

Cheshire East Council

# Cheshire East Council Lincoln House Short Breaks

## 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

Cheshire East Council Lincoln House Short Breaks 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 is registered to provide respite accommodation for up to five people who require support and care with their daily lives. The service is situated near the centre of Crewe.

At the last inspection in October 2015 the service was rated good. At this inspection we found the service remained good.

The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

We spoke with two people who used the service and three relatives who all gave positive feedback about the service and the staff who worked in it.

Staff spoken with and records seen confirmed training had been provided to enable them to support people with their specific needs. We found staff were knowledgeable about the support needs of the people that came into the service for respite care.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Following one minor medication error, robust procedures had been followed to minimise any further errors.

The staff understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected.

Care plans were person centred and developed with the people who came for respite care in the service. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

The outcomes coordinator and registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The staff team were consistent and long standing. They demonstrated that they were committed to providing the best care possible for the people accessing the service.

The future of the service was uncertain as they had been informed that they were under review by Cheshire East Council and that the current accommodation would be changing in the next year. This impacted on everyone and all of the people we spoke with; people using the service, their relatives and the staff were worried about this. The relatives told us that they were dependent on the service and were worried about the negative impact on their relatives and themselves if the service changed or closed.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Cheshire East Council Lincoln House Short Breaks

## **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 checked 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.

The inspection took place on 04 January 2018 and was announced. It was carried out by an adult social care inspection manager. The manager of the service was given 24 hours' notice because the location is a small care home for adults who may be out during the day; we needed to be sure that someone would be in.

Before the inspection we contacted Cheshire East Council Contracts department. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about and from the service since the last inspection. This included notifications about issues that had happened in the service.

During the inspection we looked at all parts of the premises. We spoke with the registered manager, outcomes coordinator, senior support worker and a support worker. We spoke with two people who used the service and three relatives. We looked at medication records. We looked at staff rotas and training records. We looked at maintenance records. We looked at care records for three people who had accessed respite care at the service.

## Is the service safe?

### Our findings

We asked one person if they felt safe at the service. They told us that they had been staying at the service for a number of months and were very happy there.

We saw that staff had up to date training in safeguarding and what to do if they were concerned about the people living in the home. Safeguarding concerns were rare at Lincoln House and there had been none since the last inspection. Whistleblowing information was available for staff but there had been no concerns raised since the last inspection.

We saw that the service was staffed by a consistent staff team who had all worked for Cheshire East Council for a long time. We looked at the rotas and saw that staffing levels were flexible according to the number of people who were receiving respite care in the service. Staff were employed to work at the service but if the number of people using the service was low at any one time, then staff were sometimes deployed to other parts of Cheshire East Council's service provision. We saw that the service had sufficient number of staff on duty at all times.

We looked at medicines management in the service and saw that it was good. There had been one medication error and this had been robustly responded to with additional checks and training applied to minimise any further errors.

We saw that the service was clean and well maintained. We checked the premises safety certificates and saw that they were up to date. We did note that the environment looked very tired and that there was minimal refurbishment but this made sense given that the building was due to close in the next year.

We looked at risk assessments and saw that they were managed well. We saw that one person was accessing the local community unsupported and there was a clear risk assessment and guidance for staff to follow if the person chose to not follow the assessment. We saw that this had happened occasionally and was clearly documented and the risk assessment revisited.

# Is the service effective?

## Our findings

One person told us "They are nice, helpful staff. I like it here. The food is ok but I'm so used to microwave meals that normal food tastes weird now."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with the outcomes coordinator and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times. We saw that DoLS applications had been made for people accessing respite care where it was thought necessary to protect their human rights. We saw clear examples where the service had fully explored people's capacity to ensure their legal consent to any decisions made about their care was obtained appropriately.

Staff were trained regularly and this was demonstrated by the records we looked at. Staff had training in all of the required areas and in additional areas to meet the needs of the people they supported. Staff had regular supervision from their line managers. The staff member we spoke with told us that "The training is very good and there is lots of it." We saw that the outcomes coordinator had been trained to deliver "in house briefings" which kept staff up to date in areas such as fire safety, health and safety and lone working.

