

# Woodley Age Concern

# Short Break Care

## Inspection report

The Day Centre  
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Date of inspection visit: 14 and 16 September 2015

Date of publication: 21/10/2015

## 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 

## Overall summary

This inspection took place on 14 and 16 September 2015 and was announced. We gave the registered manager notice of our inspection as this is a small service and we needed to be sure staff would be available. We last inspected the service on 22 October 2013. At that inspection we found the service was compliant with all essential standards we inspected.

Short Break Care is a care home without nursing that provides a service to up to seven people living with

dementia. The service has five beds allocated to long term placements and two beds open to people requiring short term respite breaks. The home is in the same building as the Woodley Age Concern day centre. However, it is self-contained and not accessible to those using the day centre. People living at the home, or staying at the home on a respite break, are able to use the day

# Summary of findings

services provided at the day centre. At the time of our inspection there were five people living at the home on a permanent basis and two people staying on a short respite break.

The service had a registered manager who had been registered since 23 March 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 2008 and associated Regulations about how the service is run.

People were protected from the risks of abuse and from risks associated with their health and care provision. People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. There were sufficient numbers of staff on each shift to make sure people's needs were met.

People benefitted from staff who were well supervised and received training to ensure they could carry out their work safely and effectively

People's rights to make their own decisions were protected. Managers and staff had a good understanding of the Mental Capacity Act 2005. They were aware of their responsibilities related to the Act and ensured that any decisions made on behalf of people were made within the law and in their best interests.

People received appropriate health care support. People's health and well-being was assessed and measures put in place to ensure people's needs were met in an individualised way. Medicines were stored and administered safely.

Staff showed skill when working with people and it was obvious they knew them well and people were treated with care and kindness. Staff were aware of people's abilities and encouraged them to be as independent as possible.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. People's rights to confidentiality were upheld and staff treated them with respect and dignity.

People received support that was individualised to their personal preferences and needs. Health professionals told us they thought the service provided personalised care that was responsive to people's needs.

The service offered specialised day care for people living with moderate to severe dementia, with daily activities including cooking, arts & crafts, picture reminiscing and games. On the days of our inspection people were engaged in fulfilling activities that were meaningful to them.

Relatives and representatives knew how to raise concerns and confirmed they were listened to and taken seriously if they did. Staff recognised early signs of concern or distress from people living at the service and took prompt and appropriate action to reassure people when needed.

People benefitted from living at a service that had an open and friendly culture. Relatives/representatives felt staff were happy working at the service. Health professionals felt the service demonstrated good management and leadership, delivered high quality care and worked well in partnership with them.

# 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 was safe. People were protected from abuse because staff knew how to recognise abuse and knew what action to take when necessary. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service. There were sufficient numbers of staff and medicines were stored and handled correctly.

Good



### Is the service effective?

The service was effective. People benefitted from a staff team that was well trained and supervised. Staff had the skills and support needed to deliver care to a good standard.

Staff promoted people's rights to consent to their care and to make their own decisions. The management had a good understanding of their responsibilities under the Mental Capacity Act 2005. The manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS) and DoLS applications had been made where required.

People were supported to eat and drink enough. Staff made sure actions were taken to ensure their health and social care needs were met.

Good



### Is the service caring?

The service was caring. People benefitted from a staff team that was caring and respectful. Staff worked well with people, encouraging their independence and supporting them in what they could do.

People's dignity and privacy were respected and staff encouraged people to live as full a life as possible.

Good



### Is the service responsive?

The service was responsive. People received care and support that was personalised to meet their individual needs.

People led as active a daily life as possible, based on their known likes and preferences. Staff knew them well and were quick to respond to people's changing needs.

Relatives and representatives knew how to raise concerns and confirmed they were listened to and taken seriously if they did.

Good



### Is the service well-led?

The service was well led. People were relaxed and happy and there was an open and inclusive atmosphere.

Staff were happy working at the service and there was a good team spirit. They felt supported by the management and felt the support they received helped them to do their job well.

Good



# Summary of findings

Health professionals felt the service demonstrated good management and leadership, delivered high quality care and worked well in partnership with them.

# Short Break Care

## 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 16 September 2015 and was announced. We gave the registered manager notice of our inspection as this is a small service and we needed to be sure staff would be available.

Before the inspection the registered manager 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. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with all people living at the service. People were not able to give us details of what it was like to live at the home. However, they were able to tell us their views on what was happening at the times we spoke with them. We also spoke with the nominated individual, the registered manager, the deputy manager, a senior care worker and a care worker. We observed people and staff working together during the two days of our inspection.

