inspection and noted people had provided positive feedback about the service. One relative had written, "We receive full support. Personal relationships with services users and carers. Communication is excellent" and another person had written, "All aspects of care are exceptional."
- Staff meetings were utilised to ensure continuous learning and improvements took place. Staff told us they were comfortable in raising any issues or concerns within the meetings, and confirmed the registered manager was open to feedback.
- The registered manager had an 'open door' policy so people could approach him directly to discuss their concerns openly and in confidence. People, their relatives and staff told us the registered manager was approachable and they would have no hesitation in talking to him.

Working in partnership with others

- The provider and registered manager fostered and encouraged working in partnership with other professionals and agencies. The registered manager told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare and social care professionals.