The service did not have the facilities to provide home cooked food. We were told that frozen microwave meals were delivered weekly by a private company and that these were nutritionally balanced meals. We saw that the service was able to plan ahead with regards to the planning and ordering of these meals as they knew in advance who would be accessing respite care and they made sure that the food people liked was available for their stay.

We saw that people had regular access to health care when they were staying in the service and their care files showed that people were monitored closely.

More than half of the building that the service was provided in was no longer in use and they had been told that the building was due to close within the next year and the care provision moved or provided in a different way. We were told by people who accessed the service, their relatives and staff that they were very worried about the uncertainty of the future.

## Is the service caring?

### Our findings

A relative told us that they thought that the staff were very caring. They told us "They (the person) rings me every night when they are there and they are always happy which is very reassuring for me. The staff are always nice and friendly and very accommodating."

Another relative told us "I'm most worried that we are going to lose the service. I've known the staff for a long time and I trust them because they care and do a very good job. The service is a life line for me and I don't know what I'd do without it."

We saw that the staff cared for people and respected their choices. We saw that one person had refused a shower/wash and to clean their teeth and had chosen to stay in their pyjamas because they "Couldn't be bothered" that day. Staff had encouraged the person to get dressed but respected their choice and the person had showered the following day.

We saw that staff were very caring and went the extra mile to ensure that people had information about what to expect in a format that they could understand. We saw that one person had an emergency admission to the service over Christmas. The staff had produced a pictorial diary for their stay that showed them what was planned to happen each day, the visitors that they could expect and where key meals could be eaten according to their choice.

We saw that the service was flexible and caring towards relatives. Most of the people who used the service were allocated a set number of nights each year by the local authority. The service worked closely with the people and their relatives to accommodate these nights when they were most needed, often giving the person a pleasant short break away from home and the relative a much needed rest.

We saw that people's confidentiality was maintained in the service. Records were locked away in the office. Staff were careful that none of the people could access information about other people in the service.



## Is the service responsive?

### Our findings

All of the people we spoke with and their relatives gave positive feedback about the service and the staff who worked within it. One person told us "I decide what I want and I have a lie in when I feel like it."

A relative told us "They (the person) are always happy to go there. We have no complaints. We couldn't be happier really – only if we knew for certain that we aren't going to lose it [the service]."

Individual care files were in place for the people accessing the service and we looked at three of these in detail. Care files contained clear assessments, guidance and information about the person and how to support them effectively. There was clear person centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. We saw that there were one page profiles that clearly identified key information that was important to people. For example one stated; "I cannot tolerate half empty bottles of liquid. I have to pour them away and I will become stressed if I cannot do this." We also saw; "If I become anxious when I am out – the promise of a coffee and a jammy dodger is usually enough to calm me". Key information such as this meant that staff were able to support people in the way they wanted and needed.

We saw that there was a complaints procedure in place. We looked at the complaints log and saw that there had been no complaints since the last inspection. The service was able to demonstrate that it was proactive in gaining feedback from each person who used the service following their stay. There was an outcome visit form completed after each stay. These were used to help people identify what they wanted to experience at the start of each stay and what they enjoyed or didn't enjoy at the end of the stay. We looked at the most recent ones and saw that they were completed by people in a format that they could understand. For example one person have been given a happy face and a sad face and asked to choose which one reflected their stay. They chose the happy face.

# Is the service well-led?

## Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service had a registered manager who had been registered since March 2017. The registered manager understood their responsibilities in relation to the service and to registration with CQC and had updated us with notifications and other information.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. Cheshire East Council Lincoln House Short Breaks were displaying their ratings appropriately in a clear and accessible format, at the entrance to the home.

A staff member told us that the management team was very supportive. They told us that the team worked closely together and supported each other to provide the best possible service for people who accessed the respite care at Lincoln House. Staff members also told us that they were worried about the uncertainty of the future and whether their job would still exist.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any actions identified was followed through and completed.

We saw that there were regular meetings held in the service. There were meetings for people using the service called 'customer forums' and staff meetings were also held. All the meetings were recorded and minutes kept for future reference.

There was a positive person centred culture apparent in the service and obvious respect between the staff and people who accessed the service. The outcomes coordinator was very organised and ensured that the service was run well and carefully managed. The outcomes co-ordinator told us that they were in constant contact with the registered manager who also managed another service and that the management of the service was a team effort where everyone played their part well. We could see this clearly throughout the inspection.