We looked at two people's care plan and all medication administration records. We also looked at the recruitment files of the two staff employed since our last inspection, the staff rota and staff training records. We saw a number of documents relating to the management of the service. For example, utility safety certificates, equipment service records, health and safety check records, food safety checks and the concerns, complaints and compliments records. We looked round the building and grounds and checked the facilities available and medication storage.

Following the inspection we sought and received feedback from two relatives/representatives a consultant in old age psychiatry and two mental health practitioners.

# Is the service safe?

## Our findings

People were protected from the risks of abuse. Staff knew how to recognise the signs of abuse and knew what actions to take if they felt people were at risk. Staff were confident they would be taken seriously if they raised concerns with the management and were aware of the provider's whistle blowing procedure. Relatives/representatives told us they felt their family member was safe at the service, with one adding: "Yes, very safe." The health professionals felt people were safe at the service and that risks to individuals were managed so that people were protected.

People were protected from risks associated with their health and care provision. Staff assessed such risks, and care plans included measures to reduce or prevent potential risks to individuals. For example, risks associated with reducing mobility or risks related to specific health conditions such as epilepsy. During our observations we saw staff were aware of the risk reduction measures in place and were carrying out activities in a way that protected people from harm.

The staff monitored general risks, such as fridge and freezer temperatures and maintenance needs as part of their daily work. Other premises checks were also carried out weekly. For example fire safety and fire equipment checks. Health and safety risk assessment of the premises was carried out six monthly. This was last carried out in March 2015 and we saw identified risks had been dealt with. For example radiator covers had been fitted to radiators that were not covered. Hot water restrictor valves were in place on the bath and shower hot water outlets. Specialised equipment such as the sit-to-stand hoist and the adapted bath were up to date with their latest service checks. Staff said any maintenance issues were dealt with quickly when identified.

Emergency plans were in place, such as emergency evacuation plans. Accidents and incidents were recorded in people's care plans and reported to us as required. The registered manager investigated all accidents and incidents and kept a clear record of the cause and actions needed to prevent a recurrence where possible.

People were protected by robust recruitment processes. People could be confident that staff were checked for suitability before being allowed to work with them. Staff files included all recruitment information required by the regulations. For example, proof of identity, criminal record checks, full employment histories and evidence of their conduct in previous employments. People's reasons for leaving previous employment with vulnerable adults had also been verified.

There were two to three care workers and a manager allocated to the service during the day, in the evening there were three care workers and the night shift was covered by two waking night staff. We saw staff were available when people needed them and they did not need to wait. Staff told us there were usually enough staff on duty at all times and commented that the managers helped when needed.

People's medicines were stored and administered safely. Only staff trained in administering medicines were allowed to do so. The registered manager had introduced a new system to assess staff member's competence by observing them administering medicines. The new system was being introduced with the aim to assess all staff before the end of September 2015. Medicines administration records were up to date and had been completed by the staff administering the medicines. We observed staff administering medicines. They carried out appropriate checks to make sure the right person received the right drug and dosage at the right time.

# Is the service effective?

## Our findings

People received effective care and support from staff who were well trained and knew how people liked things done. Relatives/representatives told us they felt the staff had the training and skills they needed when looking after their family members.

The care staff team was made up of the registered manager, a deputy manager, two senior care workers and sixteen care workers. Ancillary staff included a cleaner and two receptionists who provided reception cover to the adjacent day centre as well as to the registered service. Catering was provided by on-site contract caterers.

New staff were provided with induction training which followed the Skills for Care Common Induction Standards (CIS). The registered manager was aware of the Skills for Care new care certificate and was developing their training in line with the care certificate to be used with future new staff. Staff told us their induction was thorough and they had never been asked to do something they were not confident to do. Practical competencies were assessed for topics such as moving and handling before staff were judged to be competent and allowed to carry out those tasks unsupervised.

Ongoing staff training was monitored and arranged by the registered manager and deputy manager. The provider had a number of mandatory training topics updated on a regular basis. For example, training in fire awareness, first aid, moving and handling and safeguarding adults training. Other mandatory training included medicine administration, infection control, food hygiene and health and safety. The training records showed staff were mostly up to date with their training. Where staff were due to refresh training, places had been booked. Staff we spoke with felt they had the training they needed to deliver quality care and support to the people living at the service. Relatives/representatives felt staff had the skills they needed when supporting their family members. One relative/representative told us: "We feel the staff are fantastic." Another commented: "They look after [Name] very, very well. The quality of life [Name] has is much more than we could ever have imagined."

