

Worcestershire County Council

Pershore Short Term Breaks

Inspection report

48 Station Road
Pershore
Worcestershire
WR10 1PD

Tel: 01386552978

Website: www.worcestershire.gov.uk

Date of inspection visit:
12 July 2018

Date of publication:
13 August 2018

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

We inspected this service on 12 July 2018. The inspection was announced.

Pershore Short Term Breaks offers accommodation for up to four people with learning disabilities and sensory impairments. The home offers short term accommodation to people with complex health needs, so relatives and carers are supported in their caring roles. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Nineteen people used the respite service at the time of our inspection visit.

There was a registered manager in post at the service. 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.

At the last inspection in December 2015 the service was rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was well led, providing safe, caring, effective and responsive care and support that met their needs. The rating remains 'Good'.

There were enough skilled and knowledgeable staff to meet people's needs and provide effective care. Staff felt they had good training. Staff were supervised and supported in their roles. People were assisted to access health services when needed and staff worked well with other health and social care professionals.

People had a comprehensive assessment of their health and social care needs before they used the service. Care plans contained detailed information to enable people to receive appropriate care and support that was responsive to their needs. People's care needs were regularly reviewed. The registered manager and the provider were in regular contact with people, or their relatives, to check the care provided was what people needed and expected.

Staff were caring and people were treated with dignity and respect.

Staff understood how to protect people from abuse and harm. There were procedures to keep people safe and manage identified risks to people's care.

Where medicines were administered staff were trained and assessed as competent to do so safely. The provider had a recruitment process that had suitable checks in place to ensure that prior to staff starting work they were suitable to support people who used the service.

The principles of the Mental Capacity Act (MCA) were followed by the registered manager and staff. People's decisions and choices were respected and people felt involved in their care. People were supported to have choice and control of their lives and staff sought permission before assisting them.

There were governance systems in place that provided the registered manager with an overview of areas such as care records, medicine records and call times.

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.

Pershore Short Term 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 visit took place on 12 July 2018 and was conducted by one inspector. It was a comprehensive, announced inspection. We gave the provider 24 hours' notice of our inspection visit because it is a small learning disability service for people with complex medical needs.

As part of our inspection we reviewed information received about the service, for example the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Before the inspection visit, the provider 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 found the PIR reflected the service.

During the inspection visit we spoke with four relatives of people who used the service. We also observed how staff interacted with people in the communal areas.

We reviewed three people's care plans and records to see how their care and treatment was planned and delivered. We also spoke with the registered manager, two team leaders and three members of care staff.

We looked at other records related to people's care and how the service operated, including medicine records and the provider's quality assurance system.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. People continued to be protected from abuse by staff that understood and followed safeguarding procedures. Staff told us they would report any suspected abuse straight away to the registered manager. They also understood when they would whistle blow, they told us this would be when they felt concerns needed to be escalated or where they felt concerns were not being dealt with appropriately. Staff told us how they understood each person's way of communication and how facial or behavioural changes may be an indication that things were not right. The rating continues to be Good.

There were detailed risk assessments and care plans in place that gave staff instruction on how to reduce the risks to people's health and welfare. We saw risk assessments for how to use specialist equipment such as hoists to move people safely. There were also specific risk assessments around eating and drinking to reduce the risk of choking. These had been written with advice from associated health professionals. All staff told us they had awareness of, and followed the individual risk assessments and care plans for people.

Although we could see in people's files that most risk assessments had been reviewed and updated regularly, we found one epilepsy management plan that was out of date. The epilepsy management plan is a document that provides up to date instruction to staff on how to reduce the risk to individuals with epilepsy. This included instructions for when to give an emergency medicine for a prolonged seizure. The registered manager told us they were aware the plan had not been updated and had previously requested advice from health professionals to update it. We asked the registered manager what they expected staff to do in the event of a prolonged seizure. They told us staff would not be able to administer the medicine as the guidance was out of date, which meant staff were expected to call for an ambulance. Staff we spoke with told us that this is what they would do. The registered manager assured us that all people's care records would be fully reviewed to ensure all risk assessments were current and clear on the actions staff needed to take.

Relatives felt confident that their family members were safe. One relative said, "[Person] is completely safe under their care." Another relative said, "It is the safest place other than home that they go to."