Staff were encouraged to study for and gain additional qualifications. Of the 20 members of the care team, two held their registered manager's award and three held the

National Vocational Qualification (NVQ) level 3, or equivalent, in care. Eight held the Qualification Credit Framework (QCF) or NVQ level 2 in care and one was just starting on their level 3 diploma in health and social care.

People benefitted from staff who were well supervised. Staff told us regular one to one meetings (supervision) with their manager had increased since the registered manager and deputy manager had started at the service. The supervision records showed staff were having supervision with their managers every three to four months. Staff also confirmed they had yearly performance appraisals of their work carried out with their manager. We saw that all staff were scheduled their annual appraisal for dates in October 2015.

Staff worked in the day centre as well as in the care home. The majority of people living at the service on a permanent basis had started by attending the day centre when they had early stage dementia but were still able to live in their own homes. As their symptoms had increased staff continued to work with them at the day centre and during respite breaks for short periods in the care home. By the time people needed to move into the home on a permanent basis, staff had known them for a substantial amount of time, often for a number of years. This meant that staff were aware of people's individual likes and dislikes, their histories and their preferences on how they liked things done. It also meant people were moving into a service where they were familiar and comfortable with the staff.

People's rights to make their own decisions, where possible, were protected. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. Staff had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The registered manager had filed appropriate DoLS applications to people's funding authorities (the supervisory body), as necessary.

## Is the service effective?

People were able to choose their meals from the menus. Staff supported people to make choices from their known preferences where necessary. There were always alternatives available on the day if people did not want what had been planned. People were weighed monthly and the staff made referrals to the GP where there was concern that someone was losing weight. People told us they were enjoying their lunch and there were enough staff available to help them where needed.

People received effective health care support from their GP and via GP referrals for other professional services, such as speech and language therapists and occupational therapists. One health professional commented: "The registered manager is excellent in terms of knowledge and skills and is always keen to learn more." Another felt the service provided effective care and told us: "I am very impressed, they know the people [at the home] very well."



# Is the service caring?

## Our findings

People were treated with care and kindness. Staff showed skill when working with people and it was obvious they knew them well. Staff were quick to identify if someone was upset and dealt with any concerns promptly and calmly. Individual care plans included guidance to staff on what worked well if the person was distressed or unsettled. We saw staff successfully following the guidelines from the care plans. A relative/representative told us staff were: "Very caring, amazingly so. It's not just the staff but other managers and trustees are very caring too."

People's likes, dislikes and how they liked things done were set out in their care plans, which covered most areas of their lives. Care plans were geared towards what people could do and how staff could help them to maintain their independence safely and wherever possible. People's abilities were kept under review and any change in independence was noted and investigated, with changes made to their care plan as necessary. The care plans were drawn up with people, using input from their relatives/representatives and from the staff members' previous knowledge from working with the people before they moved into the home on a permanent basis.

We saw staff working with people encouraging their independence and supporting them in what they could do. At lunch time staff provided assistance only where needed. For example, cutting up food for people who could not manage a knife and fork and then making sure they had the

cutlery they needed so they could feed themselves. Specialised plates with built in plate guards meant people could also be more independent feeding themselves. Where people were not able to manage, or asked for help, assistance was given quietly and respectfully.

People's wellbeing was protected and all interactions observed between staff and people living at the service were caring, friendly and respectful. We saw staff respected people's privacy and dignity. Staff listened to them and acted on what they said. Staff were knowledgeable about each person, their needs and what they liked to do. Relatives/representatives were involved in people's lives and participated in annual reviews. They told us staff knew how people liked things done and treated their family members with respect and dignity.

People's right to confidentiality was protected. All personal records were kept in the office and were not left in public areas of the service. Visits from health professionals were carried out in private in people's own rooms. We observed staff protected people's rights to privacy and dignity as they supported them during the day and any personal care was carried out behind closed doors.

Health professionals felt staff were successful in developing positive, caring relationships with people using the service. One health professional told us staff had a: "good rapport. Feedback from relatives is very positive." Another commented: "They put their clients at the forefront of their thinking and planning."

# Is the service responsive?

## Our findings

People received support that was individualised to their personal preferences and needs. Health professionals told us they thought the service provided personalised care that was responsive to people's needs. One health professional added: "...very much so." And another said: "...they are very person-centred."

People's likes, dislikes and how they liked things done were known and incorporated into their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence wherever possible. The care plans were detailed and written in a way that gave staff a clear idea of the person as an individual. People's abilities were kept under review and any changes or increased dependence was noted in the daily records and added to the care plans. This meant all people's needs had been recently assessed and the care plans were kept up to date. Where people were assessed as requiring specialist equipment, this was provided, either by the service or via referral to occupational therapists or other health professionals.

The service had a close relationship with the local mental health team and all staff had a good knowledge of different types of dementia. This meant people were looked after by staff who understood and responded appropriately to their differing needs. One relative/representative commented: "Care is superb. They love [Name]. I can't fault them." Another told us: "I don't know how they do what they do, the staff are fantastic."

People each had an individualised activity schedule. The service offered specialised day care for people living with moderate to severe dementia, with daily activities including cooking, arts & crafts, picture reminiscing and games. Where it could be beneficial to them, people sometimes attended the main activities in the adjoining day centre. For example, sing-alongs, external entertainers and a church singing group. On the days of our inspection people were engaged in fulfilling activities that were meaningful to them.

Local community outings were limited due to the level of people's ability to cope with new surroundings and activities. People sometimes went out with family and friends but outings were carefully planned and risk assessed. People were supported to maintain relationships with their family and friends. Visitors told us they were always welcomed. Mealtimes were treated as social occasions and staff took time sitting with people and chatting as they ate.

Relatives and representatives knew how to raise concerns and confirmed they were listened to and taken seriously if they did. Staff recognised early signs of concern or distress from people living at the service and took prompt and appropriate action to reassure people when needed. Complaints were dealt with quickly and resolutions were recorded along with actions taken. Forms were also available at the reception area for people to give any comments, concerns or compliments.

# Is the service well-led?

## Our findings

People benefitted from living at a service that had an open and friendly culture. Relatives/representatives felt staff were happy working at the service. Comments received included: "They are happy and professional, they seem to be very happy."

Since our last inspection the service had seen a number of changes, and improvements had been made to the service provided. Three bedrooms had been added increasing the total bedrooms at the service to seven. A new registered manager was in place and redecoration and alterations were underway to make the service more dementia friendly. For example, some colour coding had been used on room doors along corridor areas. The registered manager was aware of the latest guidelines on dementia friendly environments and was assessing the premises to ascertain what further improvements could be made.

Other improvements included a new care planning system, increased training and the re-introduction of staff supervision and appraisals. Staff felt the changes had improved the service they were able to provide. They supported the registered manager in the changes that had been made so far and the plans for future changes. Staff felt included in the service development and confirmed they had been asked for their ideas. Comments received from staff included: "Things are so much better, more training and supervision.", "They [managers] work together, things are improving." and "It's nice you can talk to the manager and be listened to now." Some staff told us they felt the communication on what was happening at the service could be improved. The registered manager was already aware of this issue and had plans in place to re-introduce monthly staff meetings at the end of September 2015.

Staff told us the management was open with them and were approachable. Staff felt they had the tools and training they needed to do their jobs properly and fulfil their duties and responsibilities. Staff said they got on well

together and that management worked with them as a team. Staff had the opportunity to talk with their managers informally anytime they wanted and formally in their supervision meetings.

The provider had a number of quality assurance and health and safety checks in place. Those systems included management audits covering different areas of the management and running of the service. For example, checks on health and safety, concerns and complaints and maintenance issues related to the premises. Other regular audits included checks of the fire equipment operation. Food safety and kitchen checks were carried out by the contract caterers and were seen to be fully completed and up to date. The home had been awarded a food hygiene rating of 5 (very good) by Wokingham Borough Council in September 2014.

The service had a registered manager in place and all other registration requirements were being met. The service notified us of incidents they were required to in a timely manner. Notifications are events that the registered person is required by law to inform us of. Management records were up to date and kept confidential where required.

People benefitted from a staff team that were happy in their work. Staff told us they enjoyed working at the service. They felt supported by the management and their colleagues in their role. They felt encouraged to make suggestions and felt the management took their suggestions seriously. Relatives/representatives felt the service was managed well and that the management listened and acted on what they and their family members told them. One comment received was: "I don't have anything negative to say about them at all."

Health professionals felt the service demonstrated good management and leadership, delivered high quality care and worked well in partnership with them. One health professional commented that recently the service had been: "much more open and forward thinking. In the last eight months our input has been needed less and less, which I see as really good."