There were enough staff available to meet people's needs and provide care that was safe and effective. The registered manager told us there were a number of staff vacancies and this had meant at times using agency staff to help cover some shifts. As a result they had voluntarily put a temporary stop on one bed to reduce the capacity to three people until more staff were recruited. The registered manager told us that taking this step had meant all shifts were adequately staffed. All the staff we spoke with told us there were sufficient staff to allow them to do their jobs safely.

The provider's recruitment policy and procedures minimised risks to people's safety. The provider made efforts to ensure staff of suitable character were employed. The provider ensured all relevant checks were made including contacting the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. All staff we spoke with confirmed they had been subject to a robust

recruitment procedure and that all checks had to be clear before they commenced working alone.

We looked at how medicines were managed at the service. As people only stayed for short periods of time, there was a system to record the medicines that people arrived with and to record the medicines they left with. Only staff who had received training in medicines were able to administer. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. MARs were reviewed regularly as part of the quality assurance systems. Where errors had been identified, for example a missing signature, there was evidence this had been discussed by the registered manager with the staff member responsible. We did not identify any concerns from the records we looked at. Medicines were appropriately stored in people's rooms and managed in line with current best practice.

The provider had a process for reporting and recording any incidents and there was a system to analyse any factors that could reduce the risk of reoccurrence. The registered manager told us that due to the nature of the service, and the fact that people only had short breaks, there was a low number of incidents. The records we looked at confirmed this.

There was guidance in place to promote good infection control and staff had access to appropriate PPE (Personal Protective Equipment) such as gloves and aprons when they needed them. All staff that we spoke with told us the importance of maintaining effective infection control in the service.

Is the service effective?

Our findings

At this inspection, we found staff continued to have a high level of experience and skills to ensure that people's needs were met as effectively as we found at the previous inspection visit. People were supported with their health and nutritional needs. The rating continues to be Good.

Staff told us that they undertook a detailed induction programme prior to working with people. This included training and also working alongside more experienced staff to understand the role fully. Staff also completed the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Relatives told us they were confident in the knowledge and skills of staff. Where needed, staff were able to have additional training. This training was supported by a range of health professionals. For example epilepsy training for staff was carried out by the epilepsy nurse on a regular basis. Some people due to the complexity of their needs had to receive their food via a PEG (a tube that is permanently inserted into the stomach). Support and training had been provided by local health professionals. Staff told us they felt the training was comprehensive and was tailored round the needs of the people they supported.

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 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 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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that although DoLS applications were recorded in people's records, they were written exactly the same for every person. Where a specifically tailored DoLS application would be expected, this was not there. For example one person would ask to be taken home on a regular basis. Staff had a number of interventions detailed in the person's care plans on how to redirect the person and to avoid the person going home unnecessarily early. This could mean that the person's liberty was being restricted. While there was clear guidance on how to address this, the person's DoLS application did not mention this. We would expect that where a person may be deprived of their liberty, it should be recorded and regularly reviewed to ensure that any restrictions are still valid. The registered manager had already made arrangements for this to be addressed by the end of the inspection visit.

All the staff we spoke with understood the principles of the MCA; and staff had received training in this area. Staff told us they always provided people with choices around their care and support and respected

people's wishes. Staff demonstrated a good understanding of who to involve when a decision needed to be made in a person's best interests.

People were supported to have what they wanted to eat and drink and to have their nutritional needs met. Some people due to their medical needs received their nutritional intake through a tube directly into their stomach. Staff had additional training and support to enable them to do this safely.

Relatives told us that people were supported to attend health appointments where required. We saw in people's records that where needed, the provider, registered manager and staff liaised with a wide range of health and social care professionals, including doctors, nurses and social workers. Where healthcare professionals had requested additional monitoring or observations, this had been carried out reliably and professionally.

The environment was specifically tailored for the needs of the people. There was adequate space for the safe storage and use of specialist equipment. The environment was kept clean and tidy.

Is the service caring?

Our findings

At this inspection, we found people continued to receive care that was kind and treated them with dignity and respect. The rating continues to be Good.

Relatives were very complimentary about the level of care shown by staff. One relative said, "Fantastic. The staff are so caring and always have time for people." Another relative said, "Staff are lovely. Always an approach that is dignified and that treats people with respect." Staff understood people's needs and preferences and told us they always endeavoured to treat people with dignity and respected their privacy.

Relatives told us people were treated as individuals and all assessments and care plans were individually tailored to people's needs. There was a focus on involving people as much as possible in the decisions about their care. Also there was involvement in reviews from people that were closest to them including family members. Regular contact was maintained with families and professionals to ensure identified care needs continued to be met.

Staff spoke warmly of their relationships with the people they supported and it was clear that staff took a great amount of pride in what they did.

People's records were person centred and contained information about personal history, preferences and needs.

People using the service had difficulty to communicate verbally. Staff used a variety of methods to communicate with people. This included the use of pictures, objects of reference and different verbal and non-verbal communication methods. Communication was tailored around a person's own individual style. One relative said, "They have known [person] years and fully understand his communication." Staff told us the importance of observation and looking for changes that may indicate a person needed something or was unhappy.

There was a 'key worker' system to ensure that people had a named member of staff to look after their interests and develop an individual relationship with them and their family. The system ensured everyone had a friend to represent them, to get to know them well and make sure their needs were met through regular care plan reviews.

There was comprehensive training for staff in equality, diversity and human rights. Staff demonstrated an approach that was non-discriminatory, and we were assured that regardless of people's abilities, race, culture or sexuality they would all be treated equally.

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and responsive to any changes in their needs. The rating continues to be Good.

There were individualised care plans and risk assessments that contained information to staff on how to meet the person's needs effectively and safely. Relatives told us they were involved in the planning of their family members' care to ensure that a person's needs and preferences were identified. People had communication profiles that detailed how the individual communicated. Some people did not have any verbal communication and would communicate through body language and facial expressions. All staff we spoke with were confident in their ability to understand people's individual needs. Where a need had been identified, we could see that relevant health professionals had been involved in the assessments.

People were supported to engage in activities both inside and outside the home. Staff recognised people's differing abilities and interests and planned activities that would provide meaningful engagement for everyone. For example there had been trips to the seaside and local parks. For some people there had been arts and crafts based activities. The registered manager told us that people were at the heart of the local community and regularly had outings in the local area. One relative said, "You will often see [person] in the local shops. Lots of local people know them and you cannot walk down the street without people that know [person] stopping him to ask how he is."

Relatives told us they had no complaints, but were confident any complaints would be listened to and actioned promptly. As people who lived in the home were unable to verbalise any concerns, the registered manager told us staff were aware of any behaviours that might indicate a person was unhappy. They told us they would work with the person and the family to identify the cause through a process of elimination.

The provider had not received any complaints in the 12 months prior to our inspection. There was a comprehensive system in place to ensure that if a complaint was received, it would be managed in accordance with the provider's policies and procedures.

Is the service well-led?

Our findings

At this inspection, we found there continued to be good governance and management of the service. The rating continues to be Good.

Staff felt supported by the registered manager. One staff member said, "She [registered manager] is great. Full of understanding and support. She always has time for us." Staff spoke of an approach that was inclusive of the views of staff and they felt valued. One staff member said, "We are putting in extra work at the moment to cover the staffing shortfalls. I feel that my efforts are recognised and appreciated."

Relatives were also positive about the management of the service. One relative spoke of an approach that was kind and personal from the management team including the team leader.

There were governance systems in place which enabled the management team to have oversight and monitoring of areas such as daily records, care plans, risk assessments and medicine records. We could see where actions had been taken when mistakes or areas for improvement had been identified. For example, additional staff supervision for a staff member that had made a minor medicines error. All findings from checks and incidents were collated into monthly reports detailing any trends or areas for action.

Relatives told us they were encouraged to share their views and provide feedback about the service. There was regular contact from the staff and management team to monitor how well people felt the service was going. The provider also carried out regular questionnaires about the quality of care within the service with relatives and shared the outcomes with staff and the management team.

Staff felt supported in their practice through regular team meetings, one-to-one supervision and training. We could see that any necessary messages were communicated through these team meetings along with direct communication with staff to ensure that messages were consistent. For example, staff knew about current staff recruitment and actions that had been taken to manage the recruitment situation, including the temporary reduction in bed numbers. Staff felt this demonstrated that action had been taken to not only ensure people received the care they needed, but also to ensure the wellbeing of the staff team.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners and other healthcare professionals to ensure they shared important information in order to better support people.

It is a legal requirement that the provider's latest CQC inspection report rating is displayed at the service. This is so people, visitors and those seeking information about the service can be informed of our judgements. The provider had clearly displayed the rating in the entrance hall of the home and on their website.